

Desert States Employers
& UFCW Unions Pension Plan
2400 W. Dunlap, Suite 250
Phoenix, Arizona 85021

*** * * * * Important Notice * * * * ***

**DIRECT DEPOSIT PREVENTS DELAYED PAYMENTS
AND IDENTITY THEFT!!!!**

TO: ALL RETIRED PARTICIPANTS

FROM: FUND OFFICE

Some of you may have experienced a delay in receiving your December 1, 2005 pension benefit payment due to a delay in the U.S. Mail system. Although all checks were issued and mailed on November 28th, many participants ***had not received their checks as late as December 5th*** and many checks had to be stopped and reissued. Stop payments and reissued checks further delay payment, causing a significant amount of stress on participants that depend on their monthly pension payments for their housing, electrical and other important monthly obligations.

DIRECT DEPOSIT is a safe, reliable and prompt payment system that also protects you against the ever growing, serious threat of *identity theft*. Arizona has been identified as the #1 state in the union for identity theft. ***DIRECT DEPOSIT*** provides safeguards against those that would *steal your mail, forge your pension check* and use your account number for *identity theft* and *fraud* purposes.

A ***DIRECT DEPOSIT*** form and return envelope is attached. We encourage you to protect yourself and your fund against *fraud, forgery and identity theft* by completing the ***DIRECT DEPOSIT*** form. Simply attach a voided check to the completed form and return it in the enclosed, return envelope. You will be advised when your ***DIRECT DEPOSIT*** payments will be effective.

Sincerely,

FUND OFFICE
March 2006

Benefit Payment Services
P.O. Box 92950
Chicago, IL 60675-2950
Phone (312) 557-9700



ELECTRONIC DEPOSIT AUTHORIZATION FORM

I hereby make the following requests and authorizations relating to my periodic benefit payments from the employee benefit plan described below: (1) I request and authorize you to initiate credit entries to my Account indicated below; (2) I request and authorize you to initiate debit entries and adjustments for any credit entries made in error to the Account; and (3) I request and authorize the Financial Institution named below to credit and/or debit any such entries to the Account.

(Please print one character in each space allotted - abbreviate if necessary.)

1. NAME OF PARTICIPANT COMPANY

If you receive multiple benefits from Northern Trust, do you want this change to be applied to all plans? YES (ALL Plans) NO
If 'NO', enter only the valid plan names and plan numbers (if known) to which this change should be applied.

2. PARTICIPANT NAME

(First Name) ----- *(Last Name)* -----

3. SOCIAL SECURITY NUMBER -----

4. PARTICIPANT HOME ADDRESS

ADDR 1 -----
ADDR 2 -----
ADDR 3 -----
ADDR 4 -----
CITY ----- STATE ----- ZIP CODE -----

5. FINANCIAL INSTITUTION NAME AND ADDRESS

NAME -----
ADDR 1 -----
ADDR 2 -----
ADDR 3 -----
ADDR 4 -----
CITY ----- STATE ----- ZIP CODE -----

6. ACCOUNT TYPE US Checking US Savings Canadian Checking Canadian Savings

7. BANK ROUTING NUMBER *(contact your bank for this number)* -----

8. ACCOUNT NUMBER -----

I understand that you will verify the information provided above and, in the absence of a discrepancy or other unusual circumstance, will begin the direct deposit of my benefit payments within 30 days of your receipt of this form.

In the event of a discrepancy, I understand that I will be required to provide corrected information by completing a new form.

The authority granted by me on this form is to remain in full force and effect until you have received written notification of its termination in such time and in such manner as to afford you and my Financial Institution a reasonable opportunity to act on it.

I hereby discharge you from all liability whatsoever for any actions taken by you in accordance with the above request and authorization.

PARTICIPANT SIGNATURE _____ **DATE** _____

Make a copy for your records!