WEEKLY S.U.B. FUND BENEFIT APPLICATION

NAME: _____

STREET: _____ CITY: _____

STATE: _____ ZIP CODE: _____ SOCIAL SECURITY #: XXX-XX-_____

CELL PHONE #: _____ E-MAIL: _____

I _____, hereby apply for weekly S.U.B. Fund benefits. I understand that in accordance to the provision of the Plan I must submit a copy of my State's unemployment statement showing receipt of State unemployment benefits for that week. I understand that the I.R.S. considers any S.U.B. Fund benefit I receive as taxable and that I will receive a W-2 form from the Fund Office for any monies I receive during a calendar year.

_____ DATE _____
Participant's Signature

I wish to receive said monies via direct deposit to the account at the financial institution that I have listed within this document. As such, I hereby authorize the Local 697 S.U.B. Fund to initiate credit entries to my account listed below, in the financial institution shown. In the event a credit is made to my account in error, I authorize the Local 697 S.U.B. Fund to make a correcting entry, provided I am notified of the adjustment. This authorization is to remain in effect until the Local 697 S.U.B. Fund has received written notification from me terminating it.

Participant Signature: _____ Date: _____

Institution Name

Mailing Address

City **State** **Zip**

ABA Routing Number **Account Number** ○ **Checking** ○ **Savings**

DO NOT WRITE BELOW THIS AREA

Approved: YES NO

_____ DATE _____
Authorized Fund Signature

Local 697 S.U.B Fund-7200 Mississippi Street, Suite 300, Merrillville, Indiana 46410. (219) 845-4433