

# SURVIVING SPOUSE AUTHORIZATION FOR CHECK-OFF OF DUES

## (ASSOCIATE STATUS)

TO: FORD, Trustee under the FORD-UAW Retirement Plan, and any Successor Trustee(s).

Date \_\_\_\_\_

I hereby assign to the International Union, United Automobile, Aerospace and Agricultural Implement Workers of America (UAW), from any monthly retirement benefits payable to me as a Surviving Spouse under the Retirement Plan established by agreement between Ford Motor Company and the International Union, UAW, the sum of \$3.00 or more \_\_\_\_\_ as monthly associate dues donation in accordance with the Constitution of the International Union, UAW. I authorize and direct you to deduct such amount from said monthly retirement benefit and to remit same to the Union at such times and in such manner as may be agreed upon between Ford Motor Company and the Union at any time while this authorization is in effect.

This assignment, authorization and direction shall remain in full force and effect until written revocation is received by the Company, except that it shall be suspended and not in effect with respect to any monthly retirement benefit payable at a time when there is not in effect (1) an agreement between the Company and the Union concerning the maintaining of the Plan which permits or provides for the deduction of associate dues donations from monthly retirement benefits payable to a Surviving Spouse and (2) an authorization by the Board of Administration to the Trustee to make such deductions.

**Contributions or gifts to the UAW are not deductible as charitable contributions for Federal Income Tax purposes.**

Name of Surviving Spouse - Type or Print			Local Union No.	Region
Street Address	City	State	Zip	
E-Mail		Phone		
Name & Social Security No. of Deceased Retired Worker				
Surviving Spouse Social Security No.		Signature of Surviving Spouse		



UAW  
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**Return to: UAW Retired Workers Dept. - 8000 E. Jefferson - Detroit, MI 48214**