

IBEW Local 701 Fringe Benefit Office
28600 Bella Vista Parkway, Suite 1110
Warrenville, IL 60555-1600

VACATION FUND
Early Withdrawal Benefit Check Request

ONLY ONE EARLY WITHDRAWAL WILL BE ALLOWED BETWEEN VACATION PAYOUTS

FORMS MUST BE RECEIVED NO LATER THAN 4:30 P.M. ON MONDAY FOR PICKUP ON TUESDAY
ANY FORMS RECEIVED AFTER 4:30 P.M. ON MONDAY WILL BE PROCESSED THE FOLLOWING WEEK

DECEMBER 1 PAYOUT = APRIL THROUGH SEPTEMBER CONTRIBUTIONS
JUNE 1 PAYOUT = OCTOBER THROUGH MARCH CONTRIBUTIONS

Name: _____

SSN: _____ Home Local: _____

Phone No: _____ Date: _____

PLEASE CHECK ONE:

- I am picking up my check at the Fund Office (available after 11:00 am on Tuesdays)
- I would like to have my check mailed to me (MAILED OUT ON TUESDAYS)

PLEASE CHECK ONE:

- I would like all contributions available to me at this time
- I would like to withdraw approximately \$ _____ dollars (only whole months can be issued)

****NOTE**** if you cannot present a photo ID to the FBO staff , your signature **MUST** be notarized.

Employee Signature

Notary Public / Fund Office Staff

Date

- CHECK HERE IF ADDRESS HAS CHANGED
