WITHDRAWAL CARD REQUEST

DATE: _____

NAME: _____

ADDRESS: _____

_____

_____

SOCIAL SECURITY NUMBER: XXX-XX-_____
(Last 4 digits):

WHERE EMPLOYED: _____

LAST DAY OF WORK: _____

PLEASE ISSUE ME A WITHDRAWAL CARD AS I AM NO LONGER WORKING

_____
SIGNATURE

Send completed form via E-mail, USPS or Fax to:

Teamsters Local Union No. 340
27 Main Street
South Portland, ME 04106

(fax) 207-767-7315