

IBEW LOCAL NO. 64 PROFIT SHARING PLAN

PH. (330) 779-8864

3660 STUTZ DR. STE. 101, CANFIELD, OH 44406

Fx. (330) 270-3582

DISTRIBUTION APPLICATION

I hereby make application for benefits from the IBEW No. 64 Profit Sharing Plan and certify that the information listed below is correct:

Participant Information:

Name _____

Social Security Number _____ Date of Birth _____

Address _____

Home Phone Number _____ Alternate Phone Number _____

Spouse Information:

Name _____

Social Security Number _____ Date of Birth _____

Type of Benefit:

_____ Normal Retirement (At least Age 62) _____ Early Retirement (At least Age 57)

Date of Retirement _____

_____ Total and Permanent Disability: Submit evidence of Disability Social Security Award.

_____ Termination of Employment: Ninety (90) consecutive days if not working in the trade within **any** jurisdiction.

I last worked in the Trade on _____ for _____
Date Employer

Documents Required based on Marital Status:

If Single, enclose a copy of your birth certificate and photo ID.

If Married, enclose a copy of your birth certificate, a copy of your spouse's birth certificate, copy of your photo ID, copy of your spouse's photo ID, and a copy of your Marriage Certificate/License (must show the date of marriage).

If Divorced, documents listed above, and enclose a complete copy of your Divorce Decree(s) with all attachments, for any and all previous marriages.

If Widowed, documents listed above, and enclose a copy of the Death Certificate, for any and all previous spouses.

I hereby certify that all of the information furnished by me on this application form is, to the best of my belief and knowledge, true and complete. I understand that this completed application form will be attached to and become part of my application for benefits and that when I submit such application, I must also submit acceptable proof of my age and, if I am married at that time, proof of my spouse's age and a copy of our marriage certificate. I understand that if I have ever been divorced and/or widowed, I must also provide the Fund Office with a complete copy of all of my Judgments of Divorce and/or Qualified Domestic Relations Orders (including Separation Agreements, Property Settlement Agreements and any similar or related orders with any attachments) and/or the death certificate(s) of my late spouse(s) or ex-spouse(s).

Signature of Participant/Applicant Date

Signature of Spouse, If Married Date

Plan Administrator Date



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DISTRIBUTION ELECTION FORM

I hereby acknowledge receipt of the SPECIAL TAX NOTICE regarding IBEW No. 64 Profit Sharing Plan payments which explains my right to choose how my Plan benefit will be distributed and taxed. I understand the contents of the SPECIAL TAX NOTICE, and that I have at least thirty days from the date that I received the SPECIAL TAX NOTICE to decide how I want my Plan benefit paid. I hereby affirmatively elect the following (Check only one):

Distributions Options:

_____ **Lump Sum Payment** – 100% of my account balance (Cash or Rollover*)

_____ **Partial Distribution** – Amount of Distribution \$ _____ (Cash or Rollover*)

_____ **50% Joint & Survivor Annuity** – Payable for the Life of the Participant, with a 50% survivor annuity for the life of the Spouse.

_____ **Single Life Annuity** – Payable for the Life of the Participant

_____ **Substantially Equal periodic installments** – substantially equal monthly or annual installments of \$ _____ until my account is exhausted Monthly or Annually

_____ **Lump Sum Payment and Monthly Payments** – An initial Payment in the amount of \$ _____, with substantially equal periodic installments of \$ _____ until my account is exhausted.
 Monthly or Annually

Method of payment:

Send payment by check.

Direct Deposit: Checking Savings

Routing No. Account No. _____

Signature of Participant/Applicant Date

Signature of Spouse, If Married Date

* DIRECT ROLLOVER INSTRUCTIONS:

If you have elected a direct rollover of all or part of your benefit, please complete the section below:

Company Name of Custodian of your IRA: _____

Your IRA Account Number: _____

Address of the Custodian of IRA: _____



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CERTIFICATION OF MARITAL/SINGLE STATUS

Federal Law requires the Trustees to confirm whether a previous spouse is entitled to any portion of your pension benefits. As such, it is necessary that we request the following certification and supporting documentation. **Failure to complete this form fully, including signing it in front of a notary public, and providing ALL documentation requested, will result in a delay of the processing of your application.**

Participant Name: _____ SSN: _____

- Current marital status:
- SINGLE, NEVER MARRIED
 - SINGLE, PREVIOUSLY MARRIED*
 - MARRIED, NO PREVIOUS MARRIAGES
 - MARRIED, WITH PREVIOUS MARRIAGE(S)*

*If you have had previous marriages, please list the names of your ex-spouses, the date(s) of marriage and date(s) of divorce (if any of your previous marriages ended due to the death of your spouse at the time, please list the date of death):

