

IBEW local 773

EMPLOYEES BENEFIT SERVICES

S.U.B. PLAN WITHDRAWAL FORM

Please email form to sue@ibew773.ca

Dear Brother/Sister:

Please make cheque payable for \$ _____

Please release all available funds

PLEASE PRINT

NAME: _____

ADDRESS: _____

CITY: _____ POSTAL CODE: _____

PHONE: _____ S.I.N.: _____

INSTRUCTIONS - ie - Mail, Pickup, Steward (name Steward) to pick-up

Signature

Date of Signature

FOR OFFICE USE - APPLICATION RECEIVED/CHEQUE INFORMATION

Date: _____ Cheque Prepared: _____

Cheque #: _____ Cheque Amount: _____

BOARD OF TRUSTEES INITIALS

