

**INTERNATIONAL ALLIANCE OF
THEATRICAL STAGE EMPLOYEES LOCAL 22
PENSION AND WELFARE FUNDS**



**PENSION DEDUCTION
ASSIGNMENT AND AUTHORIZATION REQUEST**

I, the undersigned, am receiving a monthly benefit from Wells Fargo Pension Fund and am also maintaining my eligibility for benefits under the International Alliance of Theatrical Stage Employees Welfare Fund by means of self-payments. As a convenience to me and to assure my continued Health & Welfare Fund eligibility, I hereby request and authorize you to deduct from my monthly Pension Fund Benefit whatever amounts may be required from time to time to maintain my coverage under the Welfare Fund as shall be reported to you by the Welfare Fund and to remit such deducted amounts directly to the Welfare Fund.

I understand that I may revoke this authorization at any time by written notice to you, but also understand that at least sixty (60) days advance notice to do so is required.

Name (Printed or typed)

Member Identification Number

Street Address

City

State

Zip Code

Signature

Date

Except for your signature, please print or type all other information. The amount assigned cannot, of course, be more than your monthly benefit from the Pension Fund.

SEE EXPLANATION ON BACK OF THIS FORM

(For Office Use Only)

Effective Date

Amount of Deduction

Effective Date

Amount of Deduction

Effective Date

Amount of Deduction

Administrator:

TIC Midwest

6525 Centurion Drive

Lansing, Michigan 48917-9275

Local: 517.321.7502 • Toll-Free: 800.941.2752 • Fax: 517.321.7508

Silver Spring Office:

IATSE Local 22 Pension and Welfare Funds

11247 Lockwood Drive, Suite C

Silver Spring, Maryland 20901-4561

Local: 301.337.2535

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EXPLANATION

This Assignment and Authorization Request Form is designed to serve as a convenience to you. Authorizing deductions of self-payments from monthly pension benefits, while purely voluntary, will eliminate the inconvenience and expense of writing checks or obtaining money orders and mailing them to the Fund Office each month and, more importantly, eliminate the risk of losing coverage because illness, travel, delay in the mails, or whatever reason, may prevent you from remitting your self-payment within the prescribed time.

You may revoke this authorization at any time by written notice to the Pension Fund Office - but, since hundreds of checks are issued from the Pension Fund each month via computer, such notice must be given at least 60 days in advance. If, however, you wish to cease your coverage under the Health Care Fund for whatever reason, you may do so by notifying the Health Care Fund before the first date of the month you wish your coverage to stop. In such event, even though self-payments may still be deducted from your pension check for another month or two, you will receive a reimbursement for such self-payments direct from the Health Care Fund.

If, and when, the rates of self-payments are increased, you will be notified far enough in advance to revoke your authorization for deduction if you choose to cease coverage under the Health Care Fund.

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