

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 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 thy 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.

Print Member Name

Signature of Member

Date

Last 4 digits of SSN#

Local Union Number

UNION BUILDING TRADES FEDERAL CREDIT UNION

DUES PAYMENT AUTHORIZATION

I hereby authorize the Union Building Trades Federal Credit Union to deduct from my account working dues owed by me to the North Atlantic States Regional Council of Carpenters.

The amount to be deducted shall be equal to three (3) months dues plus any back dues owed. A deduction will take place four (4) times per year in March, June, September, and December. I understand that I must maintain a minimum balance equal to three (3) months dues plus \$5 in my account at all times.

This authorization shall continue to remain in effect from year to year until revoked by me in writing to the Credit Union office. **I understand that I cannot revoke this selection mid-year.**

Print Member Name

Signature of Member

Date

Last 4 digits of SSN#

Local Union Number