VACATION REQUEST FORM

IMPORTANT: YOU MUST COMPLETE, SIGN AND RETURN THE "REQUEST FOR VACATION BENEFITS" PORTION OF THE FORM FOR EACH VACATION DISTRIBUTION PERIOD, WHETHER OR NOT YOU CHOOSE TO HAVE YOUR CHECK ELECTRONICALLY DEPOSITED.

Please check one of the following:

☐ **NEW BANKING INFORMATION -** A voided check or deposit slip with the member's printed name MUST be included.

☐ **USE THE SAME BANKING INFORMATION -** We will use the banking information provided in the last distribution.

☐ **SEND ME A PHYSICAL CHECK -** We will cancel your direct deposit, if you have one in place.

AUTHORIZATION FOR ELECTRONIC DEPOSIT

This authority is to remain in effect until the Southwest Carpenters Vacation Trust has **received written notification** from me.

If your bank rejects your direct deposit information, you will receive a physical check at the address listed at the bottom of this form.

NAME OF BANK OR FINANCIAL INSTITUTION	ACCOUNT TYPE (CIRCLE ONE) CHECKING or SAVINGS	
CITY	STATE	ZIP CODE
BANK ABA/TRANSIT ROUTING NUMBER	ACCOUNT NUMBER	

The undersigned hereby authorizes the Southwest Carpenters Vacation Trust to make credit entries, and if necessary, to make debit entries as adjustments for any credit in error, to my bank account indicated.

NAME (Please Print)	SOCIAL SECURITY NUMBER OR MEMBER NUMBER
DATE	SIGNATURE OF PARTICIPANT (REQUIRED) X

REQUEST FOR VACATION BENEFITS

12/11

MEMBER NUMBER OR SOCIAL SECURITY NUMBER _____

MEMBER'S BIRTH DATE _____ LOCAL UNION NO. _____ (IF ANY)

MEMBER'S PHONE NUMBER ( ) _____

IMPORTANT **PLEASE PRINT** LEGIBLY

MEMBER'S NAME _____
FIRST MIDDLE INITIAL LAST

MAILING ADDRESS _____

CITY, STATE 9 DIGIT ZIP CODE REQUESTED

BENEFICIARY'S FULL NAME _____ RELATIONSHIP
FIRST MIDDLE LAST

BENEFICIARY'S ADDRESS _____

TRUST OFFICE USE ONLY

RETURN TO: SOUTHWEST CARPENTERS VACATION TRUST
533 S. Fremont Avenue • Los Angeles, CA 90071-1706

www.carpenterssw.org

SOUTHWEST CARPENTERS VACATION TRUST

The undersigned applicant hereby certifies and agrees that application for benefits is made in compliance with the terms and conditions of that certain Trust Agreement entitled "Agreement Establishing the Southwest Carpenters Vacation Trust dated April 1, 1962" and in compliance with the conditions outlined in "Collective Bargaining Agreements" defined in that certain Trust Agreement. The undersigned agrees that the vacation payment for which application is made is limited to and circumscribed by the above mentioned Trust Agreement and Collective Bargaining Agreements.

You are authorized to mail my check or direct deposit voucher addressed to the undersigned at the address shown in the block on this application, and I agree that if I am not the person entitled to the benefits I will reimburse and indemnify you therefor.

The undersigned hereby authorizes the Southwest Carpenters Vacation Trust to make credit entries, and if necessary, to make debit entries as adjustments for any credit in error, to my bank account indicated.

SIGN HERE: X _____
APPLICANTS SIGNATURE (USE INK)

DATE: _____