

# INLAND

## Refrigeration & Air Conditioning

### Health & Welfare Trust Fund

#### Request for Vacation Benefit Interim Withdrawal

SSN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Local #: \_\_\_\_\_

\_\_\_\_\_  
Last Name First Name Middle Initial

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

( ) -  
Phone Number

Amount of withdrawal requested: \$ \_\_\_\_\_

#### IMPORTANT NOTES:

- I understand that the address above **MUST** match my current address on file before this request can be processed. If my address has changed, I must submit a change of address form before this request can be processed.
- I have read and understand the policies outlined on this form and understand that this interim withdrawal is governed by the terms of the Health & Welfare Trust documents.
- I request that you pay me the least of (1) the amount indicated above, (2) the amount available in by Vacation account, or (3) \$1,000.00.
- I understand that I am only permitted one withdrawal each calendar year in addition to the annual withdrawal in December.
- I understand that this interim withdrawal policy is strictly enforced, so that there will be no additional interim withdrawals permitted this year, no matter how severe the circumstances.
- I understand that by taking this interim withdrawal, I forfeit any interest that might have been payable on the amount withdrawn.
- I understand that it may take 30 days or longer (especially during the time of the annual distribution) to issue payment.

X

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

*Administered by*

**Southern California Pipe Trades Administrative Corporation**

501 Shatto Place, 5th Floor • Los Angeles, CA 90020 • (800) 595-7473 • (213) 385-6161 • (213) 385-2767 (fax)