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.

Section 1 (to be completed by Participant - *PLEASE PRINT*)

Name of Participant (Payee): _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone No.: _____ Social Security No.: _____

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 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 death, I authorize the Bank to refund the amount of the payment upon request for a refund by the Plan office.

Payee's Signature: _____ Date: _____

Spouse's Signature: _____ Date: _____

Conservator or Guardian's Signature: _____ Date: _____

Section 2 (to be completed by Bank - *PLEASE PRINT*)

Bank Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone Number: _____

Account Number: _____

Routing Number: _____ Type of Account: ☐ Checking ☐ Savings

☐ 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 (*print*): _____ Title: _____

Signature: _____ Date: _____

Fraud Prevention Policy: If this form is not notarized or witnessed by a plan representative, the Administration Office will call you at the last number on record to confirm your identity and verify this change. If the last number on record is not your current telephone number, this form must be notarized or witnessed by a plan representative, and the form with original signatures must be mailed to the Administration Office.

California Winery Workers Pension Plan Trust ◆ 955 N Street, Fresno, CA 93721-2216
(559) 225-3030 ◆ (800) 282-5246 ◆ FAX (559) 225-6837

CALIFORNIA NOTARY ACKNOWLEDGEMENT

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California
County of _____

On _____ before me, _____ (insert name and title of the officer), personally appeared _____, who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature _____ (Seal)

OR

Witnessed by a Plan Representative (Plan Representative must confirm identification on official government document.)

Signature _____ Print Name _____

☐ Plan Trustee ☐ Administration Office Employee

FOR ADMINISTRATION OFFICE USE ONLY

Telephone Number on File: (_____) _____

First call to number on file: _____ Second call to number on file: _____

_____ _____

By _____ Date _____ By _____ Date _____

Banking information updated in system: By _____ Date _____