WAGE ASSIGNMENT AUTHORIZATION

ATTACHMENT "A"

I hereby assign to the BROTHERHOOD OF LOCOMOTIVE ENGINEERS and TRAINMEN that part of my wages necessary to pay my monthly union dues, fees, assessments, initiation fees, and insurance premiums (not including fines and penalties) as reported to the UNION PACIFIC RAILROAD by the Secretary-Treasurer of my Local Division in monthly statements, certified by him, as provided under the Deduction Agreement entered into by and between the Brotherhood and the Company; and I hereby authorize the Company to deduct from my wages all such sums and to pay them over to the Secretary-Treasurer of my Local Division.

This authorization may be revoked by the undersigned in writing after the expiration of one (1) year, or upon the termination date of the aforesaid deduction agreement, whichever occurs sooner.

| | | Social Security No | |
|----------------------------------------------|------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| (LAST) | (FIRST) (MIDDLE INITIAL) | | |
| HOME ADDRESS | | Division | |
| | (STREET AND NUMBER) | | |
| | | Occupation | |
| | (CITY OR TOWN) | · | |
| | , 20_ | | |
| (DA | TTE) | (SIGNATURE) | |
| | | | |
| | | (UTU-E LODGE No.) | |
| WAGE ASSIGN | MENT REVOCATION (from | m UTU) <u>ATTACHMENT "B"</u> | |
| monthly dues, assessme Agreement between the | to the UNITED TRANSPORTATION onts, initiation fees, and insurance prer Union and the Company, and I hereby | , I hereby revoke the Wage Assignment Authorization UNION that part of my wages necessary to pay my miums, now being withheld pursuant to the Deduction y cancel the authorization now in effect authorizing the initiation fees and insurance premiums from my wages. | |
| NAME | | Social Security No. | |
| (LAST) | (FIRST) (MIDDLE INITIAL) | Social Security No | |
| HOME ADDRESS | | Division | |
| | (STREET AND NUMBER) | | |
| | | Occupation | |
| | (CITY OR TOWN) | | |
| | , 20 | | |
| (DA | ATE) | (SIGNATURE) | |
| | | (UTU-E LODGE NO.) | |
| ••••• | | | |
| REVOCATION C | OF MEMBERSHIP IN UTU | Dated: | |
| TO: Secretary, | UTU-E Lodge No, | (City). | |
| Effective | | , I hereby revoke my membership in the | |
| United Transporta | ation Union, Lodge No. | Please send Withdrawal card | |
| and refund any ov | rerpayment of dues past this | date. | |
| | ~ | | |
| | S | ligned: | |