

**FORM C
BANK INFORMATION REQUEST**

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Direct deposit is required for all benefit recipients residing in the United States. Please complete and return this form along with your benefit application by mail or fax to the Covenant Pension Trust (see below for address).
Please attach a voided blank check or letter from your bank in the space provided below.

Name _____
FIRST / MIDDLE / LAST

EMAIL _____ PHONE _____

ADDRESS _____
STREET

CITY STATE/PROVINCE ZIP

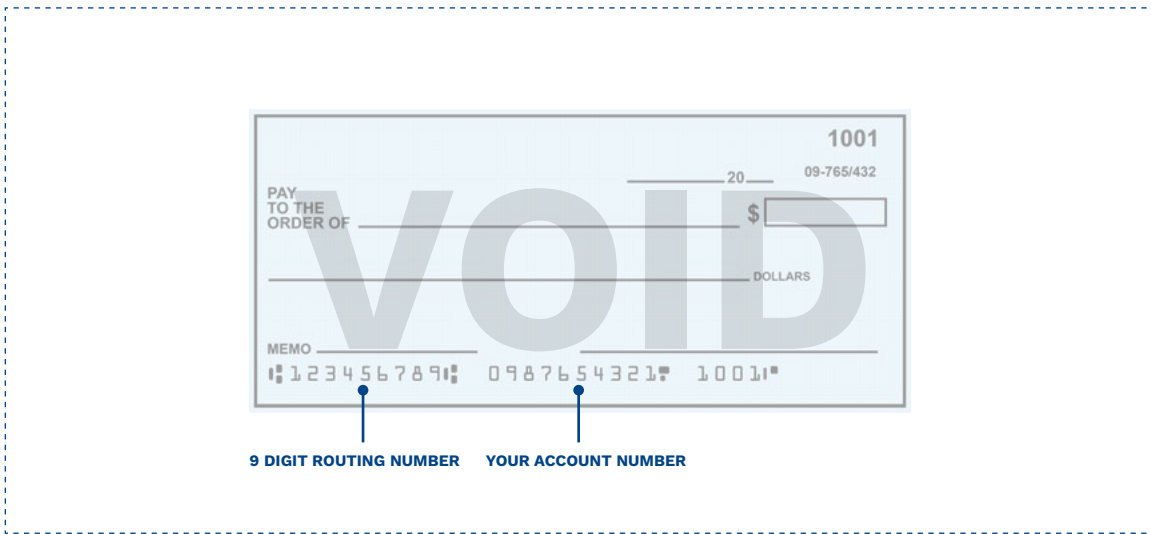
Bank Account Information

BANK NAME _____ TYPE OF ACCOUNT CHECKING SAVINGS

NAME ON THE ACCOUNT _____

ROUTING/ABA # _____ ACCOUNT # _____ MONTH TO START _____

For checking accounts, please attach a voided blank check in the space provided below.



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Statement of Authorization

I hereby request that the Covenant Pension Trust deposit my monthly Covenant Pension benefit payment to the account stated above on the first business day of the month.

SIGNATURE _____ DATE _____
MONTH / DAY / YEAR

Contact Information

Please provide contact information below for a family member or other person to contact regarding your bank account in the event of your death or disability.

NAME _____ RELATIONSHIP _____

EMAIL _____ PHONE _____

ADDRESS _____
STREET

_____ CITY STATE/PROVINCE ZIP