

**INTERNATIONAL BROTHERHOOD OF  
ELECTRICAL WORKERS LOCAL NO. 150 VACATION FUND**

**Election of Withdrawal Benefit**

To: The Trustees Under International Brotherhood of Electrical Workers Local No. 150 Vacation Fund (the "Fund")

I elect to receive a withdrawal benefit under the Fund. I understand that my withdrawal benefit will be in an amount equal to 90% of (i) my account balance as of the previous May 31 plus (ii) the Fund contributions paid on my behalf on account of my hours worked since that May 31 minus (iii) any distributions made to me since that May 31.

I have been informed of the provisions of the Fund relating to withdrawal benefits.

|   |   |
|---|---|
| (Signature of Participant)                  | <u>PLEASE PRINT NAME, ADDRESS &amp; SS#</u> |
| DATE SIGNED: _____                          | _____                                       |
| MY EMPLOYMENT TERMINATION<br>DATE IS: _____ | _____                                       |
|   | SS# _____                                   |

**WITHDRAWAL POLICY: In general, a Participant may receive only one withdrawal benefit per calendar year. The Fund Office does not make payouts in the months of November and December.**

NOTE: If you elect to receive a withdrawal benefit, the number of hours of service used in determining the portion of such benefit described in (ii) above will not be used in determining your share of Fund contributions for the period ending on the May 31 next following the date of your election.

RETURN COMPLETED  
FORM TO:

IBEW LOCAL 150 VACATION FUND  
31290 N. US HWY. 45, UNIT B  
LIBERTYVILLE, IL 60048

UNION DUES    YES    NO

BELOW IS FOR OFFICE USE ONLY

|            |           |
|------------|-----------|
| June _____ | Jan _____ |
| July _____ | Feb _____ |
| Aug _____  | Mar _____ |
| Sept _____ | Apr _____ |
| Oct _____  | May _____ |
| Nov _____  |           |
| Dec _____  |           |

**CK#:**

**CK AMOUNT:**

**DATE:**

**SPECIAL INSTRUCTIONS**

