

112/73 Retirement Plan NECA-IBEW

PO Box 5433, Spokane, WA 99205
Phone: (509) 534-0600 ~ Toll Free: (800) 872-8979 Fax: (509) 535-7883 ~ IEEW@rehnonline.com

APPLICATION FOR DISTRIBUTION

Participant Name	Union Local #	Date of Birth
Social Security Number	Phone Number	
Address		
City	State	Zip
Married? <input type="checkbox"/> No <input type="checkbox"/> Yes (if yes, please complete the Spousal Consent Form on reverse side)		

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

PAYMENT OPTIONS	
<input type="checkbox"/> Lump Sum	<input type="checkbox"/> Annual (January 1)
<input type="checkbox"/> Semi-Annual (January 1 & July 1)	<input type="checkbox"/> Quarterly (\$_____ per quarter) (Jan. 1, April 1, July 1, Oct. 1)
<input type="checkbox"/> Monthly (\$_____ per month)	<input type="checkbox"/> Direct Rollover (send rollover instructions from receiving institution)
<input type="checkbox"/> Partial Distribution (\$_____) (Partial Distribution shall be permitted No more than twice per calendar year)	<input type="checkbox"/> Voluntary After-Tax Distribution (\$200 minimum, 2 per calendar year)
<input type="checkbox"/> Update existing Monthly/Semi-Annual or Annual payment amount from (\$_____) to (\$_____).	

PARTICIPANT (or ALTERNATE PAYEE) SIGNATURE
I hereby apply for my retirement benefits from the 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 (or Alternate Payee) Signature	Date
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*** FOR ADMINISTRATIVE USE ONLY ***	
_____ L01605-0599 (miscellaneous transaction)	_____ L01605-0508 (distribution)
_____ L01605-0514 (partial retiree withdrawal)	_____ L01605-0517 (disability distribution)
_____ L01605-0511 (death benefit)	_____ L01605-0503 (after-tax withdrawal)
_____ L01605-0510 (QDRO)	_____ L01605-0513 (age 70 ½ withdrawal)
_____ Approved by Administrative Agent	_____ Date

Spousal Consent Form

I recognize and understand that I am entitled to receive a qualified joint and survivor annuity. However, I elect, and consent to receive a lump sum distribution or monthly installment payments of my interest (as indicated above) 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 _____

Please insert your Bank account info if you would like Direct Deposit otherwise you will be sent a check.

Account Type:

Checking

Direct Deposit Info:

Savings

Routing #:	Account #:
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