

International Union of Operating Engineers Local No. 963
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DATE:	
RE:	DEFERRED SAVINGS WITHDRAWAL
l,	(PLEASE PRINT) would like to make a rawal from my Deferred Savings Plan as follows:
withdr	rawal from my Deferred Savings Plan as follows:
PLEAS	E CHOOSE ONLY ONE OF THE FOLLOWING REGULAR OPTIONS
	50% of the balance in my plan OR
	\$ (Specific amount)
EMER	GENCY WITHDRAWAL
	Maximum amount available once per year
ALL DE	FERRED SAVINGS ACCOUNTS MUST MAINTAIN A BALANCE OF \$100.00
I would	d like my withdrawal: (choose one option)
	Held at Community Savings for PICK UP (recommended)
	Wire Transfer (Attach Void Cheque or account details given by Financial Institution)
	Deposit to my Community Savings Account #
	☐ Chequing ☐ Savings
	Mailed to my home address*:
recomm	ur request, we are mailing an official cheque to the address you specified. Community Savings has nended secure alternative forms of funds transfer that you have declined. Please be advised that if cial cheque is lost or stolen, Community Savings Credit Union is not required and under no obligation ue
GNED:	S.I.N.:
	FOR IUOE LOCAL 963 USE ONLY
ention: k	Kristi Bounegru Via Email
nmunity	Savings Credit Union
annlication	n for a withdrawal from my Deferred Savings Plan in the amount noted is approved.
аррпсаци	a vicinal awai moin my beterrea savings rian in the amount noted is approved.
Do Vive D	usinoss Managar
DE VIVO, BI	usiness Manager