

IRONWORKERS LOCALS 40, 361 & 417 VACATION FUND
451 PARK AVENUE SOUTH
NEW YORK, NEW YORK 10016
(212) 684-1586

VACATION FUND WITHDRAWAL APPLICATION

PLEASE PRINT

SOCIAL SECURITY NUMBER LAST NAME FIRST NAME LOCAL

TELEPHONE NUMBER DATE OF BIRTH NAME OF CURRENT OR LAST EMPLOYER

PLEASE NOTE ALL VACATION CHECKS WILL BE MAILED TO THE ADDRESS ON FILE WITH THE FUND OFFICE UNLESS YOU SPECIFICALLY INDICATE YOU WISH TO PICK UP YOUR CHECK. IF YOU CHOOSE TO PICK-UP YOUR CHECK PLEASE NOTE THAT YOU WILL BE REQUIRED TO SHOW PICTURE I.D.

PLEASE CIRCLE: MAIL PICK-UP

I HEREBY APPLY FOR A WITHDRAWAL OF MY FUNDS FROM MY ACCOUNT IN THE IRON WORKERS LOCALS 40, 361 & 417 VACATION FUND. I HEREBY SWEAR THAT THE APPLICATION SUBMITTED FOR THE WITHDRAWAL OF FUNDS FROM THE VACATION FUND IS TRUE AND CORRECT. FURTHERMORE, I UNDERSTAND THAT ANY WILLFUL MISREPRESENTATION SHALL RESULT IN THE FORFEIT OF PENSION CREDITS, HEALTH FUND ELIGIBILITY, VACATION FUND MONEY, ANNUITY & TOPPING OUT FUND MONEY, AND INVESTMENT YIELD AS SET FORTH IN THE RULES AND REGULATIONS BY THE BOARD OF TRUSTEES.

SIGNATURE

DATE

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FUND OFFICE USE ONLY

Picture I.D. Requested and Presented for Pick-up _____
(Initials)

Participant signed log book for Pick-up _____
(Initials)

Fund Office Signature