



## Wire Transfer Consent Form

MEMBER ID: \_\_\_\_\_

Last 4 Digits of SSN: XXX - XX - \_\_\_\_\_

Complete this form for Foreign Banking.

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### PERSONAL INFORMATION

Name of Member (last, first, middle initial): \_\_\_\_\_ [ ] Rev. [ ] Dr.

Address: \_\_\_\_\_ City \_\_\_\_\_

State/Province/Region \_\_\_\_\_ ZIP/Postal Code \_\_\_\_\_ Country \_\_\_\_\_

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### BANK INFORMATION

Bank Name: \_\_\_\_\_

Account Number (IBAN): \_\_\_\_\_ Swift or BIC Number: \_\_\_\_\_

Intermediary Bank Name: \_\_\_\_\_ Intermediary Bank Name Bank ABA#: \_\_\_\_\_

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### SIGNATURE

I understand that by signing below, I am consenting to having my annuity benefits wired to my bank for deposit into my account. The wire transfer will be made on or by the first business day of each month. I understand the Pension Boards is not responsible for the actual deposit of the check into the account. I further understand that there is a \$35.00 wire transfer fee\* for each transaction, which will be deducted from each annuity payment.

\*Please note: There may be an additional fee associated with any withdrawals processed by our Fidelity partner.

Member Signature \_\_\_\_\_ Date: \_\_\_\_\_

Please return this signed and completed form by email to: [info@pbucc.org](mailto:info@pbucc.org); by fax: 212.729.2701; or mail to: Pension Boards-UCC, 475 Riverside Drive, Suite 1020, New York, NY 10115.