

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
144 Thadeus St
South Portland, ME 04106