LABORERS'
BENEFITS • ST. LOUIS

Affidavit for Early Release of Vacation Benefits

(PRINT NAME) _____ requests the early release of vacation benefits from the Saint Louis Laborers' Vacation Fund (hereinafter "the Fund").

I am requesting the release of vacation benefits prior to the annual date set by the Funds' Trustees for the payment of benefits in the amount of seventy-five dollars ($75.00). I understand that a fee in the amount of seventy-five dollars ($75.00) will be charged to my account for every early release of benefits to cover both administrative costs and anticipated in come loss by the Fund. The fee will be deposited into the account of the Fund. **This request may take 10 business days to process.**

I also understand that from time to time, the Trustees may find it prudent and necessary to repeal and/or modify the early release policy. A possible modification to the policy could include, but not necessarily be limited to, a possible change to the necessary charge for the early release of vacation benefits.

By signing this request, I swear/affirm that I will not take any legal action whatsoever relating to the policy itself and/or its administration against: the St. Louis Laborers' Vacation Fund; its Trustees; its accountants; its attorneys; its financial institutions; and/or any other person or entity/institution providing services to the Funds.

Name: _____ **ID #** _____

Address: _____
Street **City** **State** **Zip**

Phone: _____

- ◯ I would like my vacation check ***mailed*** to me once it is available.
- ◯ Please ***call me*** when my vacation check is available.

X_____

Signature *of Participant of the St. Louis Laborers' Vacation Fund* Date

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State of _____)
:SS
County of _____)

Personally came before me this _____ day of _____ 2017, the above name(s) _____ _____ to me known to be the person who executed the foregoing and acknowledged the same.

My commission expires _____.

NOTARY PUBLIC _____

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