



INDIANA STATE COUNCIL OF PLASTERERS AND CEMENT MASONS BENEFIT FUNDS

P.O. Box 47489, Indianapolis, IN 46247

Ph: (219) 255-9692 Fax (219) 255-9693

Email: support@plcmfunds.org

Withdrawal Notice To:



By mail: P&CM Vacation Account
P O BOX 47489
Indianapolis, IN 46247



I, (print name) _____

Social Security No: _____ Local No: _____

Address: (Street) _____

(City) _____ (State) _____ (Zip) _____

Phone Number: _____ Birth Date: _____

Email Address: _____

☐ Wish to withdraw \$ _____ (up to the account balance), Or;

☐ Wish to withdraw my entire current account balance (one-time election), Or;

☐ Wish to have my vacation money automatically sent to me each month. (*I understand this will remain in effect until I revoke the automatic monthly payment in writing.*) Or;

☐ Wish to leave my vacation money in my account and not receive an annual check. (*I understand this will remain in effect until I revoke in writing.*)

I understand the monthly withdrawal will cause the loss of interest, and there will be a \$10 monthly administration fee.

***ALL Vacation payments will only be processed via direct deposit. To ensure that you receive your payment in a timely manner, the Fund Office must be supplied with your routing and account numbers. Payments will be held until we receive this information.**

Bank Name:		Name on Account:	
Routing Number:		Account Number:	

This account is a ☐ Savings Account ☐ Checking Account

You may also attach a Voided Check.

Signature: _____ Date: _____

Withdrawal notices will be processed within 15 days of the date received in the Fund Office.