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International Union of Operating Engineers Local No. 963
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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:
PLEASE	E CHOOSE ONLY ONE OF THE FOLLOWING REGULAR OPTIONS
	50% of the balance in my plan OR
	\$ (Specific amount)
EMERG	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: 4590 Hastings St. Burnaby, for PICK UP (recommended)
	Wire Transfer (Attach Void Cheque or account details given by Financial Institution)
	*Credit Union Central fees apply.
	Deposit to my Community Savings Account #
	☐ Chequing ☐ Savings
	Mailed to my home address*:
*^+ \	ur request, we are mailing an official cheque to the address you specified. Community Savings has
recomn	mended 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
IED:	S.I.N.:
	FOR IUOE LOCAL 963 USE ONLY
ion: Kris	ti Bounegru Via Email
unity Sav	vings Credit Union
nlication	for a withdrawal from my Deferred Savings Plan in the amount noted is approved.
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