

ANNUITY FUND OF THE ELECTRICAL INDUSTRY OF LONG ISLAND

BENEFICIARY APPLICATION AND ELECTION FORM

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

ADDRESS _____

I, _____, beneficiary of the above-stated participant, hereby make application for payment or transfers of the amount to which I am entitled under the terms of the plan document of the Annuity Fund of the Electrical Industry of Long Island. I have been furnished with an explanation of the options available to me for payment of benefits and elect the following form of payment:

A. () Payment in one lump sum. B. () Roll-over balance to an IRA or qualified plan.

C. () Establish account in my name. (Spouse only)

Dated: _____ Signed: _____

SS#: _____ Address: _____

Tel. No.: _____ Date of Birth: _____

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 \$ _____

Net Check Amount \$ _____

Check No. _____

Date _____