

**ST. LOUIS PAINTERS BENEFIT FUNDS
P.O. BOX 1186
MARYLAND HEIGHTS, MO 63043
Telephone (314) 656-1072 Fax (314) 739-1105**

SELF-PAYMENT PENSION DEDUCTION AUTHORIZATION

I, the undersigned, am receiving a monthly benefit from the St. Louis Painters Pension Trust Fund and wish to have a portion of that benefit used to maintain eligibility for benefits under the St. Louis Painters Employee Benefits Plan for the various coverages thereunder which I have selected. For that purpose, I hereby assign whatever amount may be required from time to time to maintain those coverages under the Welfare Fund as reported to the Pension Fund by the Welfare Fund and authorize the Pension Fund to deduct that amount from my monthly benefit check and remit it directly to the Welfare fund.

I understand that I may rescind this authorization at any time by notifying the Pension Fund Office, in writing, at least sixty days before the effective date of the rescission.

_____		_____	
Name		Social Security Number	

Address			

City	State	Zip Code	
_____		_____	
Date	Signature		

Except for your signature, please print or type all other information.

THE AMOUNT ASSIGNED CANNOT, OF COURSE, BE MORE THAN YOUR MONTHLY BENEFIT FROM THE PENSION FUND.