



RI-399 – MONETARY PAYMENT APPEAL FORM

NAME: _____

ADDRESS: _____

CITY, STATE, ZIP _____

PHONE: _____

EIN NUMBER: _____

FACILITY NAME: _____

FINANCE NUMBER: _____

Check the appropriate box:

I did not receive any payment and I believe I should be eligible

I received a payment, but did not receive the proper number of shares

Explain why you believe you are eligible for the payment or why you believe you did not receive the proper number of shares.

Attach additional sheet(s) if necessary.

This form must be received at the address below no later than Friday, January 17, 2020.

Attach any supporting documentation you deem appropriate to support your appeal.

Submit the completed form to: National Postal Mail Handlers Union
Attn: RI-399 Monetary Payment Appeals
815 16th Street NW, Suite 5100
Washington DC 20006