



INDEMNITY AGREEMENT AND REQUEST FOR STOP PAYMENT

To: CHICAGO & VICINITY LABORERS' PENSION FUND

Date _____

Please stop payment on Pension Draft No. _____, dated _____, in the amount of \$ _____ (Gross: \$ _____; F.W.T.: \$ _____; Ins.: \$ _____; Net: \$ _____), payable to the order of _____, Participant's Alt ID: _____.

I request that this draft be replaced because, to the best of my knowledge, the original was:

- Never received, Lost, Destroyed, Stolen, Other _____

I agree to return the original uncashed instrument directly to you should it come into my possession at any time.

This is to advise that the original instrument has not been endorsed or transferred by me and that, should the instrument be cashed, I agree either to execute and deliver to you an affidavit stating that such encashment was effected without my signature or authority, or to indemnify you against any loss, damage, cost or expense which may be sustained by you by reason of your issuing and delivering a new instrument to me. I further advise that I will be responsible for any restitution necessary should I receive and collect payment for both the original and replacement checks.

Witness CANNOT BE A RELATIVE
Street Address
City
Phone Number

Pensioner's Signature
Street Address
City
Phone Number

**INSTRUCTIONS FOR
INDEMNITY AGREEMENT AND REQUEST FOR STOP PAYMENT**

This form authorizes the Chicago & Vicinity Laborers' Pension Fund to stop payment on your pension check and issue a replacement. This should be completed if you have not received your check by the 7th of the month.

The PENSION RECIPIENT must sign this form.

1. Call the Pension Department at (708) 562-0200 or (866) 906-0200 ext. 530 to report your check as missing, as it may have been returned to the Fund due to an unreported address change or held by the Fund to obtain required Annual Statement.
2. Print the information provided by the Pension Department for the following items on top of the form:
 - Pension Draft No.
 - Dated
 - Amount
 - Gross Amount
 - Federal Tax Withholding Amount
 - Insurance Amount
 - Net Amount
3. List your Name & Alt. Member ID Number, then both you and a non-related witness must sign the form and list contact information in the spaces provided.
4. You can send directly to the Pension Department via mail, fax or email.

**ATTN: PENSION DEPARTMENT
CHICAGO & VICINITY LABORERS' PENSION FUND
11465 W CERMAK RD
WESTCHESTER IL 60154-5768**

**Telephone: (708) 562-0200 ext. 530 for Pension Department
Email: pension@chilpwf.com
Toll-free: (866) 906-0200**