**U. A. Local 787 Vacation and Statutory Holiday Pay Trust Fund**  
**Member Withdrawal Request Form**

Privacy Statement: The Plan will collect only the personal information necessary for the administration of the Plan. Personal Information will be protected pursuant to the relevant privacy legislation. The Plan may use and exchange information with third parties or organizations (investigative agencies, auditors, regulators) in order to manage the Plan and your entitlement to the Benefits of the Plan.

| For: | \n| --- | --- |
| Name: | Social Insurance Number: | Unit/Apt.#: |
| Address: | | Postal Code: | |
| City: | | Mail: |

**Pick up:**  
- UA Local 787 (Brampton)  
- BENEFIT OFFICE (Markham)  
- Mail

I acknowledge that I may receive one (1) optional payment each calendar year, other than the regular May and November payouts and I hereby request the payment of my Vacation Pay for the following reason:

- [ ] I am taking my Vacation, or  
  - Effective date:  
  - Employer:

- [ ] I have left the jurisdiction of U. A. Local 787, or

- [ ] I am no longer a member of U. A. Local 787, or
  - Last day worked:

- [ ] I am unemployed and registered as unemployed with the Employment Insurance Commission, or
  - Employer:

- [ ] I am attending day trade school as an apprentice, or

- [ ] I have retired under the terms of the U. A. Local 787 Pension Plan, or

- [ ] I am disabled and I am receiving benefits under the U. A. Local 787 Weekly Indemnity Plan or the Workplace Safety & Insurance Act or the Employment Insurance Commission.

I understand that I am entitled to receive only the Vacation Pay received and processed or being processed to my account at the time of this withdrawal request.

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Authorization:

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<th>Date:</th>
<th>Authorized Signature</th>
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Complete and return to:  
Benefit Plans Administration Office: 45 McIntosh Drive, Markham, Ontario L3R 8C7  
Telephone: 905-946-9700 Toll Free: 1-800-263-3564  
Fax: 905-946-2535 E-Mail: ebps@mcateer.ca