



CHANGE OF PAYMENT DISTRIBUTION FORM INTERNATIONAL (NON- U.S.)

Complete this Change of Payment Distribution Form if you are receiving installment or annuity payments under one of the following programs, and you want to change how those distributions are being paid to you.

Check	Plan Name	Account No.
<input type="checkbox"/>	Pension Plan	
<input type="checkbox"/>	Tax-Deferred Retirement Account	
<input type="checkbox"/>	Traditional IRA	
<input type="checkbox"/>	Roth IRA	

If you wish to make different changes for different plans, you should complete a separate Form for each plan.

- PLEASE TYPE OR PRINT CLEARLY -

I. MEMBER OR BENEFICIARY INFORMATION

Name _____ Member Ref. No. _____
(first) (middle) (last/family name)

☐ Check here if there has been a change to your contact information on file.

Home Address _____

City _____ State _____ Country _____ Zip Code _____ - _____

Daytime Phone Number (_____) _____ E-Mail Address _____

II. PAYMENT OF DISTRIBUTIONS

Your distributions will be wired to the following bank account. Please complete:

Name of Bank _____

Mailing Address of Bank _____

City _____ State _____ Country _____ Zip Code _____ - _____

Phone Number (_____) _____ Your Account Number _____

Swift Code _____ This is the international routing number you need to obtain from your bank.

III. CERTIFICATION AND SIGNATURE

By signing this Form, I make the following certifications:

- I certify that the information provided on this Form is accurate, and that I will timely notify Pension Fund of any changes to the information provided on this Form.
- I understand that the change that I have requested in this Form will be processed as soon as administratively practicable upon receipt by Pension Fund.
- I understand that I must complete a Form W-4P if I want to change my federal tax withholding.

Signature _____ Date ____/____/____

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