CARPENTERS' SCHOLARSHIP FUND CONTRIBUTION AUTHORIZATION

As a member of the St. Louis – Kansas City Carpenters Regional Council (Union), I hereby voluntarily authorize and direct the St. Louis – Kansas City Carpenters Regional Vacation Plan (Vacation Fund) to deduct by way of this assignment vacation benefits redeemed and payable to me from the Vacation Fund in the sum of

□ \$5.00 / □ \$10.00 / □ \$20.00 / □ OTHER AMOUNT (\$______) [Please Mark appropriate box with "X"]

and to assign and transfer such sum to the **CARPENTERS' SCHOLARSHIP FUND**, a separate, segregated fund established by the Union.

I further authorize the Vacation Fund and any depository of its monies to disburse funds directly to the **CARPENTERS' SCHOLARSHIP FUND** on my behalf as a voluntary contribution authorized by this assignment.

I understand and agree that the signing of this assignment and authorization and the voluntary contributions assigned under its terms are not a condition for membership in the Union or of employment with my employer; that I have a right to refuse to make such contributions without reprisal and that these contributions are not part of, or related in any way, to my membership in the Union, and will not result in my being favored or disadvantaged by having made or not made such voluntary contributions.

I understand that I may contribute to the **CARPENTERS' SCHOLARSHIP FUND** through other available methods, at greater or lesser amount than that provided through this Vacation Fund assignment program.

I understand that the voluntary contributions made by me through this assignment program may be used only for the purposes established by the **CARPENTERS' SCHOLARSHIP FUND**, in accordance with Fund rules and applicable laws.

Important: Scholarship donations must be received no later than April 30th to be deducted from your current Plan Year Vacation benefit.

Full Name of Contributing Member:	
UBC Number:	
Signature of Contributing Member	(Date
Street Address (including City, State, and Zip Code)	(Date
Street Address (including City, State, and Zip Code) PLEASE COMPLETE AND RETURN TO: Carpenters' Benefit Plans Office	(Date
Street Address (including City, State, and Zip Code) PLEASE COMPLETE AND RETURN TO:	(Date