

U.A. LOCAL 125 VACATION FUND REQUEST FORM

THE UNDERSIGNED DOES HEREBY REQUEST OF THE U.A. LOCAL 125 VACATION FUND, THE FOLLOWING:

_____ **TO WITHDRAW THE BALANCE IN MY VACATION FUND ACCOUNT**

_____ **TO WITHDRAW \$_____ OF THE BALANCE IN MY VACATION FUND ACCOUNT**

I REALIZE THAT I AM ALLOWED ONLY THREE (3) WITHDRAWALS IN ONE CALENDAR YEAR. THE FIRST WITHDRAWAL WILL HAVE A \$12.00 ADMINISTRATION FEE DEDUCTED FROM THE BALANCE. FUNDS REMAINING IN THE ACCOUNT AS OF THE LAST WORKING DAY IN DECEMBER WILL BE RETAINED AND ADDED TO THE COLLECTED CONTRIBUTIONS IN JANUARY. INTEREST WILL BE ALLOCATED ON OR ABOUT JANUARY 29TH AND DISTRIBUTED AS A FINAL PAYOUT AT THE END OF JANUARY.

_____ **PICK UP CHECK**

_____ **MAIL CHECK**

NAME:

ADDRESS TO BE MAILED TO:

Name (PLEASE PRINT)

ZIP _____

SIGNATURE

SOCIAL SECURITY #: _____

DATE: ___/___/_____

Return fax # 319-362-7272

Or mail to: Local 125 Vacation Fund, 1831 16th Avenue SW, Cedar Rapids IA 52404