

ELECTRICAL WORKERS 292 FRINGE BENEFIT PLANS
6900 WEDGWOOD ROAD N. • SUITE 425 • MAPLE GROVE, MINNESOTA 55311
PH. (763) 493-8830 • (800) 368-9045 • FAX (763) 416-6196



Please have your bank representative complete the top portion of this form, sign it and return to the above address.

1. _____
Name of Bank
2. _____
Account Number (Indicate whether checking or savings)
3. _____
Clearinghouse Routing Number
4. _____
Street Address of Bank or P.O. Box Number
5. _____
Area Code and Telephone Number of Bank
6. _____
City, State and Zip Code of Bank

7. I certify that the above account information is accurate.

Bank Representative's Signature

**

Participant's Signature

Participant's Social Security Number

Participant's Street Address

Participant's City, State and Zip Code

**If the signature on this line is by anyone other than that of the participant, we must have a copy of that person's Power of Attorney on file in this office.