

I.B.E.W. LOCAL 25 401(K) FUND

372 VANDERBILT MOTOR PARKWAY

HAUPPAUGE, NY 11788

(631) 434-3344

ALTERNATE PAYEE BENEFIT APPLICATION

APPLICANT'S NAME _____ SS# _____

ADDRESS _____

TEL. NO. _____ DATE OF BIRTH _____

I, _____, hereby make application for payment or transfers of the amount to which I am entitled under the terms of the I.B.E.W. Local 25 401(k) Plan. I understand that this payment may only be made in one lump sum and that 20% federal tax withholding will be deducted from my payment unless the distribution is rolled over to another qualified plan or an IRA.

Dated: _____ Signed: _____

Notary Public or Fund Representative

COMPLETE THIS SECTION IF YOU HAVE ELECTED TO HAVE THIS DISTRIBUTION DIRECTLY ROLLED OVER TO AN IRA OR A QUALIFIED PLAN.

NAME OF INSTITUTION (FOR IRA) OR QUALIFIED PLAN:

ACCOUNT NO.: _____

CONTACT PERSON: _____

ADDRESS: _____

TELEPHONE NO.: _____

TRUSTEE

TRUSTEE

Balance in Account \$ _____

Tax Withheld \$ _____

Administrative Fee \$ _____

Net Check Amount \$ _____

Check No. _____

Date _____