VACATION SAVINGS TRANSFER AUTHORIZATION LETTER OF DIRECTION



TO: The Trustees of the Local 150 I.U.O.E. Vacation Savings Plan

I, _________ hereby authorize and direct you to transfer all amounts contributed on my behalf to the Local 150, I.U.O.E. Vacation Savings Plan, when payable, together with so much of the earnings thereon as determined payable to me by the Trustees, to my share account in the Midwest Coalition of Labor Credit Union.

I understand that this authorization shall remain in effect until revoked by me by providing written notice to the Trustees of the Local 150, I.U.O.E. Vacation Savings Plan and the Midwest Coalition of Labor Credit Union, except as otherwise provided below.

I agree that in the event I have any financial obligation due and owing the Midwest Coalition of Labor Credit Union, you will transfer my Vacation Savings Plan account to the Midwest Coalition of Labor Credit Union, and I waive any right of revocation of this Transfer Authorization until such time as I no longer have any financial obligation due and owing the aforesaid Credit Union.

I hereby covenant that I will not sue or make any claim against the Trustees of the Local 150, I.U.O.E. Vacation Savings Plan either individually or as Trustees aforesaid on account of any action taken by the Trustees hereunder.

I further agree that this Transfer Authorization may be pleaded as a defense in any action proceeding brought against the Trustees by me or anyone acting through me in breach of this covenant.

| Dated this | day of | |
|---|---|--|
| | | |
| | Sign | nature |
| | Acc | count No |
| | S.S. | . No |
| Please Return to: | Midwest Coalition of Lal 6240 Joliet Countryside, I Fax: 708-482 | Rd. L 60525 |
| *************************************** | FOR OFFICE | ************************************** |
| \Box Copy made for File | \Box Copy provided to Local | 150 Employee Initials: |
| 🗌 System Updated | Date: | Employee Initials: |