



## APPLICATION FOR EARLY VACATION OR SICK LEAVE WITHDRAWAL

The first two Early Vacation or Sick Leave Withdrawals from the 8/1/2023-7/31/2024 Benefit Work Year will not be subject to a fee for all or a portion of your Account scheduled to be paid out on the upcoming January 31<sup>st</sup>. A third request, or more, from the 8/1/2023-7/31/2024 Benefit Work Year will be subject to a \$150.00 fee per request.

Any Early Vacation or Sick Leave Withdrawal from the 8/1/2024-7/31/2025 Benefit Work Year will be subject to a \$150.00 fee per request.

Early Vacation or Sick Leave Withdrawal payments are issued either as a direct deposit to your bank account or as a check mailed to the address provided on this Application. Payments deposited directly to your bank account are available to you faster than payments issued by check. Paper checks can take up to 10 days following the date of issue for you to receive the benefit in the mail.

No interest or dividend will be paid on an Early Vacation or Sick Leave Withdrawal payment.

Participant Name: _____		ID#: _____	
(Social Security, UBC # or CFAO #)			
Address: _____			
Street			
_____	_____	_____	_____
City	State	Zip	Phone No.

**Email Address for the Receipt of Mandatory Disclosures:** \_\_\_\_\_

*If you provide your email address, mandatory disclosures will be sent via email.*

### PAYMENT ELECTION

<p align="center"><b>PAYMENT ELECTION OPTIONS</b> (Applicable fees may apply.)</p> <p><input type="checkbox"/> <b>OPTION 1: Current Benefit Work Year</b> 8/1/2023 through 7/31/2024 Work Hours Annual payout scheduled for January 31, 2025</p> <p><input type="checkbox"/> <b>OPTION 2: Maximum Amount</b> Benefit Work Year: 8/1/2024 through 7/31/2025 Work Hours Annual payout scheduled for January 31, 2026</p> <p align="center"><b>PLUS</b></p> <p>Benefit Work Year: 8/1/2023 through 7/31/2024 Work Hours Annual payout scheduled for January 31, 2025</p> <p><input type="checkbox"/> <b>OPTION 3:</b> Specific amount. \$ _____</p>	<p align="center"><b>DIRECT DEPOSIT</b></p> <p><input type="checkbox"/> I elect to have my payment deposited directly to my bank.</p> <p>Name of Bank: _____</p> <p>Type of Account:   <input type="checkbox"/> Checking   <input type="checkbox"/> Savings</p> <p>Bank Account Number: _____</p> <p>Bank Routing Number: _____</p> <p>Please note the above account information will stay on file for <b>ALL</b> future Vacation, Holiday and Sick Leave benefit payments.</p> <p><input type="checkbox"/> Direct Deposit one-time use only</p> <p><b>Please Note: If your bank rejects the direct deposit, a check will be mailed to your address on file and will cause a significant delay.</b></p>
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I elect to receive my payment by check – mailed to the address shown above.

I have reviewed and understand the Rules and Regulations on the reverse side of this application. I understand my Early Vacation or Sick Leave Withdrawal payment will be issued either as a direct deposit to my bank account or as a check issued by mail. *I also understand that garnishment and/or liens against my account on file with the Fund will be honored before I receive an Early Vacation or Sick Leave Withdrawal payment.*

**PARTICIPANT'S SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

## **CARPENTERS VACATION, HOLIDAY AND SICK LEAVE TRUST FUND FOR NORTHERN CALIFORNIA**

### **RULES AND REGULATIONS FOR EARLY VACATION OR SICK LEAVE WITHDRAWAL PAYMENTS**

Upon receipt by the Carpenter Funds Administrative Office of an authorized application for Early Vacation or Sick Leave Withdrawal, individual requests for an early payment of amounts in a Participant's account based on an Early Vacation or Sick Leave Withdrawal may be considered under the following conditions:

- (1) The amount of any Early Withdrawal or Sick Leave will consist of that portion of your account balance as of the last day of the month immediately prior to the actual disbursement of funds, which is scheduled to be included in the next January 31<sup>st</sup> scheduled vacation payout.
- (2) No interest or dividends will be paid or accumulated on any Early Vacation or Sick Leave Withdrawal payment.
- (3) Early Vacation or Sick Leave Withdrawal payments will only be issued in a form approved by Board of Trustees, which may include electronic payments.
- (4) A third request or more for an Early Vacation or Sick Leave Withdrawal payment will have a processing fee of \$150 assessed and deducted from the Early Vacation or Sick Leave Withdrawal payment.

If your claim for an Early Vacation or Sick Leave Withdrawal payment is denied, you have the right to appeal the denial. Appeal rights are described on pages 12-14 of the Summary Plan Description.

### **CHANGING RECEIVING FINANCIAL INSTITUTIONS**

The payee's Direct Deposit will continue to be received by the selected financial institution until the Carpenters Vacation, Holiday and Sick Leave Trust Fund for Northern California is notified by the payee that the payee wishes to change the financial institution receiving the Direct Deposit.

### **DELIVERY OF PLAN DOCUMENTS IS FAST, CONVENIENT AND EFFICIENT!**

- **Providing your email address for the receipt of mandatory disclosures is voluntary.**
- Electronic materials are emailed, typically in Portable Document Format (PDF), and are identical to the paper versions you have been receiving. There is no charge for accepting materials online.
- You will need an internet connection and a computer with an operating system capable of receiving, accessing and displaying and either printing or storing the electronic documents received. You should have Adobe Reader to access PDF files. Learn more and download Adobe Reader directly from Adobe's web site, [www.adobe.com](http://www.adobe.com).
- Change your email address at any time by contacting the Fund Office at [benefitservices@carpenterfunds.com](mailto:benefitservices@carpenterfunds.com), (510) 633-0333 or Toll-Free (888) 547-2054. The change must be in writing, with your signature and date.
- Some example documents that may be sent electronically include: Summary Plan Descriptions, Notices of Plan changes, Explanations of Benefits, Benefit and Claim Department letters, Prohibited Employment Committee letters, and Fund Trustee memos.
- Your consent to electronic delivery of Plan documents is valid unless and until you withdraw your consent. You can withdraw your consent and reset your preference to mail at any time by contacting the Fund Office at [benefitservices@carpenterfunds.com](mailto:benefitservices@carpenterfunds.com), (510) 633-0333 or Toll-Free (888) 547-2054. The change must be in writing, with your signature and date.
- While e-Delivery may significantly reduce the amount of mail we send you, certain documents and service-related correspondence will continue to be sent via U.S. Mail. Additionally, you may request a paper copy of any documents received electronically.
- Unless otherwise instructed, your email address will be shared with the Carpenters Union, Apprenticeship Training Committee and the Carpenters Trust Funds.