

VACATION PAY WITHDRAWAL APPLICATION

Ù^} åÁţ Ká⊥iUNAcare Local 183 | 2100 - 200 Labourers Way | Vaughan, ON L4H 5H9 ÚKá FÎ È∃ €Ē I Ì Ï *k*ák/ká FÎ È∃ €Ē I Ì Ì Áákv: www.liunacare183.com | e: info@liunacare183.com

BUILDING	HEALTHY	FUTURES

A Memb	per Information	(Please Print)							
Last Name		First Name			Gende	er	Male	Female	
Address						of Birth ′mm/dd)			
Town/ City		Prov.	Postal	I Code	Count	try			
Member Adva ID Number (la	antage Benefit Card ast 10 digits)				Socia			SIN) - ONLY if no Member nefit Card ID	
Email Addre					Phone	e #			
Marital Statu	Common-La			Divorced Widow	Cell #	;			
B Chequ	ue Deliver Meth	od							
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 Se	elect One:	Pick Up		Mailed					
Member Si	gnature:				Date:				
C Chequ	ue Pick Up								
Member Na	ame:				Date:				
		(Print Name)							
Member Si	gnature:				Witness:				
OFFICE USE ONLY									
Plan:	400	405	408	412					
Fund:	HVP	SHP							
Amount:									
Work Mo	nths:			to:					

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