

**ROOFERS LOCAL 149  
VACATION – HOLIDAY FUND  
DISTRIBUTION AUTHORIZATION FORM**

P.O. Box 396 Troy MI 48099-0396 • (888)868-6411 or (248)641-4949

I, \_\_\_\_\_  
Last Name, please print                      First Name                      Mid Int'l                      Social Security # or Alternate Id#

hereby instruct and authorize the Board of Trustees to process payment of my Vacation-Holiday pay as indicated by **X** below:

**PLEASE SELECT ONE BOX ONLY**

- ANNUAL PAYMENT:**                      ONE PAYMENT PER YEAR, IN JULY OF EACH YEAR
- SEMI-ANNUAL PAYMENT:**                      TWO PAYMENTS PER YEAR, ONE IN JANUARY AND ONE IN JULY OF EACH YEAR.
- QUARTERLY PAYMENT:**                      FOUR PAYMENTS PER YEAR, ONE IN OCTOBER, JANUARY, APRIL AND JULY OF EACH YEAR.

I fully understand that the bonus dividend interest distribution will only be paid out to the participant who selected the annual payment option.

I fully understand that if I have selected either the semi-annual or quarterly payment. I have forfeited my right to any bonus/dividend interest distribution.

I fully understand that distributions will not be made at any time other than specified.

Signed by: \_\_\_\_\_ Date signed: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Phone: \_\_\_\_\_ DOB: \_\_\_\_\_

**Mail to: Roofers Local 149 Vacation Holiday Fund  
P.O. Box 396 •Troy, MI 48099-0396**

If this payment distribution authorization form is not received, you will automatically remain on the annual payment option.

Participants who select the annual payment option (one payment in July of each year) will pick up their vacation check at the Union Hall in the same way and manner as has been practiced in the past. Participants who select the annual payment will receive a bonus/dividend/interest distribution check. This bonus dividend will be mailed in December of each year.

Participants who select the semi-annual payment option (two payments, one in January and one in July of each year) will receive their check through the mail. Participants who select the semi-annual payments forfeit any rights to any bonus/dividend/interest distribution check.

Participants who select the quarterly payments (four payments, one in October, January, April and July of each year) will receive all their checks through the mail. Participants who select quarterly payments will forfeit any rights to any bonus/dividend/interest distribution checks.

Checks will be mailed out during the designated payment month(s) for the payment option you selected.

You may change your payment selection at any time throughout the year. If you decide to change your payment selection a new selection form must be mailed to: ***Roofers Local 149 Vacation-Holiday Fund office, postmarked no later than ten (10) days before a scheduled payment month.***

You may receive a new selection form at the Union Hall or call the Vacation Fund office 248-641-4949 and one will be mailed to you.

It is very important that the Vacation Fund Office be notified (in writing) of all address changes.

**NO CHECKS, FOR ANY REASON, WILL BE HANDED OUT AT THE VACATION FUND OFFICE.**

**NO CHECKS WILL BE ISSUED FOR ANY REASON, EXCEPT ON THE SELECTED PAYMENT DATES.**

Respectfully Submitted,

**BOARD OF TRUSTEES  
ROOFERS LOCAL 149 VACATION-HOLIDAY FUND**