

DEPOSITORY AGREEMENT (MASTER AGREEMENT)

To the Amalgamated Bank of Chicago:

I _____, hereby authorize and direct the AMALGAMATED BANK OF CHICAGO, to issue all funds for payment
Payee (please print)

due me under the Beer Industry-Local Union No. 703 Pension Fund to the order of _____
Name of Bank

(hereinafter referred to as "Bank") whose mailing address is _____

City _____ State _____ Zip Code _____ Routing No. _____ for deposit to my
Required

_____ account, _____, and I agree that all funds so issued shall be in full
Type of account Account Number

payment, satisfaction and discharge of any amount so due me. Any funds so issued are to be electronically transferred directly to said Bank. If any such payment shall have been made, the due date of which is subsequent to my death, I hereby authorize and direct said Bank to refund the amount of such payment to the AMALGAMATED BANK OF CHICAGO, and charge the same to my account. In addition, if the mailing address or account number above is changed, I shall be responsible for giving the BEER INDUSTRY-LOCAL UNION NO. 703 PENSION FUND, 18660 GRAPHIC DRIVE, TINLEY PARK, ILLINOIS 60477, written notice of such change. I reserve the right to revoke or cancel this authorization, such revocation or cancellation to be effective only upon receipt of written notice to that effect at the AMALGAMATED BANK OF CHICAGO.

Date: _____

Payee's Signature

SSN: _____

The terms of this Depository Agreement are noted and in consideration of payments there under being made to us, we agree to refund to the AMALGAMATED BANK OF CHICAGO, any payment received in accordance with this Depository Agreement, the due date of which is subsequent to the death of the payee whose name appears above. This Depository Agreement constitutes a "master agreement" (or part thereof) pursuant to Section 4.7 of the National Automated Clearing House Association Rules and, in accordance therewith, expressly alters, amends and supersedes the liability provisions of such Section with respect to the above named payee.

Date _____

SEAL or NOTARY

Bank

By: _____
Officer

(IF BOTTOM PORTION OF AGREEMENT IS NOT COMPLETE, AMALGAMATED BANK CANNOT PROCESS.)