|  |  |
| --- | --- |
| **RECIPIENT INFORMATION** | |
| **Recipient’s Name** | **Recipient’s MPID** |
| {RecipientName} | {RecipientMPID} |
| **Participant’s Name** (if recipient is not a Participant) | **Participant’s MPID** |
| {stdMbrFullNameInProperCase} | {stdMbrParticipantMPID} |

|  |  |  |  |
| --- | --- | --- | --- |
| **ACCOUNT INFORMATION** (account must be in recipient’s name) | | | |
| **Bank Name** | | | **Phone** |
|  | | |  |
| **Routing or Transit Number** | | **Account Number** | |
|  | |  | |
| **Joint Account?** | **Joint Account Holder’s Name (as it appears on the account)** | | |
| Yes No |  | | |
| **Account Type** (Please select only one.) | | | |
| Checking Savings | | | |

**IMPORTANT: Direct deposit is not available to bank accounts outside the US, trust accounts, or prepaid cards. Also, if this form is received by the 15th of a month and the account information you’ve provided is correct, your direct deposit will be setup for the following month. Otherwise, it may take an additional month for your direct deposit payments to begin, and a check would be mailed to you for the interim month. (Example: If your Direct Deposit form is received on April 30th, you’ll receive a mailed check on or around May 1st, and your monthly Direct Deposit transfer will begin June 1st.)**

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**Sample**

**Check:**

Please enclose a voided check that shows routing/transit number and your account number.

**RECIPIENT’S CONSENT**

I hereby authorize the Motion Picture Industry Pension Plan (“Pension Plan”) and Motion Picture Industry Account Plan (“IAP”) (collectively “the Plans”) to directly deposit and, if necessary, correct any such deposits by making adjustments, to my account at the bank I have indicated on this form. I understand that I must submit written authorization to the Plans to make any changes or to discontinue direct deposit.

I understand that a durable power of attorney, guardianship or conservatorship is required if I choose to designate someone else to legally handle my retirement transactions, bank account activity or changes of address. If a durable power of attorney is used, the Plans also require a doctor’s certification of incapacity. These documents must be original or a certified copy. Benefits are payable to me only and may not be paid to another party (i.e. spouse, attorney in fact, etc.).

Account Holder’s (Recipient’s) Signature Date

The line above must be signed by the recipient or an individual who has a valid power of attorney or order of guardianship or conservatorship.

Joint Account Holder’s Signature (if applicable) Date