

IBEW Local 684 Money Purchase Pension and Profit Sharing Plan

P O Box 1975 • San Ramon, CA 94583

(866) 242-1822

Please submit the following documents with your application for benefits:

- Birth Certificate for you and your spouse (see below for alternative documents)
- Marriage Certificate
- Copy of current driver's license or current state I.D. (with photo) for you and your spouse
- If you have ever been divorced or legally separated, please submit a complete copy of your Judgment(s) of Divorce and Qualified Domestic Relations Orders (including Separation Agreements, Property Settlement Agreements, and any similar or related orders with any attachments).
- If you have ever served in the military or other uniformed services of the United States, please submit copies of your induction and discharge papers. If you never served, please indicate so in a brief, written statement.

INSTRUCTIONS CONCERNING SUBMISSION OF PROOF OF AGE

In order to be eligible for retirement benefits, you are required to produce proof of your age. The following is a list of the documents that may serve as proof of your age. Some of these documents are better proof than others. The list is arranged starting with the best type of proof, and going down to the less desirable types of documents. You are required to furnish the best type of proof that is available. You do not have to furnish the original of any of these documents; you may submit a photocopy.

1. A birth certificate.
2. A baptismal certificate or a statement as to the date of birth shown by a church record certified by the custodian of such record.
3. Notification of registration of birth in a public registry of vital statistics.
4. Hospital birth record, certified by a custodian of such record.
5. A foreign church or government record.
6. A signed statement by the physician or midwife who was in attendance at birth, as to the date of birth shown on their records.
7. Naturalization record.
8. Immigration papers.
9. Military record.
10. Passport.
11. School record, certified by the custodian of such record.
12. Vaccination record, certified by the custodian of such record.
13. An insurance policy which shows the age or date of birth.
14. Marriage records showing date of birth or age (applications for marriage license or church record, certified by the custodian of such record; or marriage certificate).
15. Document showing approval of Social Security Pension.
16. Other evidence, such as signed statements from persons who have knowledge of the date of birth, voting records, poll-tax receipts, driver's license, etc.

IBEW Local 684 Money Purchase Pension and Profit Sharing Plan

P O Box 1975 • San Ramon, CA 94583
(866) 242-1822

APPLICATION FOR HARDSHIP DISTRIBUTION

GENERAL INFORMATION

1. The distribution will be treated as necessary to satisfy an immediate and heavy financial need of a Participant to the extent the amount of the distribution is not in excess of the amount required to relieve the financial need, or to the extent such need may not be satisfied from other sources that are reasonably available to the Participant. This determination by the Trustees is to be made on the basis of all relevant facts and circumstances.
2. The undersigned certifies that the above financial need cannot be paid for from any of the following:
 - through reimbursement or compensation by insurance or otherwise;
 - by reasonable liquidation of the Participant's assets, to the extent such liquidation would not itself cause an immediate and heavy financial need;
 - by other distributions or nontaxable (at the time of the loan) loans from plans maintained by the Employer or by any other employer; or
 - by borrowing from commercial sources on reasonable commercial terms.
3. For purposes of this application and distribution, the Participant's resources shall be deemed to include those assets of his spouse and minor children that are reasonably available to the Participant. Property owned by the Participant and the Participant's spouse, whether as community property, joint tenants, tenants by the entirety, or tenants in common, will be deemed a resource of the Participant. However, property held for the Participant's child under an irrevocable trust or under the Uniform Gifts to Minors Act will not be treated as a resource of the Participant.
4. The amount of the distribution will take into account the following:
 - The distribution does not exceed the amount of the need, including any amounts necessary to pay any federal, state, or local income taxes or penalties reasonably anticipated to result from the distribution;
 - The participant has obtained all distributions, other than hardship distributions, and all nontaxable loans currently available under all plans maintained by the Employer.

IBEW Local 684 Money Purchase Pension and Profit Sharing Plan

P O Box 1975 • San Ramon, CA 94583
(866) 242-1822

CERTIFICATION OF HARDSHIP

PERSONAL INFORMATION ABOUT PARTICIPANT

Name: _____ SS# _____

Address: _____

Date of Birth: _____ Marital Status _____

Phone #: _____ E-mail: _____

The undersigned Participant hereby makes application for a Hardship Withdrawal [distribution] from the IBEW Local 684 Money Purchase and Profit Sharing Plan and I am aware that the hardship distribution must be paid directly to me. I have read the General Information section above and certify the request is in compliance therewith. I also understand that the withdrawal is a premature distribution of pension benefits if I am under 59 ½. I acknowledge that at any age the distribution is subject to both state and federal income taxes. I further understand that if at the time of distribution I am under age 59 ½ the distribution is subject to Federal tax penalties of 10% and State tax penalties in California of 2.5%. I will also be responsible for ordinary income taxes as noted above.

