

**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) ☐		BENEFIT OFFICE (Toronto) ☐
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		Last day worked: _____
☐ I am unemployed and registered as unemployed with the Employment Insurance Commission, or		
☐ I am attending day trade school as an apprentice, or		Employer: _____
☐ 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.		
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

