SEIU Local 1 & Participating Employers Pension Trust 111 E. Wacker Drive, 17th Floor

Chicago, IL 60601

Telephone (312) 233-8877 Fax (312) 233-8839

DEPOSITORY AGREEMENT

I,, here	by authorize and direct the AMALGAMATEL	BANK OF CHICAGO to
	der the SEIU Local 1 & Participating Employe	
order ofName of Payee's Bank	(hereinafter referred to as "Bank") wh	nose mailing address is
Street Address	City	State Zip
telephone number is ()	, Routing Number	for deposit
	account,(Account Number)	
	and discharge of any amount so due me. Any f	
electronically transferred to said Bank. If	any such payment shall be made, the due date of	which is subsequent to my
death, I hereby authorize and direct said Ba	ank to refund the amount of such payment to the	AMALGAMATED BANK
OF CHICAGO and charge the same to my	y account. In addition, if the mailing address or	account number above is
changed, I shall be responsible for giving S	SEIU Local 1 & Participating Employers Pens	ion Trust written notice of
such change at 111 E. Wacker Drive, 17 th I	Floor, Chicago, IL 60601.	
I reserve the right to revoke or cancel this a	authorization, such revocation or cancellation to	be effective only upon receipt
of written notice to that effect at the SEIU	Local 1 & Participating Employers Pension Trus	it.
Date	Social Security Number	
Witness	Payee Signature	
TO E	BE COMPLETED BY PAYEE'S BANK	
agree to refund the AMALGMATED BA Agreement, the due date of which is subse Agreement constitutes a "master agreement	are noted and in consideration of payments the NK OF CHICAGO any payment received in a equent to the death of the payee whose name a at" (or part thereof) pursuant to Section 4.7 of the ce therewith, expressly alters, amends and super ned payee.	ccordance with this Depository ppears above This Depository e National Automated Clearing
	Date	
Seal	Bank	
	Ву	
	Officer	