



ELECTRICAL WORKERS LOCAL 595 PLANS

P.O. Box 7003 • SAN FRANCISCO, CA 94120 • (888) 512-5863 •



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 Nanette Santos at (415) 227-0552.