

U.A. Local No. 393 Benefit Funds

HEALTH & WELFARE, SUB, DEFINED BENEFIT PENSION AND DEFINED CONTRIBUTION

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U.A. LOCAL NO. 393 DEFINED BENEFIT PENSION PLAN Union Dues Deduction Authorization Form

I hereby authorize the U.A. Local No. 393 Defined Benefit Pension Plan to make a deduction from my monthly retirement benefit to pay for my union dues to U.A. Local 393.

I understand that:

- The date the deduction is to commence will be verified by the Fund Office and confirmed with me via email, by telephone, or by U.S. Mail.
- Union dues deducted and paid will be adjusted to reflect future increases only after I have received written notification of the same.
- I understand that this authorization can be revoked in writing at any time by me.

This revocable authorization shall not confer upon U.A. Local 393 any enforceable legal rights to collect any sums payable by the U.A. Local No. 393 Defined Benefit Pension Plan to the undersigned as pension benefits.

Member Signature

Date

Member Name

Social Security Number

Phone Number

Email Address

\$ _____
Monthly Dues Amount

Acknowledged by U.A. Local 393:

Representative of U.A. Local 393 Signature

\$ _____
Confirm Dues Deduction Amount