

I.B.E.W. LOCAL 25 401(K) FUND
372 VANDERBILT MOTOR PARKWAY
HAUPPAUGE, NY 11788
(631) 434-3344

TRUST APPLICATION FORM

PARTICIPANT'S NAME _____ **SS#** _____

ADDRESS _____

TRUST NAME _____ **EIN** _____

ADDRESS _____

I/we, _____ and _____, as Trustee(s) of the above-named Trust, hereby make application for payment of the amount to which the Trust is entitled under the terms of the I.B.E.W. Local 25 401(k) Fund plan document.

Dated: _____ Signed: _____

Tel No.: _____

Notary Public or Fund Representative

Dated: _____ Signed: _____

Tel. No.: _____

Notary Public or Fund Representative

(For office use)

TRUSTEE

TRUSTEE

Balance in Account \$ _____

Tax Withheld \$ _____

Net Check Amount \$ _____

Check No. _____

Date _____