

PENSION FUND HOME LOAN PROGRAM— DIRECT DEPOSIT ELECTION FORM

(Please allow a minimum of four (4) weeks for this authorization to be processed.)

Please print clearly in black or blue ink, or complete online. **Remember to sign and date this form or it will not be valid.**

MEMBER'S FULL NAME _____ MEMBER ID # OR SOCIAL SECURITY # _____

MEMBER'S ADDRESS _____ CITY _____ STATE _____ ZIP CODE _____

MEMBER'S PREFERRED PHONE _____ MEMBER'S EMAIL ADDRESS _____

Your one-time pension loan will be deposited directly in one of two ways: *(choose one)*:

Pension Loan by Direct Deposit into Checking

Pension Loan by Direct Deposit into Savings

Option #1:

For direct deposit into a checking account:

Requires a voided check with the account holder's name pre-printed on the check; or a stamp from the financial institution on this form; or a signed letter from the financial institution on company letterhead confirming the account holder, routing number and account number.

Option #2:

For direct deposit into a savings account:

Requires a stamp from the financial institution on this form or a signed letter from the financial institution on company letterhead confirming the account holder, routing number and account number.

Fill out this section if you are signing up for direct deposit.

Type of account *(choose one)*: Savings Checking _____
EFFECTIVE DATE (MM/DD/YYYY) _____

ROUTING # (9 DIGITS) _____ ACCOUNT # _____

NAME OF FINANCIAL INSTITUTION _____

ADDRESS OF FINANCIAL INSTITUTION _____ CITY _____ STATE _____ ZIP CODE _____

X _____
FINANCIAL INSTITUTION'S AUTHORIZING SIGNATURE (REQUIRED)

**Financial Institution
Stamp Below**

Based on my selection above, I hereby authorize (check one):

The 1199SEIU Health Care Employees Pension Fund (the "Pension Fund"); or

The 1199SEIU Greater New York Pension Fund (the "Pension Fund")

to make a one-time Pension Loan Deposit into the account that I have selected above. I understand that should I close or change this account, on or before the scheduled date of deposit, I must submit a new, completed form to the Financial Wellness and Homebuyer Education Program reflecting the change. I further understand that it is my responsibility to ensure my account type and routing number are correct prior to the date of closing and agree that the Pension Fund shall have no liability or responsibility for delay or loss occasioned by erroneous information supplied by myself, my duly authorized representative or the financial institution.

X _____
PAYEE'S SIGNATURE (REQUIRED) _____ DATE (MM/DD/YYYY) (REQUIRED) _____

Disclaimer: Unless otherwise required by law, the 1199SEIU Health Care Employees Pension Fund and the 1199SEIU Greater New York Pension Fund, as applicable, (the "Lending Fund") shall have no liability for delays in your receipt of funds occasioned by the financial institution you have selected (including direct deposit processing times) or third parties involved in funds transfer or delays occasioned by circumstances beyond the reasonable control of the Lending Fund including, but not limited to, fire, flood, power outage, equipment or technical failure or breakdown, pandemic, or cyber incident.