



PAYROLL
 WORKERS COMP
 HUMAN RESOURCES
 BENEFITS
 STAFFING

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Christmas Club Withdrawal Request

Employee Information

Employee Name: _____ Company: _____

Mailing Address: _____

Discontinue Deductions: ___ Yes ___ No
 Mail to Address on Form _____
 Mail to Company Address _____
 Withdrawal Amount: \$ _____
 Pick Up at TEL Office _____

Acknowledgement

I request the withdrawal of my accumulated contributions in the above amount. I understand and accept the following:

- There is an early fund withdrawal limit of two (2) withdrawals per plan year.
- There is an early withdrawal fee of \$15 for the 1st early withdrawal made before October 31st
- There is an early withdrawal fee of \$25 for the 2nd early withdrawal made before October 31st.
- Funds will be returned in the next immediate pay period following receipt of request for withdrawal.

Employee Signature: _____ Date: _____