

IRONWORKERS LOCALS 40, 361, & 417 VACATION FUND
451 PARK AVENUE SOUTH
NEW YORK, NEW YORK 10016
(212) 684-1586

VACATION FUND WITHDRAWAL APPLICATION
PLEASE PRINT

SOCIAL SECURITY NUMBER LAST NAME FIRST NAME LOCAL

TELEPHONE NUMBER DATE OF BIRTH NAME OF CURRENT/LAST EMPLOYER

ALL MEMBERS WILL BE REQUIRED TO SIGN UP FOR DIRECT DEPOSIT.

IF NOT SIGNED UP FOR DIRECT DEPOSIT YET.PLEASE NOTE ALL VACATION CHECKS
WILL BE MAILED TO THE ADDRESS ON FILE
WITH THE FUND OFFICE

PLEASE SELECT - DIRECT DEPOSIT MAIL

I HEREBY APPLY FOR A WITHDRAWAL OF MY FUNDS FROM MY ACCOUNT IN THE IRON WORKERS
LOCALS 40, 361, & 417 VACATION FUND. I HEREBY SWEAR THAT THE APPLICATION SUBMITTED
FOR THE WITHDRAWAL OF FUNDS FROM THE VACATION FUND IS TRUE AND CORRECT.
FURTHERMORE, I UNDERSTAND THAT ANY WILLFULL MISREPRESENTATION SHALL RESULT IN
THE FORFEIT OF PENSION CREDITS, HEALTH FUND ELIGIBILTY, VACATION FUND MONEY,
ANNUNITY & TOPPING OUT FUND MONEY AND INVESTMENT YIELD AS SET FORTH IN THE RULES
AND REGULATIONS BY THE BOARD OF TRUSTEES.

SIGNATURE

DATE

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FUND OFFICE SIGNATURE