

I (we) hereby authorize and request Mellon Bank, N.A. or the Boston Safe Deposit and Trust Company, as applicable, hereinafter called PAYOR to make payment of any amount owing to me (either of us) for pension benefits by initiating credit entries to my (our) account indicated below in the bank or institution named below, hereinafter called FINANCIAL INSTITUTION.

I prefer that the funds be deposited via*

Electronic Funds Transfer (ACH) Mailing a check

* Please note that we will make every effort to deposit the funds using the method you request. However, if the company authorizing the payment does not allow ACH deposits or the receiving financial institution does not have ACH capabilities, deposits will be made via a check mailed to the financial institution.

Institution: _____ Institution Address: _____

Transit Routing Number (obtain from financial institution): _____ City: _____ State: _____ Zip Code: _____

Account Number: _____ Type of Account:
 Checking Savings

Institution Representative Signature: _____ Representative Telephone Number: _____

It is understood that this agreement may be terminated by me (either of us) at any time by written notification to PAYOR or FINANCIAL INSTITUTION. Any such notification to PAYOR shall be effective only with respect to entries initiated by PAYOR after receipt of such notification and reasonable opportunity to act on it.

I (we) hereby authorize PAYOR to debit my (our) account for amounts in error not to exceed the original credit or for any payments made to FINANCIAL INSTITUTION after my death (the death of either one or both of us). I (we) agree that PAYOR shall have the right to require from time to time evidence that I (we) am (are) living.

Authorization

Pensioner's Name (Please Print): _____ Social Security Number: _____

Pensioner's Signature: _____

x _____

Date: _____

Return to:

**Ormet Primary Aluminum Corporation
 Attn: Benefits Office
 P. O. Box 176
 Hannibal, OH 43931**