

Office & Professional Employees Locals 30 & 537 Trust Funds

Administered By: Benefit Programs Administration
Telephone • (800) 386-4350 • (562) 463-5065 • Facsimile (562) 463-5894 • www.opeiufunds.org
13191 Crossroads Parkway North, Suite 205, City of Industry, CA., 91746-3434

REQUEST FOR WITHDRAWAL OF VOLUNTARY EMPLOYEE CONTRIBUTIONS

I hereby request to withdraw from my Voluntary Employee Contribution Account balance the following amount:

Amount Requested: \$ _____

Signature: _____

Print Name: _____

Social Security Number: _____

Date: _____

Send Check to: _____
Street Address

_____ City State Zip Code

Please send this completed form to the OPEIU Administrative Office at:

Office and Professional Employees Locals 30 & 537 Retirement Fund
13191 Crossroads Parkway North, Suite 205
City of Industry, CA., 91746-3434

Please note that effective January 1, 2005 the number of withdrawals is limited to three (3) per calendar year.