

# L.I.U.N.A Local 527 Trust Funds

**BENEFIT OFFICE**

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## Application for Early Vacation Pay Withdrawal

**Note to Applicant:** Only **one** vacation pay withdrawal is permitted each vacation pay period. The first being from May 1<sup>st</sup> to October 31<sup>st</sup> and the second being from November 1<sup>st</sup> to April 30<sup>th</sup>. **Please note that all applications must be approved by the L.I.U.N.A. Local 527 Board of Trustees or their designated representative.**

I, the undersigned, hereby apply for vacation pay received and recorded by the Administrator as of the date of completion or approval below, for the following reason:

1.  I am vacationing from \_\_\_\_\_ to \_\_\_\_\_ (supporting document required).
2.  I do not qualify for Employment Insurance benefits (supporting document required).
3.  I am attending school full-time on \_\_\_\_\_ (supporting document required).
4.  Financial Hardship (supporting documents of unexpected expenses or expenses IN ARREARS of \$1,000 or more required.)
5.  Other (details and supporting document required). \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Member Name: \_\_\_\_\_ Membership #/SIN: \_\_\_\_\_

Address: \_\_\_\_\_ City&Prov.: \_\_\_\_\_ Postal Code: \_\_\_\_\_

E-mail address: \_\_\_\_\_ Phone #: \_\_\_\_\_ Phone #: \_\_\_\_\_

Delivery Method:  Pick Up (Picture ID Required)  Mail to address above

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

**APPLICATIONS AND SUPPORTING DOCUMENTS MUST BE RECEIVED NO LATER THAN THE 10<sup>TH</sup> DAY OF THE MONTH IN ORDER TO BE PROCESSED IN THAT MONTH'S EARLY PAYOUT WHICH WILL BE PAID BETWEEN THE 20<sup>TH</sup> AND THE 25<sup>TH</sup> DAY OF THE MONTH.**

For Office Use Only:

Application Received on \_\_\_\_\_ Application Type: \_\_\_\_\_

Notes: \_\_\_\_\_

Application  approved  denied by Trustee(s) \_\_\_\_\_ on \_\_\_\_\_