

**PLUMBERS, PIPE FITTERS & MES LOCAL UNION NO. 392
FRINGE BENEFIT FUNDS
1228 CENTRAL PARKWAY ROOM 100
CINCINNATI, OHIO 45202
PHONE: (513)241-0444
FAX: (513)241-2028**

DATE: _____

RE: DIRECTIONS FOR TRANSMITTAL OF DISABILITY BENEFITS

I specifically authorize and direct that you and your duly appointed Administrator deposit via ACH my disability benefit to the following:

BANK NAME, ADDRESS and PHONE NUMBER:

Please attach a voided check from your checking account to the form. If you are using a savings account, we request a copy of your most recent savings account bank statement. The name on the account must reflect the participant's name the benefit is being issued to.

_____ CHECKING

_____ SAVINGS

In consideration of your transmitting my benefit as requested above, I specifically release you from any and all liability of whatsoever kind and nature relating to the payment on said benefit and/or depositing and accounting for the same.

Sincerely,

SUB PLAN PARTICIPANT

SOCIAL SECURITY NUMBER

PHONE NUMBER