

NEW YORK DISTRICT COUNCIL OF CARPENTERS

UNION TRUSTEES

Peter Thomassen
Chairman
Denis Sheil
Lawrence D'Errico
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BENEFIT FUNDS

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MANAGEMENT TRUSTEES

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Co-Chairman
Alfred G. Gerosa
George Greco
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STOP PAYMENT REQUEST FORM

To: New York District Council of Carpenters Benefit Funds
395 Hudson St.
New York, NY 10014

Attention: _____ Fund

Name: _____ SS#: _____

Check #: _____ Date Issued: _____ Amount: _____

This is to advise you that I have not received the above listed check.

Please issue a stop payment order on this check.

I understand that if the check should arrive after I have sent this request, **I cannot endorse it, cash it, assign it or otherwise negotiate it, but must return it to your office.**

CERTIFICATION

The undersigned certifies and says that he/she has read the above Stop Payment Request form in its entirety, signed it voluntarily, acknowledges the truthfulness of the statements contained therein, agrees to comply with its terms and understands that in the event of a willful misrepresentation or noncompliance with the terms, that he or she is subject to possible criminal prosecution and other penalties as proscribed by law.

Dated: _____

Signed: _____

Tel. #: _____

If applicable, please indicate new address:

