

# Northern California Tile Industry Trust Funds

Health & Welfare • Vacation & Holiday • Defined Benefit Pension • Defined Contribution Pension



## VACATION PLAN WITHDRAWAL REQUEST FORM

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

\_\_\_\_\_ I would like to transfer my entire balance to my Operating Engineers Federal Credit Union account.

\_\_\_\_\_  
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**

7180 Koll Center Parkway, Suite 200 Pleasanton, CA 94566  
P.O. Box 1607 San Ramon, CA 94583  
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