

**INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS  
LOCAL 180 401(A) PENSION PLAN – PLAN TO PLAN TRANSFER REQUEST**

P O Box 1306 ~ San Ramon, CA 94583

Phone: (925) 208-9999 ~ Fax: (925) 362-8564

This application must be completed by the Plan participant in order to request transfer of Defined Contribution Plan monies he/she/ may have in an individual account in the IBEW Local 180 Pension Trust to the Defined Contribution Plan in his/her Home Fund

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**THIS FORM MUST BE NOTARIZED**

Name: \_\_\_\_\_ Social Security # \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_ Home Local Union: \_\_\_\_\_

I, \_\_\_\_\_ hereby request that the IBEW Local 180 Pension Trust, transfer those Defined Contribution Plan (401(A)) monies accumulated in my account during the period of time I was employed in the jurisdiction of the IBEW Local 180 to my Home Fund identified below.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Your signature must be notarized)

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**THIS SECTION TO BE COMPLETED BY PLAN ADMINISTRATOR**

Home Fund: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

For monies transferred pursuant to his authorization, I hereby waive any claim on my behalf or on behalf of my dependents to any benefit and from any and all liability.

Plan Authorized Representative Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**TO BE COMPLETED BY NOTARY PUBLIC**

State of \_\_\_\_\_ County of: \_\_\_\_\_

On \_\_\_\_\_ before me, \_\_\_\_\_, personally  
DATE \_\_\_\_\_  
appeared \_\_\_\_\_, \_\_\_\_\_,

personally known to me – OR-  proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument, the person(s) or the entity upon behalf of which the person(s) acted, executed the instrument.

WITNESS

my hand and official seal. \_\_\_\_\_

SIGNATURE OF NOTARY