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 Ph	one Number			
Home Address				
City		State	Zip	
FINANCIA	<u>L INSTITUTIO</u>	<u>ON INFORMATIO</u>	<u>ON</u>	
Please provide a copy of a voided check or letter from yo	our financial institi	ution with your acco	unt number and routir	g number:
Name of Financial Institution:		Ph	one Number	
Does your Financial Institution accept "Automated	l Clearing House	" (ACH) transaction	ons? Yes	No No
Bank Routing # (9 digits)	A	ccount Number		
Type of Account (check one): Checking				
Bank Address:				
 City				
		THORIZATION thorized Fund Offi	ce Representative.	
PARTIC Do not sign unless you are in the presence of a Not			ice Representative.	
PARTIC Do not sign unless you are in the presence of a Not Signature of Participant/Payee	tary Public or aut	thorized Fund Offi	Signed	
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Managed for the Trustees by: WILSON-MCSHANE CORPORATION 12200 N Ambassador Drive, Suite 400 | Kansas City, MO 64163 816-777-2669 | TOLL FREE 833-479-9429 | FAX 816-777-2655 www.cilfunds.com