

**VACATION FUND OF HEAT AND FROST INSULATORS LOCAL 12**  
**EARLY WITHDRAWAL FORM**

**NAME:** \_\_\_\_\_

**LAST FOUR DIGITS OF YOUR SOCIAL SECURITY NUMBER:**  
**XXX-XX-**\_\_\_\_\_

**AMOUNT REQUESTED:** \_\_\_\_\_

**I HEREBY AUTHORIZE THE BENEFIT FUNDS OFFICE OF HEAT AND FROST INSULATORS LOCAL 12 TO MAKE AN EARLY WITHDRAWAL FROM MY VACATION FUND OF HEAT AND FROST INSULATORS LOCAL 12 ACCOUNT. I ACCEPT THE POSSIBILITY THAT THE BENEFIT FUNDS OFFICE MAY DENY OR ALTER MY REQUEST ACCORDING TO THE BALANCE OF MY ACCOUNT. I ALSO AGREE TO ABIDE BY THE RULES AND REGULATIONS SET BY THE BOARD OF TRUSTEES GOVERNING THE VACATION FUND OF HEAT AND FROST INSULATORS LOCAL 12.**

**SIGNATURE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

\_\_\_\_ **PLEASE MAIL THE CHECK**

\_\_\_\_ **I WILL PICK UP THE CHECK AT THE BENEFIT FUNDS OFFICE**

**FOR BENEFIT FUNDS OFFICE USE ONLY:**

**DATE OF CHECK:** \_\_\_\_\_ **CHECK NUMBER** \_\_\_\_\_

**AMOUNT APPROVED:** \_\_\_\_\_

**APPROVED BY:** \_\_\_\_\_

**DATE:** \_\_\_\_\_