

**NORTH ATLANTIC STATES CARPENTERS HEALTH
BENEFITS FUND**

270 Motor Parkway Hauppauge NY 11788

VACATION BENEFIT ELECTION

I hereby elect to take the distributions of my vacation benefits from work performed within the jurisdiction of the North Atlantic States Carpenters Health Benefits Fund ("Fund") twice per month and authorize the Fund to pay such distributions to an account established in my name in the Union Building Trades Federal Credit Union ("Credit Union"). This election is effective as soon as practical. I understand that my account in the Credit Union is independent of the Fund and is not a benefit from or plan asset of the Fund, and that my Credit Union account is subject solely to the governing rules of the Credit Union.

I further understand that vacation benefit contributions received by the Fund before this election becomes effective shall remain in the Fund, subject to distribution under the Fund's rules.

This authorization shall continue to remain in effect from year to year until revoked by me in writing to the North Atlantic States Health Benefits Fund. I understand that I cannot revoke this selection mid-year.

Print Member Name

Signature of Member

Last 4 digits of SS#

Date

Local Union Number

*This form cannot be used for members of Local 276, 277, 279, 290, 291 or 1163