

Withdrawal Card Request Form

Member Name: _____

Address: _____

Phone Number: _____

Last Four of SS#: _____

Name of Employer: _____

Reason for Not Working or Leaving: _____

Last Day Worked: _____

Signature

**Please complete the enclosed form and mail to: TEAMSTERS LOCAL UNION NO. 429
1055 Spring Street, Wyomissing, PA 19610 Attn: Titan Operator**

OR email to: sfarrier@teamsterslocal429.org *and be sure to get a confirmation that it was received.*