

IBEW local 773

EMPLOYEES BENEFIT SERVICES

S.U.B. PLAN CLOSE OUT ACCOUNT FORM

Please email form to sue@ibew773.ca

Dear Brother/Sister:

I am a member of Local 773 and as per Article 3, Section 3 and/or Section 4, I would like to close out my S.U.B. Account.

I am a non member of Local 773 and as per Article 3, Section 5, I would like to close out my S.U.B. Account.

Date Last Worked in Local 773 _____

PLEASE PRINT

NAME: _____ LOCAL UNION: _____

ADDRESS: _____

CITY: _____ POSTAL CODE: _____

PHONE: _____ S.I.N.: _____

INSTRUCTIONS (ie - Mail, Pickup, Mail to a Different Address)

Signature _____

Date of Signature _____

FOR OFFICE USE- APPLICATION RECEIVED/CHEQUE INFORMATION

Date: _____ Cheque Prepared: _____

Cheque #: _____ Cheque Amount: _____

BOARD OF TRUSTEES