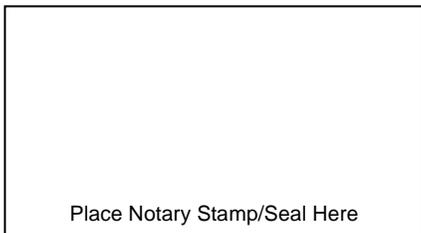
| <u>Ex-spouse's Name</u> | <u>Date of Marriage</u> | <u>Date of Divorce/Death</u> |
|-------------------------|-------------------------|------------------------------|
|-------------------------|-------------------------|------------------------------|

Please provide **complete** copies of ALL marriage certificates, divorce decrees, separation agreements, Qualified Domestic Relations Orders and any other accompanying documents related to the termination of your previous marriage(s). If any previous spouses have passed away, please provide a copy of the death certificate(s). If you do not have these documents, you should contact the appropriate court through which the proceedings occurred in order to obtain certified copies.

I hereby certify, subject to the penalty of perjury, that the above information is, to the best of my belief and knowledge, true and complete. ANY PERSON WHO SUPPLIES A FALSE CERTIFICATION IN CLAIMING A BENEFIT FORFEITS ANY RIGHT HE OR SHE MAY HAVE TO THE BENEFIT AND, UPON DISCOVERY, BECOMES LIABLE FOR FULL REPAYMENT OF ANY MONEY RECEIVED AS A CONSEQUENCE.

Your Signature

Today's Date



This _____ day of _____, 20_____.

Notary Public _____

County _____

State of _____

My Commission expires _____

DO NOT SIGN AND DATE THIS FORM UNLESS YOU ARE IN THE PRESENCE OF A NOTARY.



IBEW LOCAL NO. 64 PROFIT SHARING PLAN

Ph. 330-270-0453

33 Fitch Blvd, Austintown, OH 44515

Fx. 330-270-3582

STATEMENT OF APPLICATION RECEIPT

(Married participants ONLY)

In order to comply with Federal Regulations related to the 30-day waiver form (enclosed with this application), the Fund Office must have a statement from you indicating the date you received an explanation of your benefit options.

Please indicate the date you received this application packet: _____

Your Signature: _____



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WAIVER OF 30-DAY WAITING PERIOD (MARRIED PARTICIPANTS ONLY)

*****BOTH SIGNATURES MUST BE WITNESSED BY A NOTARY PUBLIC*****

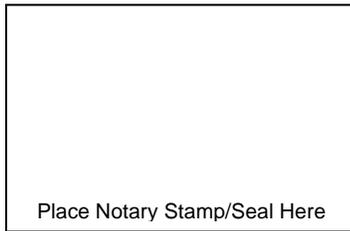
PARTICIPANT WAIVER

I, _____, hereby acknowledge that I have been informed that federal law prohibits the Fund from paying benefits to me until at least 30 days after my spouse and I have received a written explanation of the 50% Joint and Survivor form, including my right to waive that form with the written consent of my spouse, the effect of such a waiver and the right my spouse and I each have to revoke that waiver and consent. I have also been informed that I may waive that 30 day notice period and instead elect a 7 day notice period, which will permit the Fund to commence payment of benefits to me no less than 7 days after my spouse and I received the written explanation, provided my spouse also consents in writing to waiver of the 30 day notice period.

By signing below, I hereby elect to waive the 30-day notice period:

Participant Signature _____ Date _____

Sworn to and subscribed before me this _____ day of _____, 20_____



Notary Public Signature

County, State of _____

My Commission Expires _____

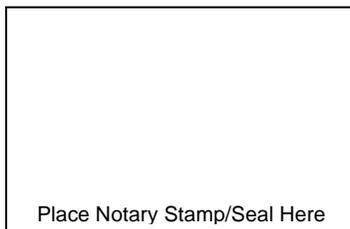
SPOUSAL CONSENT TO WAIVER OF 30 DAY NOTICE REQUIREMENT

I am the legal spouse of _____. I acknowledge that I have been informed that my spouse wishes to waive the requirement that we receive, at least 30 days before the Fund pays benefits to my spouse, a written explanation of the 50% Joint and Survivor form, including my spouse's right to waive the 50% Joint and Survivor form with my written consent, the effect of such a waiver and the right my spouse and I each have to revoke that waiver and consent, and to elect instead a 7 day notice period as permitted by federal law.

By signing below, I hereby consent to the election of my spouse to waive the 30 day notice period:

Spouse Signature _____ Date _____

Sworn to and subscribed before me this _____ day of _____, 20_____



Notary Public Signature

County, State of _____

My Commission Expires _____

IF THIS FORM IS NOT SIGNED AND RETURNED, YOUR APPLICATION WILL BE HELD FOR 30 DAYS AFTER RECEIPT OF YOUR APPLICATION.

