

WEST VIRGINIA LABORERS PROFIT SHARING PLAN

PLAN OFFICE

WEST VIRGINIA LABORERS
PROFIT SHARING PLAN
ONE UNION SQUARE
SUITE 200
CHARLESTON, WV 25302

Phone: (304) 342-5142
Fax: (304) 342-2610

MONTHLY PAYMENT DESIGNATION OF BENEFICIARY FORM AND DIRECT DEPOSIT AUTHORIZATION

Section I: Participant Information

Name: _____ Soc. Sec. No: _____
Address: _____ Birth Date: _____
City: _____ State: _____ Zip Code: _____ Telephone: _____

Section II: Primary Beneficiary

Name: _____ Soc. Sec. No: _____
Address: _____ Birth Date: _____
City: _____ State: _____ Zip Code: _____ Telephone: _____

Section III: Contingent Beneficiary

Name: _____ Soc. Sec. No: _____
Address: _____ Birth Date: _____
City: _____ State: _____ Zip Code: _____ Telephone: _____

Section IV: Authorization Agreement -- for Direct Deposit Only

Complete this section only if you want to receive your distribution by direct deposit instead of check.

I (we) hereby authorize the Plan to initiate electronic credit entries, and if necessary, debit entries and adjustments for any credit entries made in error, to my (our) checking/savings account indicated below at the depository financial institution named below, hereinafter called Depository, and to credit the same to such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

Depository Name: _____ Branch: _____
City: _____ State: _____ Zip Code: _____ Telephone: _____
Routing Number: _____ Account Number: _____ Checking: ___ Savings: ___

Section V: Participant Signature

Signature: _____ Date: _____

Section VI: Plan Office Use Only

Received on _____ by _____