

Heat & Frost Insulators Local 17 Benefit Funds

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Name _____ Social Sec. # _____

Address _____ City, State, Zip _____

Telephone Number _____

I request the International Association of Heat and Frost Insulators Local 17 Pension Fund to electronically transfer my monthly benefit into my account as identified below. I understand that pension benefits are payable to me only during my lifetime.

Please attach a **voided check** (if it is going into checking account), which should indicate your account and bank routing numbers. If you are unsure of these numbers, **please contact your bank for the information.**

Bank Name _____

Address _____

City, State, Zip _____

Account Number _____ Routing Number _____

Type of Account (such as checking or savings) _____

Signature _____ Date _____