

☐ Outside Plan

☐ Shops Plan



***DEDUCTION AUTHORIZATION FORM
FOR DUES ONLY***

Pension Plan of Carpenters' Pension Trust Fund of St. Louis

I, _____, do hereby authorize Carpenters' Pension Trust Fund of St. Louis to make deductions and payments from my Pension benefit as designated below for dues. I understand that I may change this election at any time by completing a new Deduction Authorization Form for Dues.

Union Dues Election

☐ Please withhold Union Dues from my pension benefit.

Local _____ Monthly Dues Amount \$ _____ *

*Commencement date of deduction and current rate will be verified with the Local.

Signature of Retiree or Beneficiary

Date

Please print your name here

Social Security Number