



Carpenters Southwest Administrative Corporation

533 South Fremont Avenue • Los Angeles, California 90071-1706 • Tel: 213-386-8590 • Toll Free: 800-293-1370

www.carpenterssw.org

REQUEST FOR VACATION BENEFITS

IMPORTANT: YOU MUST COMPLETE, SIGN AND RETURN THE REQUEST FOR VACATION BENEFITS FORM FOR EACH VACATION DISTRIBUTION PERIOD, WHETHER OR NOT YOU CHOOSE TO HAVE DIRECT DEPOSIT OR A PHYSICAL CHECK. OTHERWISE, A VACATION DISTRIBUTION WILL NOT BE MADE.

Check one of the following (if an election is not made a physical check will be issued):

- NEW BANKING INFORMATION** – Please attach a voided check or a direct deposit authorization form. Your name, routing number and account number must be preprinted on the documentation you provide from your financial institution.
- USE THE SAME BANKING INFORMATION** – If you received a direct deposit for the last Vacation distribution, the Trust will use the same banking information that you provided.
- SEND A PHYSICAL CHECK** – The Trust will cancel your direct deposit if you have one in place and send you a check.

PARTICIPANT INFORMATION

PLEASE PRINT CLEARLY

PARTICIPANT NAME _____		
PARTICIPANT NUMBER OR SOCIAL SECURITY NUMBER _____		
PARTICIPANT DATE OF BIRTH _____	LOCAL UNION NO _____	
PARTICIPANT PHONE NUMBER (____) _____		
ONLY complete section below if you have moved in the last 6 months		
NEW MAILING ADDRESS _____		
CITY _____	STATE _____	ZIP CODE _____

PLEASE NOTE: Requests for Benefits must be filed before the second anniversary of the July 1 or December 1 pay date applicable to the vacation benefit or such benefit will be forfeited and deemed to be irrevocably contributed to the Trust.

You are authorized to mail my check or direct deposit voucher, addressed to the undersigned. I agree that if I am not the person entitled to the benefits, I will reimburse and indemnify the Southwest Carpenters Vacation Trust. The undersigned hereby authorizes the Southwest Carpenters Vacation Trust to make credit or debit entries as adjustments for any error made to my bank account.

PARTICIPANT'S SIGNATURE

DATE

Send forms via Fax: 213-739-9437 or via Email: vacationrequest@carpenterssw.org