

United Mine Workers of America
AUTHORIZATION TO WITHHOLD DUES
FROM PENSION CHECK

Mineworker Name: _____
(Please print)

Mineworker SSN: _____

Spouse's Name: _____
(Please print)

Spouse's SSN: _____

Street Address: _____

City: _____

State: _____

Zip Code: _____

Membership Status:
 Dues paying Member
Dues paid through _____ (mo/yr)
 Not a Dues paying Member

Union Information (current or last):
District _____ Local Union _____

Effective Date: Check-off will begin as soon as possible unless a later date is specified below:
 Other date: _____ (Specify mo/yr)

I hereby voluntarily direct the UMWA 1974 Pension Trust to withhold monthly dues from my pension, as prescribed by the United Mine Workers of America International Constitution, and to send such amounts to the United Mine Workers of America. In addition, I, as the Spouse, direct that, in the event I become eligible for survivor's benefits under the 1974 Pension Plan, associate membership dues shall be withheld from such benefits and sent to the United Mine Workers of America.

Retiree's Signature: _____ Date: _____
Telephone #: _____

Spouse's Signature: _____ Date: _____

Note: The direction to withhold dues from survivor's benefits is only effective if this form is also signed by the Spouse. This authorization may be revoked at any time by sending written notice of revocation to the 1974 Pension Trust. The 1974 Pension Trust also may terminate this authorization upon reasonable notice.



MEMBER