

**S.M.W.I.A. LOCAL 537 VACATION PAY TRUST FUND
APPLICATION FOR OPTIONAL PAYOUT**

PLEASE PRINT

NAME OF MEMBER: _____

SOCIAL INSURANCE NUMBER: _____

ADDRESS: _____

PHONE NO: _____ **CHANGE OF ADDRESS:** YES NO

EMPLOYER: _____

LAST DAY WORKED: _____

PUT CHEQUE IN THE MAIL _____ **OR** PICK UP CHEQUE (FRIDAY'S ONLY) _____

ISSUE PAYMENT FOR CONTRIBUTIONS CURRENTLY ON FILE: _____

OR

HOLD FOR RECEIPT OF CONTRIBUTIONS FOR WORK MONTH OF: _____

(Payment will be issued the first week of the month following the receipt of contributions)

ANNUAL PAYOUTS DATED: JULY 1ST (MAY HOURS)
DECEMBER 1ST (OCTOBER HOURS)

Please note vacation pays will be printed every Friday, but your requests must be received in this office no later than Wednesday afternoon.

Please note there is a \$10.00 service charge for all vacation pay cheques requested over and above the two main payouts of July 1st and December 1st.

Signature of Member

Date Signed

I hereby certify that the above statements are true, accurate and complete to the best of my knowledge and belief. I understand that the information provided by me on this application form will be strictly used for the purpose to this application

Gross Vacation Pay: _____ Date paid: _____
Less Admin. Fee: \$10.00

Amount of Cheque: _____ Date requested: _____