California Winery Workers Pension Plan Trust Request for Electronic Fund Transfer Direct Deposit

The account designated must be the participant's account, a joint account of the participant and his or her spouse, or an account established for the benefit of the participant by the participant's legal conservator or guardian.

Name of Participant (Payee):	Section 1 (to be completed by Participant - PLEASE PRINT)	
City:State:Zip Code:	Name of Participant (Payee):	
City:State:Zip Code:	Address:	
I hereby authorize the California Winery Workers Pension Plan Trust (Plan) to initiate credit entries and to initiate if necessary debit entries and adjustments for any credit entries in error to my (our) account indicated above. The Plan will provide me with an annual notification of distributions (1099-R) deposited to my account. This authority is to remain in full force and effect until a reasonable opportunity to act on it, or unit the Bank has sent me (or either of us) teo (10) days written notice of the Bank's termination of this arrangement. If the Bank named below receives a deposit after my death, I authorize the Bank to return the payment to the Plan office. If a payment is deposited after my death, I authorize the Bank to return the payment upon request for a refund by the Plan office. Payee's Signature: Date: Dat		
necessary debit entries and adjustments for any credit entries in error to my (our) account indicated above. The Plan will provide me with an annual notification of distributions (1099-R) deposited to my account. This authority is to remain in full force and effect until a reasonable opportunity to act on it, or until the Bank has sent me (or either of us) ten (10) days written notice of the Bank's termination of this arrangement. If the Bank has sent me (or either of us) ten (10) days written notize the Bank to refund the amount of the payment upon request for a refund by the Plan office. Payee's Signature: Date:	Telephone No.: Social Security N	Io.:
Spouse's Signature: Date:	necessary debit entries and adjustments for any credit entries in error to my (our) account indicated above. The Plan will provide me with an annual notification of distributions (1099-R) deposited to my account. This authority is to remain in full force and effect until a reasonable opportunity to act on it, or until the Bank has sent me (or either of us) ten (10) days written notice of the Bank's termination of this arrangement. If the Bank named below receives a deposit after notification of my death, I authorize the Bank to return the payment to the Plan office. If a payment is deposited after my	
Conservator or Guardian's Signature: Date:		
Section 2 (to be completed by Bank - PLEASE PRINT) Bank Name:		
Bank Name:	Conservator or Guardian's Signature:	Date:
Address:		
City:		
Telephone Number:		
Account Number:	•	Zıp Code:
Routing Number:	-	
 Individual Account in the name of the Payee Only Joint Account in the name of the Payee and Spouse (both must sign above) Joint Account in the name of the Payee and the Payee's court appointed Conservator or Guardian (list <u>all</u> individuals named on account): The above-named Bank agrees to return to the Plan office any amounts received for credit to the above-referenced account pursuant to this automatic deposit authorization which are received and credited after the death of the above-named Plan Participant, upon request and notification from the Plan office. Authorized Officer (<i>print</i>): Title: 		
□ Joint Account in the name of the Payee and Spouse (both must sign above) □ Joint Account in the name of the Payee and the Payee's court appointed Conservator or Guardian (list <u>all</u> individuals named on account):	Routing Number: Image: Image in the second seco	of Account: \Box Checking \Box Savings
□ Joint Account in the name of the Payee and the Payee's court appointed Conservator or Guardian (list <u>all</u> individuals named on account):	□ Individual Account in the name of the Payee Only	
individuals named on account):	□ Joint Account in the name of the Payee and Spouse (both must sign above)	
pursuant to this automatic deposit authorization which are received and credited after the death of the above-named Plan Participant, upon request and notification from the Plan office. Authorized Officer (<i>print</i>):		
	pursuant to this automatic deposit authorization which are received and credited after the death of the above-named Plan	
Signature: Date:	Authorized Officer (<i>print</i>):	Title:
	Signature:	Date:

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