

BRICKLAYERS GULF COAST PENSION FUND

DIRECT DEPOSIT BANKING AGREEMENT

I hereby authorize Amegy Bank as paying agent for the Bricklayers Gulf Coast Pension Fund to transmit my retirement benefits to:

Participant Information:

Name: _____

Address _____

City/State _____

Social Security Number _____

Telephone Number _____

Local Union _____

Bank Information:

Bank Name _____

Bank Address _____

City/State _____

Telephone Number _____

Routing Number _____

Account Number _____

For credit to: **Checking** **Savings**

I also authorize the bank to charge the above account, or any other account in my name, for payments made after my death and to refund the payment to the Bricklayers Gulf Coast Pension Fund.

SIGNATURE OF RETIREE

DATE

Should you have any questions, please contact the fund office.