**Vacation Fund**
Brandon Flinn
Chairman

Mark Murphy
Secretary Treasurer

LABORERS' BENEFITS • ST. LOUIS

# Early Release of Vacation Benefits Authorization Form

**(PRINT NAME)** _____ requests the early release of vacation benefits from the Saint Louis Laborers' Vacation Fund (hereinafter "the Fund").

I am requesting the release of vacation benefits prior to the annual date set by the Funds' Trustees for the payment of my vacation benefits. I understand that a fee in the amount of seventy-five dollars ($75.00) will be charged to my account for every early release of benefits to cover both administrative costs and anticipated income loss by the Fund. The fee will be deposited into the account of the Fund. **This request may take up to 10 business days to process.**

I also understand that from time to time, the Trustees may find it prudent and necessary to repeal and/or modify the early release policy. A possible modification to the policy could include, but not necessarily be limited to, a possible change to the necessary charge for the early release of vacation benefits.

By signing this request, I swear/affirm that I will not take any legal action whatsoever relating to the policy itself and/or its administration against: the St. Louis Laborers' Vacation Fund; its Trustees; its accountants; its attorneys; its financial institutions; and/or any other person or entity/institution providing services to the Funds.

***You must return this form along with a copy of your photo ID to have your vacation check issued.***

**Name:** _____ **Member ID or SSN #**_____

**Address:** _____
**Street** **City** **State** **Zip**

**Phone:** _____

◯ I would like my vacation check ***mailed*** to me once it is available.
◯ Please ***call me*** when my vacation check is available.

**X**_____
***Signature*** *of Participant of the St. Louis Laborers' Vacation Fund* Date

You may return the required documents via mail, fax (314-645-1366) or email (accountingdept@stllaborers.com ).