

**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**

<b>NAME:</b>
<b>ADDRESS:</b>
<b>CITY, STATE AND ZIP CODE:</b>
<b>TELEPHONE NUMBER:</b>
<b>DATE OF BIRTH:</b>
<b>SOCIAL SECURITY NUMBER:</b>

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