## Abatement Workers Local 207 National Vacation Fund P.O. Box 1349

Troy, MI 48099-1349 (800) 772-0459 or (248) 641-4907 E-FAX 248-721-9679

## **Request for Elective Vacation Payout Form**

The Vacation Fund has two annual distributions, occurring in May and November. Participants may elect to receive two "Elective" distributions during the Plan Year. You may receive one elective distribution from June 1<sup>st</sup> to November 30<sup>th</sup> and one from December 1<sup>st</sup> to May 31<sup>st</sup>. Please complete the *Request for Elective Vacation Distribution* form and return to the Fund Office for processing.

Name:		
Address:		
City:	State:	Zip:
Phone:		
Social Security Number		
Amount Payable - All cumu	lative vacation funds a	vailable will be paid out.
<u>Note</u> : <b>Elective</b> Vacation <b>administrative fee</b> , which w		•
Elective vacation distributions additional distributions must Elective vacation distribution Distributions in May or Novel	be received no later the es will not be issued du	n Thursday, the day prior.  uring the weeks of Normal
Participants Signature		Date
For Fund Use Only:	Check Num	berBy
Date Issued	By	

Next Day Air or Overnight mail use street address:
Abatement Vacation Department
700 Tower Drive, Suite 300
Troy MI 48098