

1 Social Security Number
2 Retirement Date
3 Are you on Disability? <input type="checkbox"/> Yes <input type="checkbox"/> No

4 Name (First, Middle Initial, Last)					
5 Address (Street, City, State and Zip)					
6 Marital Status ____ Never Married ____ Married or Separated ____ Widowed ____ Divorced-Date of Divorce____ (mm/dd/yyyy)					
7 Birth Date (mm/dd/yyyy)	8 Phone Number	9 Email Address			
10 Do you have any outstanding loans with the Annuity Fund of the Electrical Industry of L.I.? <input type="checkbox"/> Yes <input type="checkbox"/> No a. If yes, would you like to utilize funds from your Annuity Fund account to pay the remaining balance of your loan? <div><input type="checkbox"/> Yes <input type="checkbox"/> No, I will continue to make payments (You may not begin distributions if you have an outstanding loan)</div>					
11 Select Distribution Option <input type="checkbox"/> a. Non-periodic Lump Sum Distribution of 100% of account balance <input type="checkbox"/> b. Periodic Monthly ACH Payments (Monthly payments that are made for a period of more than one year) - see ACH/Direct Deposit section on second page (Paper checks may be issued at a \$20 Monthly Fee) <input type="checkbox"/> c. Non-periodic Partial Distribution of \$_____ <input type="checkbox"/> Gross <input type="checkbox"/> Net					
12 Do you intend to rollover your distribution to an I.R.A. or other qualified plan? <input type="checkbox"/> Yes Continue to section 13 <input type="checkbox"/> No, issue payment in my name. Continue to section 14					
13 I hereby designate the following institution/plan or I.R.A. for a <u>Direct Rollover</u> of this distribution. a. Institution or Plan Name <table><tr><td>b. Account Number</td><td>c. Contact Person</td><td>d. Phone Number</td></tr></table> e. Address (Street, Suite, City, State and Zip)			b. Account Number	c. Contact Person	d. Phone Number
b. Account Number	c. Contact Person	d. Phone Number			
*PLEASE NOTE: a. ALL NON-PERIODIC DISTRIBUTIONS ARE SUBJECT TO FEDERAL INCOME TAX WITHHOLDING. THE DEFAULT WITHHOLDING RATE FOR THIS DISTRIBUTION IS 20%, UNLESS TRANSFERRED DIRECTLY TO AN IRA OR OTHER QUALIFIED PLAN. LOWER WITHHOLDING RATES ARE NOT PERMITTED. IF YOU WOULD LIKE TO INCREASE YOUR FEDERAL WITHHOLDING ABOVE 20%, PLEASE CONTACT THE FUND OFFICE FOR AN IRS FORM W-4R. b. PERIODIC MONTHLY ACH DISTRIBUTIONS REQUIRE A FORM W-4P TO BE COMPLETED AND RETURNED WITH YOUR APPLICATION. c. DISTRIBUTIONS OF \$2,000 OR MORE MAY SUBJECT TO A 20% FUND RETENTION UNTIL THE FUND'S INVESTMENTS ARE VALUED AT YEAR END.					

Continue to next page

		(For office use only)	
Account balance	\$ _____	Retirement Distribution:	Withdrawal _____ ACH/MPO _____ Direct Rollover _____
- 20\$% Retention	\$ _____	Retiree Date:	_____ Loan repaid: _____ Loan Withdrawal: _____
Gross Distribution	\$ _____	Single _____	Married _____ Separated _____ Divorced _____ Widowed _____
Tax withheld	\$ _____	Notarized: _____	Divorce Decree / Stip / QDRO _____ Death Certificate: _____
Check amount	\$ _____		
Check number	# _____		
Date (mm/dd/yyyy)	_____		
<div>Notes:</div>		_____	
		Trustee Signature	Date

		Trustee Signature	Date

		Administrator Review	Date

ANNUITY FUND OF THE ELECTRICAL INDUSTRY OF LONG ISLAND
APPLICATION FOR RETIREMENT BENEFIT

VERIFICATION OF SPOUSE

14

My name is _____
(Participant's Spouse)

I acknowledge that my spouse _____
(Participant's Name)

has elected to receive a retirement benefit under the terms of the Annuity Fund of the Electrical Industry of Long Island's Plan Document.

SPOUSE'S SIGNATURE _____

DATE _____

On this _____ day of _____, 20____,

before me personally appeared _____
(Participant's spouse)

to me known and known to be the same person described in and who executed the foregoing spouse's waiver, and (s)he duly acknowledged to me that (s)he executed the same.

State of _____

SS:

County of _____

Type of photo ID provided _____

Notary Public _____

ID Number _____

OR _____

Expiration date of document _____

E.I.B. Administration-Print Name _____

Signature _____

Date _____

PARTICIPANT'S CERTIFICATION

I AM APPLYING FOR A BENEFIT FROM THE ANNUITY 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/E.I.B. WITNESSED SPOUSAL WAIVER.

15

I, _____
(Participant's Name)

hereby certify that as of todays date ____/____/_____, I am single and *have never been married* .

OR

I, _____
(Participant's Name)

am divorced as of ____/____/_____. My divorce documents, including Stipulation of Settlement, Final Divorce Decree or Judgement of Divorce and if required by Stipulation, a Qualified Domestic Relations Order (QDRO) are on file with the Electrical Industry Board of Long Island Benefit Fund Office or attached with this application.

☐ On file

☐ Attached with application

16

a.

I hereby certify that all information I provide in this document is true and I understand that any willful falsification of facts presented may result in prosecution as provided by law.

b.

I have read and understand the information in the Annuity Fund of the Electrical Industry of Long Island's Summary Plan Description.

c.

I understand that a mandatory 20% federal tax is withheld from all non-periodic distributions that are eligible for rollover, unless directly rolled into an I.R.A. or other qualified plan.

d.

I hereby certify that my understanding is that I must submit an IRS Form W-4P with my application if I am opting for periodic monthly ACH payments to my bank/financial institution that will extend beyond one year.

e.

I hereby understand that the Fund reserves the right to withhold a 20% retention in my account until the Fund's investments are valued at year end.

PARTICIPANT'S SIGNATURE _____

DATE _____

ACCOUNT INFORMATION FOR ACH/DIRECT DEPOSIT OF MONTHLY BENEFIT

17 I hereby authorize the Annuity Fund of the Electrical Industry of L.I. to deposit my monthly retirement benefit to my account with the financial institution listed below.

a. Monthly Benefit Amount \$ _____ GROSS	b. To begin Month: _____ Year: _____	c. Bank/Financial institution Name _____
d. Account Type <input type="checkbox"/> Checking <input type="checkbox"/> Savings		PLEASE COMPLETE AND RETURN FORM W-4P WITH YOUR APPLICATION Note: If you are taking a monthly distribution from your Annuity AND 401(k) Funds, only one W-4P is required, you must elect from which Fund to withhold taxes.
e. Routing Number _____	f. Account Number _____	
		g. Withhold Federal Taxes from <input type="checkbox"/> Annuity Fund <input type="checkbox"/> 401(k) Fund

ATTACH VOIDED CHECK WITHIN THIS BOX