

INTERNATIONAL UNION, UNITED MINE WORKERS OF AMERICA
PENSION PLAN
PO BOX 1101
TROY, MI 48099
TELEPHONE: (410) 872-9500

UNITED MINE WORKERS OF AMERICA
DUES CHECKOFF AUTHORIZATION FORM

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|----------------------------------|
| NAME: |
| ADDRESS: |
| CITY, STATE AND ZIP CODE: |
| TELEPHONE NUMBER: |
| DATE OF BIRTH: |
| SOCIAL SECURITY NUMBER: |

I, the undersigned, do hereby voluntarily authorize and request the International Union, United Mine Workers of America Pension Fund to hereafter deduct from my benefit check all the amounts of money due to the United Mine Workers of America by me as membership dues and to promptly transmit and deliver the same to its duly authorized representative. This assignment, authorization and directive shall continue until such time as I give written notice to the Pension Fund that I wish to revoke this authorization or until termination, upon reasonable notice, by the Trustees of the Fund.

Your Signature

Date

Please complete the form and return it to: United Mine Workers of America Pension Plan
PO Box 1101
Troy, MI 48099
Attention: Pension Department