VACATION PLAN

WITHDRAWAL REQUEST FORM

_____ I would like to withdraw the entire balance currently in my vacation account.

_____ I would like a partial withdrawal of my vacation in the amount of $ _____.

_____ Mail check _____ Hold for pick up

PLEASE NOTE: Vacation checks are issued every Friday. Requests for a check must be received by noon on Thursday for checks to be ready by 10am on Friday.

_____ _____
Member's Name Social Security No.

_____
Street Address

_____ _____
City, State, Zip Phone Number

_____ _____
Signature Date

TO SUBMIT VIA FAX: Please fax to the Trust Fund Office Contributions Department: 925-362-8749