

VACATION PAY WITHDRAWAL APPLICATION

Ù^} åÁq KÁLiUNAcare Local 183 | 1263 Wilson Avenue, Suite 205 | Toronto, ON M3M 3G2 ÚKÁ FÎÈD €Ë IÌ ÏÁÁZKÁ FÎÈD €Ë IÌ ÌÁÁX: www.liunacare183.com | e: info@liunacare183.com

A Mer	mber In	formation (<i>P</i>	lease Print	<i>i</i>)					
	Last Name First Nar						Gender	Male	Female
Address							Date of Birth (yyyy/mm/dd		
Town/ Prov. Postal Code							Country		
Member Advantage Benefit Card ID Number (last 10 digits)								nnce Number (SIN Advantage Bene	N) - ONLY if no Member efit Card ID
Email Address							Phone #		
Marital S		Married Common-Law	ı S	Single Separated	Divorced Widow	-	Cell #		
For cheque pickup by the member, the member will need two pieces of government issued ID (minimum one with photo). There are absolutely NO EXCEPTIONS.									
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 absolutely <u>NO EXCEPTIONS</u> .									
Please	Select	One:	Pick Up		Mailed				
Member	· Signatu	ıre:				Date:			
C Cheque Pick Up									
Member	: Name:		(Print Name)			Date:			
Member	r Signatu	ıre:				Witne	ess:		
OFFICE USE ONLY									
Plan:		400	405	408	412				I
Fund:		HVP	SHP						
Amoun	nt:								
Work Months: to									