

Plumbers & Steamfitters Local Union No. 248 Pension Trust Fund:

I hereby authorize Fiserv Health to initiate Automatic Clearing House credit entries to my checking or savings account as indicated below and the depository named below, hereinafter called "Depository," to credit the same to such account.

Type of Account:

() Savings Account Number _____
(You must attach a letter from your bank stating your savings account number and the name on the account.)

() Checking Account Number _____
(You must attach a sample voided check.)

****DIRECT DEPOSIT OF YOUR CHECK WILL BEGIN APPROXIMATELY 30 DAYS AFTER RECEIPT OF THIS FORM BY FISERV HEALTH.****

This authority is to remain in full force and effect until Fiserv Health has received written notification from me of its termination in such time and in such manner as to afford a reasonable opportunity to act.

If Fiserv Health makes any payments and deposits pursuant to this authorization subsequent to the date of my death, I hereby authorize and direct said Depository to refund the same to Fiserv Health and charge any such payments to my account.

Name of Participant

Address of Participant

Social Security Number

City, State and Zip

Signature of Participant

Date

() I DO NOT WANT DIRECT DEPOSIT.

****PLEASE HAVE YOUR BANK COMPLETE THE FOLLOWING SECTION****

Name of Financial Institution: _____

Complete Address: _____

Number and Street

City, State and Zip

Bank Phone Number

Depository hereby agrees to accept such deposits; Depository acknowledges that by agreeing to accept deposits hereunder it does not acquire an enforceable right to any benefits payable from the retirement plan.

Depository Routing and Transit Number: _____

Mail To:
UMR
333 West Vine St. Suite 500
Lexington, KY 40507
ATTN: Marissa Wallace

Signature of Officer

Date

Title of Officer