

OPERATING ENGINEERS VACATION-HOLIDAY SAVINGS TRUST

PO Box 7064, Pasadena, CA 91109
Phone (626) 356-1050; FAX (626) 356-3502
Website: www.oefunds.org

APPLICATION FOR WITHDRAWAL OF BENEFITS

INSTRUCTIONS: Please complete this form and return it to the Fund Office at the above address or FAX it to the above number. The application will be processed and your check will be mailed directly to you at your mailing address on file with the Fund Office.

Participant Information:

NAME _____ OE ID# _____ First 4 of SS# _____

MAILING ADDRESS _____ PHONE # _____
STREET

_____ CITY STATE ZIP

Withdrawal Information:

I would like to withdraw _____ from contributions for the Plan
(AMOUNT OR PERCENTAGE*)
year beginning July 1st, 20____ and ending June 30th, 20_____.

I understand that a withdrawal from my account for any Plan year will disqualify me from receiving any distribution of reserves which accumulated partially or entirely during that Plan year.

DATE _____ SIGNATURE _____

Witnessed by (if req'd) _____
PRINT NAME SIGNATURE

FOR FUND OFFICE USE ONLY

Date of Application _____ PYE June, 20 _____

Hours _____ Amt. Paid _____ Withdrawal Amt _____ Ck. # _____

Receipt of withdrawal amount is acknowledged _____
SIGNATURE

**To check the balance available for withdrawal from your account, visit the Vacation-Holiday pages on the Fund's website at <http://www.oefunds.org>.*