

AUTHORIZATION AGREEMENT FOR AUTOMATIC DEPOSITS

I. I hereby authorize the Laborers National Pension Fund to make any credit entries and if necessary, debit entries and adjustments necessary to correct errors, to my account indicated below. I also authorize the bank, or depository, hereinafter called DEPOSITORY, named below, to credit and/or debit the same to such account.

This authority is to remain in full force and effect until Laborers National Pension Fund has received written notification from me of its termination or subsequent to my death in such time and in such manner as to afford Laborers National Pension Fund and DEPOSITORY a reasonable opportunity to act. My name, address and Social Security Number is as below:

NAME: _____ SOCIAL SECURITY # _____

HOME ADDRESS: _____

CITY/STATE: _____ ZIP _____ HOME PHONE (____) _____

If any such retirement benefit payments are made, the due date of which is subsequent to the date of my death, I hereby authorize and direct DEPOSITORY to refund such payments to the Laborers National Pension Fund and charge any such refund to any of my accounts, either in my name alone or jointly with my spouse, whose consent appears hereon.

PLEASE ATTACH A VOIDED DEPOSIT SLIP

PENSIONER'S SIGNATURE

SIGNATURE OF WITNESS
(cannot be spouse or other account holder)

II. I consent to the foregoing instructions for deposit to the above account. I authorize and direct the DEPOSITORY to refund benefit payments deposited into the account, subsequent to the death of my spouse, and to charge any such refund to any account jointly maintained by us, or in my name alone. I agree to reimburse and indemnify DEPOSITORY for any further amount which may be required to refund to the Laborers National Pension Fund in excess of the funds available, in the above account(s).

SIGNATURE OF SPOUSE OR OTHER ACCOUNT HOLDER IF JOINT ACCOUNT

SIGNATURE OF WITNESS: (cannot be spouse or other account holder)

AGREEMENT BY FINANCIAL INSTITUTION

III. In accordance with the foregoing instructions the undersigned institution hereby agrees to refund or repay to Laborers National Pension Fund the amount of any payment(s) to which it shall be found that the said pensioner was not entitled by reason of (his/her) death prior to the date thereof, in accordance with NACHA/ACH limitations.

BANK/DEPOSITORY NAME: _____

TELEPHONE () _____

STREET ADDRESS: _____

CITY/STATE/ZIP: _____

TRANSIT/ABA #: _____ ACCOUNT # _____
(must be 9 digits)

NAME ON ACCOUNT: _____

CHECKING: _____ SAVINGS: _____

By: _____

AUTHORIZED BANK OFFICER