

VACATION PAY WITHDRAWAL APPLICATION

Ù^} åÁţ Ká⊥iUNAcare Local 183 | 1263 Wilson Avenue, Suite 205 | Toronto, ON M3M 3G2 ÚKá FÎÈI €ĨI Ì Ï Á¢ÍZKÁ FĨÈI €ĨI Ì Ì Á¢Íw: www.liunacare183.com | e: info@liunacare183.com

A Member Information (<i>Please Print</i>)								
Last Name			Fir	rst Name		Gender	Male	Female
Address						Birth Date (y)	/yyy/mm/dd)	
Town/City					Province	e	Pos	stal Code
Union ID OR Social Insurance Number (SIN)						Country		
Email Ac	Idress					Telephone N	١ ٥.	
Marital S		Married Common-Law	,	Single Separated	Divorced Widow	Cell No.		
B Che	eque De	eliver Method						
For cheque pickup by the member, the member will need two pieces of government issued ID (minimum one with photo). There are <u>absolutely NO EXCEPTIONS</u> . For cheque pickup by someone other than the member, they will need to provide <u>TWO</u> pieces of member's government issued ID, <u>TWO</u> pieces of own ID, and a signed note from the member authorizing said person to pick up the cheque. There are <u>absolutely NO EXCEPTIONS</u> .								
Please	Select	One:	Pick Up		Mailed			
Member	r Signatur	re:			D;	ate:		
C Cheque Pick Up								
Member Name: (Print Name)					D;)ate:		
Member	r Signatur	re:			W	Vitness:		
OFFICE USE ONLY								
Plan:		400	405	408	412			
Fund:	ł	HVP	SHP					
Amour	nt:							
Work Months:					to:			

Please complete, print, sign, and return by fax at 416.240.7488 OR email to info@liunacare183.com