

IBEW local 773

EMPLOYEES BENEFIT SERVICES

S.U.B. PLAN WITHDRAWAL FORM FOR TRAVELLERS

Please email form to sue@ibew773.ca

Dear Brother/Sister:

I am a member of Local Union _____ but working in Local Union 773 jurisdiction.
I would like to request a cheque from my SUB Fund.

☐

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

