

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 \_\_\_\_\_