



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

**Complete and return to:**

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

**Telephone:** 905-946-9700 **Toll Free:** 1-800-263-3564 **Fax:** 905-946-2535

**Email:** [benefits@carpentersresidential.ca](mailto:benefits@carpentersresidential.ca)

Name: \_\_\_\_\_ Union ID Number: \_\_\_\_\_

Email: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_ Unit/Apt #: \_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Pick up: Benefit Office (Markham) \_\_\_\_\_ Mail \_\_\_\_\_ Direct Deposit \_\_\_\_\_

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 1st), other than the regular November payout and understand it is subject to a \$35.50 Expense Recovery Fee. **Any additional interim payments are subject to an administration fee of \$50.00 per payment.**

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.

Date: \_\_\_\_\_ Member Signature: \_\_\_\_\_

Date: \_\_\_\_\_ Trustee Signature: \_\_\_\_\_

**Privacy Statement:** The Carpenters' Residential Benefit Plans (called "the Plan"), their administrator Employee Benefit Plan Services Limited, and providers working with the Plans or administrator will collect, maintain, use and disclose only the information that is necessary for the administration of the Plans. Personal information will be protected pursuant to the applicable legislation. The Plans may collect, maintain, use and disclose personal information with relevant persons or organizations (employers, health benefit managers, health professionals, institutions, insurers, investigative agencies, legal counsel, other plans or unions, pharmacies, regulators, re-insurers) in order to manage the Plans and entitlement to the benefits of the Plans, and may include information such as financial, health or benefits related information. Questions related to the Privacy Statement should be directed to the Privacy Officer.