

112/73 Retirement Plan

NECA-IBEW

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APPLICATION FOR DISTRIBUTION OF ACCOUNT

Participant Name	Union Local #	Date of Birth
Social Security Number	Phone Number	
Address		
City	State	Zip

Married? No Yes *(if yes, please complete the Spousal Consent Form on reverse side)*

TYPE OF DISTRIBUTION	DATE
<input type="checkbox"/> Retirement <i>(Age 55 or over)</i> I certify by signing below that I am no longer working	_____
<input type="checkbox"/> Permanent Disability <i>(Provide proof of disability)</i>	_____
<input type="checkbox"/> Termination <i>(under age 55)</i> Cannot have received a contribution within the previous 6 months	_____
<input type="checkbox"/> Death <i>(Enclose a copy of the Death Certificate and Marriage Certificate)</i>	_____

PAYMENT OPTIONS	
<input type="checkbox"/> Lump Sum	<input type="checkbox"/> Annual <i>(January 1)</i>
<input type="checkbox"/> Semi-Annual <i>(January 1 & July 1)</i>	<input type="checkbox"/> Quarterly <i>(\$_____ per quarter) (Jan. 1, April 1, July 1, Oct. 1)</i>
<input type="checkbox"/> Monthly <i>(\$_____ per month)</i>	<input type="checkbox"/> Direct Rollover <i>(send rollover instructions from receiving institution)</i>
<input type="checkbox"/> Partial Distribution <i>(\$_____)</i>	<input type="checkbox"/> Voluntary After-Tax Distribution <i>(\$200 minimum, 2 per calendar year)</i>

Participant Signature

I hereby apply for my retirement benefits from 112/73 Retirement Plan. I certify under penalty of perjury that all information included on this form is accurate.

I certify that there is no pending domestic relations order or court approved domestic relations order which has, or will, assign all or a part of my vested account to my spouse, former spouse, child or other dependent. I understand that once payments have commenced, my payment election made on this form is irrevocable. I also understand that if payment is to be made, payment will be mailed to the address provided on this form. I further understand that this address will be used for all tax reporting purposes.

Participant Signature	Date
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*** FOR ADMINISTRATIVE USE ONLY ***	
_____ LO2805-0599 <i>(miscellaneous transaction)</i>	_____ LO2805-0508 <i>(distribution)</i>
_____ LO2805-0514 <i>(partial retiree withdrawal)</i>	_____ LO2805-0517 <i>(disability distribution)</i>
_____ LO2805-0511 <i>(death benefit)</i>	_____ LO2805-0503 <i>(after-tax withdrawal)</i>
_____ LO2805-0510 <i>(QDRO)</i>	_____ LO2805-0513 <i>(age 70 ½ withdrawal)</i>
_____ Approved by Administrative Agent	_____ Date

Spousal Consent Form

I recognize that I am entitled to receive a qualified joint and survivor annuity. However, I elect to receive a lump sum distribution or monthly installment payments of my interest from the plan instead. If married, both signatures must be notarized.

Participant's Signature

Spouse's Signature

State of _____

County of _____

Subscribed and Sworn before me this _____ day of _____ 20 _____

NOTARY PUBLIC IN AND FOR THE STATE OF

_____ residing at

Commission Expires _____