



## Carpenters' Local 1030 Vacation Pay Trust Fund Member Withdrawal Request Form

Privacy Statement: The Plans will collect, maintain and communicate only the Personal Information considered necessary for the administration of the Plans. Personal Information will be protected pursuant to the relevant legislation. The Plans may use and exchange information with relevant persons and organizations including the Trustees, institutions, investigative agencies, unions, insurers, re-insurers, auditors, legal counsel, actuaries, payroll/payment providers and regulatory authorities in order to manage the Plans and entitlement to the benefits of the Plans. Questions related to the Privacy Policy should be directed to the Benefit Administration Office.

Name:	_____	Social Insurance Number:	_____
Email Address:	_____	Phone No.	_____
Address:	_____	Unit/Apt.#:	_____
City:	_____	Postal Code:	_____ - _____
Pick up:	BENEFIT OFFICE (Markham) <input type="checkbox"/>	Mail <input type="checkbox"/>	Direct Deposit <input type="checkbox"/>
<p>I hereby request the payment of my Vacation Pay. I acknowledge that I may receive one (1) optional payment each calendar year (provided it is not issued more than 60 days before or after November 1<sup>st</sup>), other than the regular November payout and understand it is subject to a \$20.00 Expense Recovery Fee. <b>Any additional interim payments are subject to an administration fee of \$50.00 per payment.</b></p>			
<p>I understand that I am entitled to receive only the Vacation Pay received by the Plan at the time of this Withdrawal Request. I understand that the Fund will charge a fee of \$2.00 to all Members whose Vacation Pay monies are paid by cheque (i.e. not direct deposited to their financial institution) for the annual payout. If you have not completed a Direct Deposit and E-Notification Request, please contact the Plan Administration office.</p>			
Date:	_____	Member Signature:	_____
Date:	_____	Trustee Signature:	_____

Complete and return to:

Carpenters' Local 1030 Plan Administration Office  
45 McIntosh Drive, Markham, Ontario L3R 8C7

Telephone: 905-946-9700

Toll Free: 1-800-263-3564

Fax: 905-946-2535

E-Mail: ebps@mcateer.ca