



## IBEW LOCAL 595 TRUST FUNDS



### 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. **Important: Checks will be available at the Plan Office which is located at BeneSys Administrators, 7180 Koll Center Parkway, Suite 200, Pleasanton, CA 94566**

\_\_\_\_\_  
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: 925-246-5113**