aftra RETIREMENT FUND

DIRECT DEPOSIT AUTHORIZATION FORM

INSTRUCTIONS

The AFTRA Retirement Fund offers automatic electronic deposits. Before your benefits can be electronically deposited, you must complete this form and submit a voided check, savings slip or account confirmation letter from your financial Institution. Your direct deposit can only be set up to an account in your name. Please note that **this option is only available to residents of the United States or pensioners with a domestic bank account set up in the United States**. It is important to note that the AFTRA Retirement Fund does not offer electronic fund transfers into foreign accounts.

All signatures on this form must be notarized by a Notary public in order for the Fund to process this Direct Deposit Authorization Form. If this account is held with a Joint Tenant, the Joint Tenant Section of this form must be completed on page 2 and must include the Joint Tenant's signature notarized by a Notary Public.

To begin the process of electing the direct deposit option, you must complete, sign, date and mail the Form to:

SAG-Producers Pension Plan
P.O. Box 7830
Burbank, CA 91510-7830

PARTICIPANT INFORMATION

Legal Name

Last Name: _____ First Name: _____ Middle Name:_____

Social Security No.: _____

DEPOSITORY INFORMATION

This agreement allows your monthly pension benefit payment to be deposited directly into a bank or financial institution of your choice (excluding brokerage accounts). This option ensures that your benefits will be available, automatically, on the first business day of each month. It also offers you security against lost or stolen checks and delays in mail delivery. You must read and complete the required fields below in order for the Fund to review and process this Direct Deposit Authorization Form.

This section must be completed fully and accurately. Check the box that applies. You must provide all required documentation for your Direct Deposit Authorization form to be processed by the Fund.

☐ Checking (submit voided check, deposit slip or bank confirmation)

☐ Savings (submit voided savings slip or bank confirmation)

Name of Financial Institution: _____

Routing No.:_____ Account No.:_____

ADVICE OF DIRECT DEPOSIT

JP Morgan Chase issues a monthly Advice of Direct Deposit notice to your address of record. If you do not wish to receive the monthly issued Advice of Direct Deposit notice, please select the Opt-Out box below.

☐ Opt-Out – I understand that by selecting Opt-Out on this Direct Deposit Authorization form, I have elected not to receive the Advice of Direct Deposit notice, each month.

_____
(Participant's Initials)

PRIMARY ACCOUNT HOLDER/PARTICIPANT AGREEMENT

Complete this section if you are the Primary Account Holder. **The Primary Account Holder's signature must be notarized.**

I hereby authorize the AFTRA Retirement Fund to initiate entries to the account checked above, until further notice in writing from me.

If J.P. Morgan, on behalf of the AFTRA Retirement Fund,should make a payment by ACH electronic funds transfer, subsequent to my death, I hereby agree, on behalf of my executors and administrators, that my estate will refund any such overpayment to the Fund. I hereby authorize and direct the Depository listed above, promptly upon demand of the Fund, to return such payment to the Fund.

I,_____, as the primary account holder in the above referenced account, understand that by signing this Direct Deposit Authorization Form, the terms of this authorization agreement will remain in effect with the Fund until the Fund receives an updated Direct Deposit Authorization Form.

Print Name: _____

Participant's Signature: _____

Date (MM/DD/YYYY): _____

STATE OF _____COUNTY OF_____

On this day of _____, 20_____, the individual named above, to me personally known (or proved to me on the basis of satisfactory evidence) to be the individual described herein, personally appeared before me and executed the foregoing statement or acknowledged to me that they executed the same.

Notary Public Signature: _____

Date (MM/DD/YYYY): _____

Notary Stamp/Seal

JOINT ACCOUNT HOLDER AGREEMENT

Complete this section if the account is a Jointly Held Account. **The Joint Account Holder's signature must be notarized**.

The undersigned, who is a joint tenant in the above-referenced account or holds a power-of-attorney over such account, hereby agrees that if any funds are credited to the account that represent a payment to the participant under the AFTRA Retirement Plan made subsequent to the death of such participant, the undersigned will take no action to withdraw such funds from the account. The undersigned also agrees to take action necessary to notify the Fund of the participant's death and return such funds to the Fund. The preceding shall not in any way diminish any rights that the undersigned may have to receive any payment under the Plan.

I,_____, as the joint tenant in the above referenced account, understand that by signing this Direct Deposit Authorization Form, the terms of this authorization agreement will remain in effect with the Fund until the Fund receives an updated Direct Deposit Authorization Form.

Print Name: _____

Joint Holder's Signature: _____

Date (MM/DD/YYYY): _____

STATE OF _____COUNTY OF_____

On this day of _____, 20_____, the individual named above, to me personally known (or proved to me on the basis of satisfactory evidence) to be the individual described herein, personally appeared before me and executed the foregoing statement or acknowledged to me that they executed the same.

Notary Public Signature: _____

Date (MM/DD/YYYY): _____

Notary Stamp/Seal