

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.

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Participant Information:

Name: _____

Address: _____

City _____ State _____ Zip Code _____

Telephone Number (____) _____ - _____ Social Security # _____

Date of Birth: _____ Marital Status: ☐ Married ☐ Single ☐ Widowed ☐ Divorced

Beneficiary's Name: _____ Relationship: _____

Beneficiary's Social Security # _____ Date of Birth: _____

Distribution Type: Please Check ONE: ☒ ☐

☐ Retirement ☐ Disability (Attach a copy of the Social Security Disability Award)

☐ Termination (Balance must be under \$5,000.00) ☐ Death (Attach a copy of the Death Certificate)

Distribution Option: Please Check ONE: ☒ ☐

☐ Delayed Distribution (Contact the Administration Office at least 90 days before first distribution date)

☐ Joint & Survivor Annuity – Options to be calculated by the Administration Office

☐ Monthly Benefit – \$_____ Gross (This benefit will be paid until all funds in your account are depleted. Please be informed that if the monthly amount becomes payable for a period under 10 years, the amount elected is subject to 20% mandatory Federal income tax withholding).

☐ Lump Sum Payment – Please Elect ONE: ☐ Lump Sum ☐ Partial Lump Sum \$_____
(Be informed that any amount that is an eligible rollover distribution is subject to mandatory 20% withholding for Federal Income Tax if the amount is paid directly to you. Refer to the Special Tax Notice enclosed).

☐ Direct Rollover to: ☐ IRA **or** ☐ Qualified Plan (Please complete the following section)

Name of IRA **or** Qualified Plan: _____

Account Number: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Telephone: _____ Contact: _____

Participant's Signature _____ Date: _____

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ACKNOWLEDGEMENT

I hereby apply for a distribution of my IBEW Local No. 684 Defined Contribution Pension Plan (Part B) and certify the following:

1. The information provided herewith is true and accurate.
2. No Qualified Domestic Relations Order (QDRO) has been filed which may assign or seeks to assign a portion of my account balance to an alternate payee.
3. If requesting a Termination Distribution, I certify that:
 - a. I have not worked under a Collective Bargaining Agreement for a twelve (12) month period.
 - b. I have ceased to work for any Employer whose Employees are covered by this Plan
 - c. I do not intend to work in the Electrical Industry
4. If electing a Direct Rollover,
 - a. the IRA or Qualified Plan is a proper recipient of a Direct Rollover
5. I acknowledge that I have read the *Special Tax Notice regarding Plan payments* which was included with this application.

Participant's Signature:

Date

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CALIFORNIA INCOME TAX WITHHOLDING ELECTION

Please Elect One: ☐ ☒:

- ☐ Please withhold California income tax from my distribution at the rate of 10% of the amount withheld in Federal Income Tax.
- ☐ Please withhold \$_____ from my distribution in California income Tax
- ☐ Please DO NOT withhold any California income tax from my distribution.

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

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DECLARATION OF MARITAL STATUS

PARTICIPANT'S INFORMATION

Participant's name: _____

Social Security number: _____ Date of birth: _____

Marital Status: ☐ Married ☐ Single (Never Married) ☐ Divorced
☐ Widowed ☐ Other

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/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 IN ITEM B ABOVE FOR EACH SUCH MARRIAGE.

COURT ORDERS INFORMATION

C. 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 on the next page.

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Declaration of Marital Status

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

Name: _____ Social Security Number _____

Signature: _____ Date: _____

(Must Be Notarized)

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: _____

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SPOUSAL CONSENT

THIS FORM MUST BE NOTARIZED

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

I hereby consent to my spouse's election to receive our benefits through the IBEW Local No. 684 Defined Contribution Pension Plan (Part B) in a form other than the 50% Joint & Survivor Annuity. I understand that if my spouse predeceases me, I will not receive the survivor annuity I would otherwise receive as required by law.

Spouse's signature: _____ Date: _____
(Must be notarized)

Participant's Name: _____ Social Security Number: _____

Spouse's Name: _____ Social Security Number: _____

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: _____

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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

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: _____

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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: _____