

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 59 ½ IN-SERVICE DISTRIBUTION

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)

DISTRIBUTION REQUIREMENTS

- Must have contributions submitted on your behalf for at least one month in the immediately preceding six-month period to the 112/73 Retirement Plan NECA-IBEW
- Maximum distribution amount of \$25,000 per calendar year
- Minimum distribution amount of \$1,000 per occurrence
- Maximum of 2 distributions per calendar year

DISTRIBUTION AMOUNT (see requirements above)

\$ _____

Direct Distribution to Participant (any amount paid to you may be reduced by applicable taxes)

Rollover to qualified plan (must provide rollover instructions from receiving institution)

PARTICIPANT SIGNATURE

I hereby request a 59 ½ in-service distribution from my retirement benefits from the 112/73 Retirement Plan NECA-IBEW. 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

*** FOR ADMINISTRATIVE USE ONLY ***

_____ LO2805-5004 (59 ½ withdrawal)

_____ LO2805-5004 (59 ½ rollover)

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 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 _____

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

Account Type:

Checking

Savings

Direct Deposit Info:

Routing #:

Account #:

--	--