

NOTE: YOU MUST COMPLETE THIS FORM EVEN IF YOU DO NOT WISH TO HAVE ELECTRONIC DIRECT DEPOSIT.

I DO NOT WISH TO HAVE ELECTRONIC DEPOSIT FOR MY PENSION CHECK. I UNDERSTAND THAT I MAY REQUEST ELECTRONIC TRANSFER ANYTIME IN THE FUTURE BY SUBMITTING THE AUTHORIZATION AGREEMENT AND APPROPRIATE VOIDED CHECK OR DEPOSIT SLIP.

CONFIRMATION OF ADDRESS AND PHONE NUMBER
(Please Print)

Name

Street Address _____ then P.O. Box (if applicable)

City / State / Zip Code

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Telephone Number (including Area Code)

Signature: _____

Social Security Number: _____

Date: _____

Return this form in the enclosed envelope to:

**New England Health Care Employees Pension Fund
77 Huyshope Avenue
Hartford, CT 06106-7001**