

**Directors Guild of America-Producer Pension Plan**  
**8436 West Third Street, Suite 900**  
**Los Angeles, CA 90048-4189**  
**(323) 866-2200 (877) 866-2200 Toll free outside Los Angeles area**



## **DIRECT DEPOSIT OF MONTHLY BENEFIT**

### **BASIC PLAN**

**Complete this form only if you will receive all or some of your Basic Plan benefit as a monthly amount and wish for automatic deposit.**

Your monthly Basic Plan benefit can be sent directly to your bank or other financial institution for deposit. To initiate this action, complete this form and return it to the Pension Plan Office, along with a voided check for the corresponding account.

Participant Name: \_\_\_\_\_

Social Security #: \_\_\_\_\_

Bank Name: \_\_\_\_\_

Bank Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Account #: \_\_\_\_\_

ABA (Routing) #: \_\_\_\_\_

Bank Phone #: \_\_\_\_\_

As payments become due to me under the Directors Guild of America - Producer Pension Plans, I authorize that payments be made by direct transfer of funds to the order of the above financial institution for credit to my account. I agree to periodically furnish evidence of my survival. I authorize said financial institution to refund to the Directors Guild of America - Producer Pension Plans an amount equal to any payments which become due after my death that have been credited to my account or to charge my account accordingly. I reserve the right to cancel this authorization and direction by giving written notice to the Directors Guild of America - Producer Pension Plans. I understand that your liability is fully satisfied as soon as the deposit is made even if someone else (such as a joint account holder) takes the money afterwards and I never get it.

\_\_\_\_\_  
Participant Signature

\_\_\_\_\_  
Date

**ATTACH VOIDED CHECK**