



SOUTHWEST CARPENTERS VACATION TRUST
 533 S FREMONT AVE
 LOS ANGELES CA 90071-1712

REQUEST FOR VACATION BENEFITS

YOU MUST COMPLETE & RETURN A VACATION REQUEST FORM EVERY DISTRIBUTION PERIOD TO RECEIVE YOUR BENEFITS.

Please select an option below. If no selection is made, your last payment method will be used.

- NEW BANKING** - *Please provide a voided check or a direct deposit authorization form*
- USE THE SAME BANKING** - *The Trust will use the banking information you have on file*
- PHYSICAL CHECK** - *The Trust will issue a physical check and delete any banking information on file*

PARTICIPANT INFORMATION

Please print clearly

Full Name / Nombre completo	SSN or UBC#	Date of birth / Nacimiento
Mobile phone number / Número de teléfono movil	E-mail address / Correo electrónico	Local number / Número de local


Check this box to receive text message notifications from the Trust to your mobile phone number
Marque esta casilla para recibir mensajes de texto del fideicomiso a tu teléfono celular


Check this box if you have a new address (see back)
Marque aquí si tiene una dirección nueva (ver el reverso)


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 may return your form via



 **MEMBERXG:** memberxg.carpenterssw.org

 **FAX:** 213-739-9437

 **E-MAIL:** vacationrequest@carpenterssw.org

 **MAIL:** Use the enclosed window envelope

FOLD THIS PAGE TO INSERT SLIP INTO REPLY ENVELOPE SO THAT ADDRESS SHOWS THROUGH WINDOW

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.

**DUE JUN 1st FOR A JUL 1st DISTRIBUTION
 DUE NOV 1st FOR A DEC 1st DISTRIBUTION**

Participant's signature / Firma del participante

Date / Fecha

SOUTHWEST CARPENTERS VACATION TRUST
 533 S FREMONT AVE
 LOS ANGELES, CA 90071-1706





SOUTHWEST CARPENTERS VACATION TRUST
 533 S FREMONT AVE
 LOS ANGELES, CA 90071

CHANGE OF ADDRESS

Please use a Black or Blue Pen and write your responses in PRINTED CAPITAL LETTERS without touching the sides of the box like the examples listed below:

A	B	C	D	E	F	G	H	I	J	K	L	M	N
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First Name

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Last Name

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SSN/UBC

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House Number

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Street Name

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Apartment Number / Private Mailbox

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City

State

ZipCode

Participant's Signature / Firma del participante
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Date / Fecha

Please note that when changing your address, the same address is used for the Health and Welfare, Pension, Annuity, and Vacation Trusts.