I certify under penalty of perjury that the distribution is on account of an immediate and heavy financial need.

Participant's signature

Date

Spouse's signature

Date

IBEW Local 684 Money Purchase Pension and Profit Sharing Plan

P O Box 1975 • San Ramon, CA 94583
(866) 242-1822

CATEGORIES OF HARDSHIPS AND REQUIRED DOCUMENTATION

LISTED BELOW IS A DETAILED EXPLANATION OF THE FIVE TYPES OF HARDSHIPS UNDER WHICH A HARDSHIP DISTRIBUTION CAN BE CONSIDERED, AS WELL AS A DESCRIPTION OF THE REQUIRED SUPPORTING DOCUMENTATION. **DISTRIBUTIONS APPROVED BY A DELEGATE OF THE BOARD OF TRUSTEES (LEGAL COUNSEL OF THE PLAN) INCLUDING TAXES AND PENALTIES SHALL BE LIMITED TO \$15,000.00. DISTRIBUTIONS EXCEEDING \$15,000.00 MUST BE APPROVED BY THE BOARD OF TRUSTEES PRIOR TO ANY DISTRIBUTION.** THE DOCUMENTATION AND EXPLANATIONS FOR THE HARDSHIP REQUEST MUST BE SUPPLIED WITH THE APPLICATION.

CHECK APPLICABLE HARDSHIP(S)

Medical expenses previously incurred by the Participant or the Participant's spouse or dependents or necessary for those persons to obtain medical care.

Documentation: Statements issued by providers and verification that coverage under the NECA-IBEW Local 684 Health and Welfare Plan is not available. This category, like all on this page, is for a hardship. The medical treatment must be of an extraordinary nature and the amount of the treatment unusually high. This provision does not cover medical bills incurred in the ordinary course of events that are not covered by the Health and Welfare Plan [e.g. deductibles, cosmetic, orthodontics.]

The need to prevent either eviction of the Participant from his/her principal residence or the foreclosure of the mortgage of the Participant's principal residence.

Documentation: A three day notice to quit, containing the amount to avoid eviction, or an unlawful detainer complaint. A hardship distribution under this category will be allowed only once in 24 months. A hardship distribution due to foreclosure will be allowed only once in 12 months.

Expenses for the repair of damage to the Participant's principal residence that would qualify for the casualty deduction under IRC Section 165, whether or not the loss exceeds 10% of adjusted gross income.

Documentation: Invoices from contractors or building supply companies.

Burial expenses of an immediate family member (spouse, child, sibling, parent or grandparent).

Documentation: Invoices from the funeral home.

Down payment expenses on a principal residence in an amount not to exceed 20% of the purchase Price or 50% of the account balance, whichever is less.

Documentation: Contract to purchase home (accepted by seller).

THIS SPACE FOR TRUST FUND USE ONLY

Amount available in Account \$ _____

Previous Hardship? _____ Type: _____ Date paid _____

IBEW Local 684 Money Purchase and Profit Sharing Plan

P O Box 1975 • San Ramon, CA 94583
(866) 242-1822

AMOUNT REQUESTED

NET amount requested for hardship \$ _____

TAX WITHHOLDING INFORMATION AND ELECTION:

As you may know, hardship withdrawals are non-eligible rollover distributions; therefore, you do have a choice whether or not you want Federal Income tax withheld from your distribution. Please make your choice below:

Federal Income Tax Withholding:

- Please withhold 10% of my gross distribution in Federal Income Tax
- Please DO NOT withhold Federal Income Tax from my distribution
- Please withhold _____ % or _____ (\$) from my distribution

State Income Tax Withholding: Please specify State: _____

- Please withhold 1% of my Gross Distribution in State Income Tax Withholding
- Please DO NOT withhold State Income Tax from my distribution
- Please withhold _____ % or _____ (\$) from my distribution

PENALTIES:

Most distributions from qualified retirement plans made to Participants before they reach age 59 ½ are subject to an additional tax of 10% for Federal and 2.5% for California State. Do you want the additional amounts withheld from your gross distribution to cover penalties?

Check ONE

[10% Federal]	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
[2.5% State]	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

I expressly assume responsibility for any adverse consequences which may arise from the election(s), and I agree that the Plan shall in no way be responsible or liable for any tax, legal or other consequences of the election I have made on this form.

