

Construction Industry Laborers' Supplemental Medical and Retiree Targeted (SMART) Fund
Payee Deposit Agreement

Please return this completed form to the address listed at the bottom of this page.

(Please PRINT all Information.)

I, the undersigned, hereby certify that I am a named signer on the below account and authorize the Construction Industry Laborers Supplemental Medical ("Fund") and the financial institution below to initiate electronic credit entries and, if necessary, debit entries and adjustments to my designated bank account below, including any amounts erroneously deposited therein. This authorization shall remain in force until I revoke it in writing or until the Fund receives notification of my death, whichever occurs first.

PARTICIPANT'S INFORMATION

Name of Participant/Payee _____ Date of Birth _____
SSN _____ Phone Number _____
Home Address _____
City _____ State _____ Zip _____

FINANCIAL INSTITUTION INFORMATION

Please provide a copy of a voided check or letter from your financial institution with your account number and routing number.

Name of Financial Institution: _____ Phone Number _____
Does your Financial Institution accept "Automated Clearing House" (ACH) transactions? ☐ Yes ☐ No
Bank Routing # (9 digits) _____ Account Number _____
Type of Account (check one): ☐ Checking/Share draft ☐ Savings
Bank Address: _____
City _____ State _____ Zip _____

PARTICIPANT'S AUTHORIZATION

Do not sign unless you are in the presence of a Notary Public or authorized Fund Office Representative.

Signature of Participant/Payee _____ Date Signed _____

This form must be signed in front of a Notary Public or Fund Office Representative.

State of _____, County of _____

Subscribed and sworn to before me on this _____ day of _____ in the year _____

Signature of Notary Public My commission expires: _____

(SEAL)

OR

Witness by Fund Office Representative:

FOR FUND OFFICE USE ONLY

☐ View original identification document

Signature of Fund Office Representative

Print Name