



OREGON - WASHINGTON CARPENTERS - EMPLOYERS TRUST FUNDS

c/o The William C. Earhart Company, Inc.
P.O. Box 4148 Portland, OR 97208 / 3140 N.E. Broadway, Portland, OR 97232
Local: (503) 282-5561 / Toll Free: (800) 547-1314

REQUEST FOR ADDITIONAL VACATION WITHDRAWAL

NAME _____ SSN _____

ADDRESS _____

PHONE # _____

AMOUNT REQUESTED: \$ _____ OR Entire Account Balance

REASON FOR WITHDRAWAL: _____

- I understand that this withdrawal will reduce the amount of my regular annual/semi-annual/quarterly vacation distribution.
- I understand that I am only eligible for one additional distribution in each September 1 through August 31 Plan Year, and that this distribution is subject to a charge of \$25.

Signed

Date

ADMINISTRATIVE OFFICE USE ONLY

BASYS REFERENCE # _____

TYPE OF NORMAL DISTRIBUTION: ANNUAL SEMI-ANNUAL QUARTERLY

ELIGIBLE: YES NO

DATE OF DISTRIBUTION: _____ **CHECK #** _____

ADMINISTRATIVE APPROVAL _____