

I.B.E.W. LOCAL 25 401(k) FUND
372 Vanderbilt Motor Parkway
Hauppauge, NY 11788-5133

APPLICATION FOR RETIREMENT BENEFITS

NAME _____ S.S. # _____

ADDRESS _____

TELEPHONE NO. _____ CELLPHONE NO. _____ Email: _____

RETIREMENT DATE ____/____/____ SINGLE(Never Married) ___ MARRIED ___ DIVORCED ___ WIDOWED

I AM APPLYING FOR A BENEFIT FROM THE 401(k) FUND WHICH CANNOT BE PAID IN THE MARRIED COUPLE FORM. I REALIZE THAT IF I AM MARRIED ON THE EFFECTIVE DATE OF THIS BENEFIT, I MUST SUBMIT A NOTARIZED SPOUSE'S WAIVER.

PAYMENT OPTIONS:

_____ LUMP SUM PAYMENT(100)%

_____ MONTHLY PAYMENTS IN THE AMOUNT OF \$ _____ GROSS or _____ NET**

MONTHLY PAYMENTS TO BEGIN ____/____/_____

_____ PARTIAL DISTRIBUTION OF \$ _____ GROSS or _____ NET

_____ PLEASE CHECK IF YOU ARE ON DISABILITY

20% FEDERAL WITHHOLDING TAX WILL BE DEDUCTED FROM THIS DISTRIBUTION UNLESS ROLLED OVER DIRECTLY TO ANOTHER QUALIFIED PLAN OR IRA.

PLEASE NOTE: DISTRIBUTIONS OF \$2000 DOLLARS OR MORE MAY BE SUBJECT TO A 20% RETENTION UNTIL THE PLAN IS VALUED AT YEAR END.

****FOR TRANSFERS TO YOUR CHECKING/MONEY MARKET ACCOUNT, PLEASE COMPLETE THIS APPLICATION AND THE DIRECT DEPOSIT SIGN-UP FORM AND INCLUDE A COPY OF A VOIDED CHECK. BE SURE TO SIGN AND DATE THIS FORM.**

DATE _____ MEMBER SIGNATURE _____

DATE _____ SPOUSE SIGNATURE _____

VERIFICATION OF SPOUSE

State of _____)

) ss.:

County of _____)

Signed and sworn to before me this day _____ of _____, 20____

Notary Public

COMPLETE THIS SECTION **ONLY** IF YOU WISH TO HAVE THIS DISTRIBUTION ROLLED OVER DIRECTLY TO YOUR IRA OR OTHER QUALIFIED PLAN. DO NOT USE THIS SECTION FOR ANYTHING OTHER THAN A DIRECT ROLLOVER.

INSTITUTION/PLAN OR IRA: _____

ACCOUNT NO.: _____

CONTACT PERSON: _____ PHONE NO.: _____

ADDRESS: _____

(For office use)

TRUSTEE

TRUSTEE

Balance in Account \$ _____

Tax Withheld \$ _____

Net Check Amount \$ _____

Check No. _____

Date _____