Plumbers & Steamfitters Local No. 7 Annuity Fund (Plan# 651601) ACH DIRECT WITHDRAWAL OF MONTHLY LOAN PAYMENT 888-976-8171



- Use this form to update the financial institution information for your monthly ACH loan payments.
- Please return your completed form to: Transamerica, 6400 C Street SW, Cedar Rapids, IA 52499.

Social Security Number	Telephone Number	E-mail Address	
Last Name	First Name		MI
Financial Institution Infor	mation		
To make updates to your financial ins	stitution information, please provide a voided ch	neck or deposit slip and complete the inform	mation below
	ne):	00 6789 10 0001 10	mation below
	ne): 	00 6789 10 0001 10	
A) Type of Authorization (Select O	ne):	03 6789 1 0337 1 0537	065

Withdrawal Amount

Checking

□ Savings

I authorize the Plan to withdraw my monthly loan payment from the account designated above. This authorization will remain in effect until I give written notice to terminate it or until such time that the loan is paid in full.

I understand that should Transamerica be unsuccessful in obtaining the required amount, I will be contacted to make up any payments missed. I also understand that if I do not make up a missed payment by the end of the calendar quarter following the quarter in which the payment was due, the loan will be subject to automatic default and will be treated as a taxable distribution and interest will continue to accrue on the defaulted loan amount. In the event that I am under age 59½, an additional 10% federal tax penalty may apply.

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I understand that I must give advance notice to allow reasonable time for my instructions to be executed and that I am responsible for notifying Transamerica of a change in bank account information.

The debit will be processed on the first business day of each month. The amount that will be debited each month is your monthly loan payment.

Signature of Member

Date (MM-DD-YYYY)