Participant's Signature

Date

IBEW Local 684 Money Purchase and Profit Sharing Plan

P O Box 1975 • San Ramon, CA 94583
(866) 242-1822

CERTIFICATION OF MARITAL/SINGLE STATUS

PARTICIPANT'S INFORMATION

Participant's Name: _____

Social Security Number: _____ Date of Birth: _____

Marital Status: Married Single (Never Married) Divorced
 Widow Other (Please Specify): _____

SPOUSE'S INFORMATION

A. Spouse's Name: _____ Social Security Number: _____
Date of Birth: _____ Date of Marriage: _____

B. Prior Spouse's Name: (if none, please indicate NONE): _____
Date of Prior Marriage: _____ Date Marriage Ended: _____

Marriage terminated due to: _____
(Death, divorce, dissolution, other (Please Specify))

Current Information about former spouse:

Name and Complete Address (if living): _____

PLEASE NOTE: IF YOU HAVE HAD MORE THAN ONE MARRIAGE, PLEASE ATTACH A SEPARATE SHEET OF PAPER PROVIDING THE INFORMATION REQUESTED ON ITEM B ABOVE FOR EACH ADDITIONAL MARRIAGE, AND PROVIDE THIS OFFICE WITH COPIES OF ALL DIVORCE DECREES.

COURT ORDERS INFORMATION

A. Is there a court order in effect, or a court proceeding presently pending, which grants, seeks to grant, or reserves the right to grant your spouse or any former spouse, child or other dependent any right or rights to any of your accrued benefit?

NO YES

If you answer yes, please include a copy of the Court Order. If the case is still pending, please indicate the name of the court and the case number.

IBEW Local 684 Money Purchase and Profit Sharing Plan

P O Box 1975 • San Ramon, CA 94583
(866) 242-1822

Page 2

Certification of Marital/Single Status

**I CERTIFIED THAT ALL OF THE INFORMATION PROVIDED ON THIS FORM IS
COMPLETE AND ACCURATE.**

Participant's Name: _____ Social Security Number _____

Participant's Signature: _____ Date: _____
(Must Be Notarized)

TO BE COMPLETED BY NOTARY PUBLIC

State of _____

County of _____

On _____, before me, _____
personally

NAME, TITLE OFFICER – E.G., “JANE DOE, Notary Public

appeared _____ who 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 capacity(ies), and 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.

I certify under PENALTY OF PERJURY under the laws of the state of California that the foregoing paragraph
is true and correct.

WITNESS my hand and official seal

Signature of Notary Public

My Commission expires: _____

IBEW Local 684 Money Purchase and Profit Sharing Plan

P O Box 1975 • San Ramon, CA 94583

(866) 242-1822

SPOUSAL CONSENT FORM

Form for Spouse to Consent to Participant's Election to Receive Pension Benefits in a form other than the Standard 50% Joint & Survivor

I declare under penalty of perjury that _____ is my spouse.
(Participant's Name)

I hereby consent to my spouse's election to receive our pension benefit in a form other than the Standard 50% Joint and survivor benefit. I understand that this means that if my spouse predeceases me, I will not receive the standard joint and survivor annuity I would otherwise receive as required by law.

Participant's Name

Participant's Social Security Number

Spouse's Name

Spouse's Social Security Number

Spouse's Signature (**Must be Notarized**)

Date

TO BE COMPLETED BY NOTARY PUBLIC

State of _____

County of _____

On _____, before me, _____ personally
NAME, TITLE OFFICER – E.G., "JANE DOE, Notary Public
appeared _____ who 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 capacity(ies), and 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.

I certify under PENALTY OF PERJURY under the laws of the state of California that the foregoing paragraph
is true and correct.

WITNESS my hand and official seal

Signature of Notary Public

My Commission expires: _____

IBEW Local 684 Money Purchase and Profit Sharing Plan

P O Box 1975 • San Ramon, CA 94583
(866) 242-1822

WAIVER OF 30-DAY NOTICE REQUIREMENT

I, _____, 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 % Husband and Wife 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.

{__} I elect to waive the 30 day notice period.

_____ Date _____

THIS SECTION TO BE COMPLETED BY NOTARY PUBLIC:

State of _____ County of _____

On _____, before me, _____, personally
DATE NAME, TITLE OFFICER – E.G., “JANE DOE, Notary Public

appeared _____ who
proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribe to the within
instrument and acknowledge 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.

I certify under PENALTY OF PERJURY under the laws of the State of _____ that the foregoing
paragraph is true and correct.

WITNESS my hand and official seal.

_____ Signature of Notary

My Commission expires: _____

IBEW Local 684 Money Purchase and Profit Sharing Plan

P O Box 1975 • San Ramon, CA 94583
(866) 242-1822

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 % Husband and Wife form, including my spouse's right to waive the 50% Husband and Wife 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. I consent to the election of my spouse to waive the 30 day notice period.

Date

Spouse Signature

THIS SECTION TO BE COMPLETED BY NOTARY PUBLIC:

State of _____ County of _____

On _____, before me, _____, personally
DATE NAME, TITLE OFFICER – E.G., “JANE DOE, Notary Public

appeared _____ who
proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribe to the within
instrument and acknowledge 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.

I certify under PENALTY OF PERJURY under the laws of the State of _____ that the foregoing
paragraph is true and correct.

WITNESS my hand and official seal.

Signature of Notary

My Commission expires: _____