



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 from your banking institution or prepaid debit/credit card provider.
- USE THE SAME BANKING** - The Trust will use the banking information you have on file, provided the account is open and active.
- 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 and that I am responsible for verifying the banking information I have provided. 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. The Southwest Carpenters Vacation Trust is not responsible for lost or stolen funds once deposited to the account information I have provided.

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



