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

Privacy Statement: The Plans will collect, maintain and communicate only the Personal Information considered necessary for the administration of the Plans. Personal Information will be protected pursuant to the applicable legislation. The Plans may use and exchange information with relevant persons and organizations including the Trustees, institutions, investigative agencies, unions, insurers, re-insurers, auditors, legal counsel, actuaries, payroll/payment providers and regulatory authorities in order to manage the Plans and entitlement to the benefits of the Plans. Questions related to the Privacy Policy should be directed to the Benefit Administration Office.

For:

Name: _____ **Social Insurance Number:** _____

Address: _____ **Unit/Apt.#:** _____

City: _____ **Postal Code:** ___-___

Pick up:

UA Local 787 (Brampton) ☐ **Date of Pick-up:**_____

BENEFIT OFFICE (Markham) ☐ **Date of Pick-up:**_____

Mail ☐

I acknowledge that I may receive one (1) optional payment each calendar year other than the regular May and November payouts. Interim payments are subject to an administration fee of $30.93 per payment. 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**

☐ **I am unemployed and registered as unemployed with the Employment Insurance Commission, or**

☐ **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.**

Last day worked:

_____

Employer:

_____

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.

Date: _____ **Signature:** _____

Authorization:

Date: _____

_____

Authorized Signature

Complete and return to:
Benefit Plans Administration Office: 2255 Sheppard Ave. E, Atria 1, Suite 201, Toronto, ON M2J 4Y1
Telephone: 905-946-9700 Toll Free: 1-800-263-3564
Fax: 905-946-2535 E-Mail: info@787benefits.ca