MONTANA EMPLOYEE VACATION SAVINGS PLAN

PO BOX 5434, SPOKANE, WA 99205-0434
(509) 328-0300 (800) 716-0300

Return this card 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 card. Cards not completed or signed will be returned.

Montana Employee Vacation Savings Plan **VACATION MONEY WITHDRAWAL CARD**

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. 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.

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

EMPLOYEE'S SIGNATURE_____ DATE _____

Employment History (optional):

Employer	Job Location	Mo. Worked	Hours Worked

The above information is optional. However, if you want to furnish us your work history since your last withdrawal date, we will check it against our records.

Please complete and send with original signature to: Montana Employee Vacation Savings Plan
PO Box 5434, Spokane, WA 99205-0434