

Montana Employee Vacation Savings Plan

111 W. Cataldo Ave Suite 220 Spokane WA 99201
(509) 328-0300 (800) 716-0300

**Return this form before May 1st to be included in the June 1st disbursement, or
before November 1st to be included in the December 1st disbursement.**

IMPORTANT:

Vacation Withdrawal Dates: **June 1 & December 1** each year.
Checks issued in **June** will only include hours reported through **March**.
Checks issued in **December** will only include hours reported through **September**.

PLEASE be sure to fill out completely and sign your form. Forms not completed or signed will be returned.

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VACATION MONEY WITHDRAWAL FORM

PLEASE SELECT DATE REQUESTED:

Pay my vacation on June 1 *or* Pay my vacation on December 1

Please Print or Type

Phone (_____) _____

Name _____
Last First Middle Initial S.S. No./Alt ID Mo. Day Year
Birthdate

Mailing Address _____
Street City State Zip Code Union Local No.

If you wish to make a partial withdrawal, please check the appropriate box. The balance will remain in your account.

IF NO ELECTION IS MADE, 100% OF THE AMOUNT PAYABLE WILL BE DISBURSED.

- Please disburse only **25%** of my payable vacation savings.
- Please disburse only **50%** of my payable vacation savings.
- Please disburse only **75%** of my payable vacation savings.
- Please disburse **100%** of my payable vacation savings.

EMPLOYEE'S SIGNATURE _____ DATE _____