



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