

3. Authorization:

My signature will serve as authorization for this and all future telephone or on-line transactions I make to my accounts.

Employee's Signature _____ Date _____

For Administrative Use Only – Do NOT send this form to Merrill Lynch

Plan Sponsor's Signature _____

Print Plan Sponsor's Name _____ Date _____

***Complete and send to: Michiana Area Electrical Workers Money Purchase Plan,
6525 Centruion Dr. Lansing MI 48917-9275***

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