



BANK ACCOUNT AND ADDRESS MAINTENANCE

Participating Pension Fund (PPF) Name:

Date Submitted to FPIF:

BANK ACCOUNT MAINTENANCE

Bank Account

☐

ADD

☐

DELETE

Bank Name:

ABA / Wire Routing #:

Account #:

Account Name:

Bank Account

☐

ADD

☐

DELETE

Bank Name:

ABA / Wire Routing #:

Account #:

Account Name:

PENSION FUND MAILING ADDRESS ASSOCIATED WITH BANK ACCOUNT

Provide the permanent physical mailing address associated with the Pension Fund bank account on file with FPIF.

A post office box (P.O. Box) is not acceptable.

Address Line 1:

Address Line 2:

City:

State:

ZIP Code:

Country Code:

Certification

I acknowledge that the mailing address is associated with the PPF bank account on file with FPIF and that all bank wire instructions provided belong to an account wholly owned by that PPF.

Authorized Agent - Name

Signature

Date

Authorized Agent - Name

Signature

Date

SUBMISSION INSTRUCTIONS

Submit completed forms to banking@ifpif.org. FPIF accepts authenticated electronic and digital signatures on all submitted forms and resolutions.