

Central Laborers' Pension, Welfare and Annuity Fund
Authorization to Stop Transfer Request Form

Name: _____ **Social Security #** _____

Board of Trustee:

Central Laborers' Welfare Fund
PO Box 1267
Jacksonville, IL 62650

Please be advised that I am a member of Local Union _____ Chapter _____

Effective _____, I am authorizing Central Laborers' Welfare Fund to stop
transferring contributions received on my behalf to _____.

Member's Signature _____ Date _____

Member's Address _____