



**PENSION BENEFIT DIRECT DEPOSIT FORM**

Pension Fund Name:			
Pensioner Name:			
Social Security Number:	XXX - XX -	Daytime Phone	( )

Please check the status that applies to the information you are providing:

New:	<input type="checkbox"/>	Change:	<input type="checkbox"/>	Cancel this account:	<input type="checkbox"/>
Bank Name:			City & State:		
* ABA / Routing Number (9 digits):			Account Number:		
Account Type:	Checking:	<input type="checkbox"/>	Savings:	<input type="checkbox"/>	<input type="checkbox"/>
Amount of Deposit:	100% / remainder	<input type="checkbox"/>	<b>OR</b>	Flat Amount of:	<input type="checkbox"/>

**IF DEPOSITING TO MULTIPLE ACCOUNTS, PLEASE COMPLETE ADDITIONAL BANK INFORMATION BELOW:**

Please check the status that applies to the information you are providing:

New:	<input type="checkbox"/>	Change:	<input type="checkbox"/>	Cancel this account:	<input type="checkbox"/>
Bank Name:			City & State:		
* ABA / Routing Number (9 digits):			Account Number:		
Account Type:	Checking:	<input type="checkbox"/>	Savings:	<input type="checkbox"/>	<input type="checkbox"/>
Amount of Deposit:	100% / remainder	<input type="checkbox"/>	<b>OR</b>	Flat Amount of:	<input type="checkbox"/>

**IF DEPOSITING TO MULTIPLE ACCOUNTS, PLEASE COMPLETE ADDITIONAL BANK INFORMATION BELOW:**

Please check the status that applies to the information you are providing:

New:	<input type="checkbox"/>	Change:	<input type="checkbox"/>	Cancel this account:	<input type="checkbox"/>
Bank Name:			City & State:		
* ABA / Routing Number (9 digits):			Account Number:		
Account Type:	Checking:	<input type="checkbox"/>	Savings:	<input type="checkbox"/>	<input type="checkbox"/>
Amount of Deposit:	100% / remainder	<input type="checkbox"/>	<b>OR</b>	Flat Amount of:	<input type="checkbox"/>

\* To verify the Bank ABA Rounting Number, please forward a copy of a voided/blank check with this form.

I hereby authorize Lauterbach & Amen, LLP, as agents of the above-referenced Pension Fund, to deposit my pension benefits directly into the bank account of my choice as specified above. I understand that a pay slip will be provided to me each pay period for my records. *(Should there be a delay in the mail, please understand this slip is simply provided for my records and is independent of the posting of the deposit to my bank account(s).)* I understand this authorization is to remain in force until Lauterbach & Amen has received written authorization from me of its termination or change.

Signature:			Date:	
------------	--	--	-------	--

**FOR OFFICE USE ONLY:**

**If full cancellation of Direct Deposit is requested, Pension Fund Trustee Approval Required:**

Trustee Name			Title:	
Trustee Signature:			Date:	

**NOTICE OF FEDERAL TAX WITHHOLDING ON PENSION PAYMENTS  
MONTHLY PENSION BENEFITS BEGINNING JANUARY 1, 2011**

---

The pension payments you receive are subject to Federal income tax withholding unless you elect not to have withholding apply.

- You may elect to have an amount deducted from your pension in accordance with the IRS withholding tables. This amount is determined by the marital status and number of allowances you indicate on Line 2 below.
- **Under current law, you cannot designate a specific dollar amount to be withheld.** However, you can designate an additional amount to be withheld on Line 3 below.
- You may elect to not have any tax withheld by checking the box on Line 1. *Please note however that if you elect not to have withholding apply to your pension payments, or if you do not have enough Federal income tax withheld from your pension payments, you may be responsible for payment of estimated tax. You may incur penalties under the estimated tax rules if your withholding and estimated tax payments are not sufficient.*

**Please complete the attached form and return it via fax 1-866- 952-2430 or via mail to Lauterbach & Amen, 27W457 Warrenville Rd, Warrenville, IL 60555. If you do not return the election, we are required to withhold Federal income tax from the taxable portion of your pension payments as if you were a married individual claiming three withholding allowances. (This requirement does not apply if your pension is entirely nontaxable or if we have a W4-P already on file.)**

Please do not hesitate to call our Payroll Department at 1-866-952-6329 should you have any questions.

---

**ELECTION FOR RECIPIENTS OF PENSION PAYMENTS:**

Name (**please print**): \_\_\_\_\_

Last 4 digits of Social Security Number: XXX-XX-\_\_\_\_\_ Pension Fund: \_\_\_\_\_

1.  I do not want to have Federal Taxes withheld from my pension.
2.  I want Federal Taxes withheld from each monthly pension payment to be figured using the marital status **AND** number of exemptions shown below:

**Marital Status:** Single\_\_\_\_\_ Married\_\_\_\_\_ Married but withhold at higher "Single" rate\_\_\_\_\_

**AND # of Exemptions:** \_\_\_\_\_ **(\*\* If blank, "0" will be assumed! \*\*)**

3.  In addition to the amount determined to be withheld from **2** (above), I want the following amount to be withheld from my pension \$ \_\_\_\_\_.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Daytime telephone number ( \_\_\_\_\_ ) \_\_\_\_\_