

I.B.E.W. LOCAL 25 401(k) FUND
APPLICATION FOR RETIREMENT BENEFITS



372 VANDERBILT MOTOR PARKWAY
HAUPPAUGE, NY 11788
(631) 434-3344

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

PARTICIPANT'S INFORMATION

5. Name (First, Middle Initial, Last)					
6. Address (Street, City, State and Zip)					
7. Marital Status ___ Never Married ___ Married or Separated ___ Widowed ___ Divorced-Date of Divorce_____					
8. Birth Date	9. Phone Number	10. Email Address			
11. Do you have any outstanding loans with the I.B.E.W. Local 25 401K Fund? <input type="checkbox"/> Yes <input type="checkbox"/> No a. If yes, would you like to utilize funds from your 401(k) Fund account to pay the remaining balance of your loan? <input type="checkbox"/> Yes <input type="checkbox"/> No, I will continue to make payments (<i>You may not begin distributions if you have an outstanding loan</i>)					
12. Select Distribution Option <input type="checkbox"/> a. Periodic Monthly ACH Payments (Monthly payments that are made for a period of more than one year) - continue to section 15, ACH/Direct Deposit section on page 2. (A monthly paper check may be issued at a \$20 Monthly Fee) <input type="checkbox"/> b. Non-periodic Lump Sum Distribution of 100% of account balance <input type="checkbox"/> c. Non-periodic Partial Distribution of \$_____ <input type="checkbox"/> Gross <input type="checkbox"/> Net					
13. Do you intend to rollover your distribution to an I.R.A. or other qualified plan? <input type="checkbox"/> Yes Continue to section 14 <input type="checkbox"/> No, issue payment in my name. Continue to section 16, on page 3. Non-periodic Distributions and Direct Rollovers will be issued on a paper check to be mailed by the United States Postal Service First Class Mail.					
14. 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. PERIODIC MONTHLY ACH DISTRIBUTIONS REQUIRE A FORM W-4P TO BE COMPLETED AND RETURNED WITH YOUR APPLICATION. b. 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, YOU MAY ALSO DOWNLOAD THIS FORM FROM THE IRS WEBSITE. c. DISTRIBUTIONS OF \$2,000 OR MORE MAY BE SUBJECT TO A 20% FUND RETENTION UNTIL THE FUND'S INVESTMENTS ARE VALUED AT YEAR END.					

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THIS SECTION IS FOR OFFICE USE ONLY	
Account balance \$ _____	Retirement Distribution: Withdrawal____ ACH/MPO____ Direct Rollover____
- 20\$% Retention \$ _____	Retiree Date: _____ Loan repaid: _____ Loan Withdrawal:____ / LW Amount \$ _____
Gross Distribution \$ _____	Single____ Married____ Separated____ Divorced____ Widowed____
Tax withheld \$ _____	Notarized:____ Divorce Decree / Stip / QDRO____ Death Certificate: _____
Check amount \$ _____	_____
Check number # _____	EIB Administrator Review _____ Date _____
Date (mm/dd/yyyy) _____	_____
Notes:	Trustee Signature _____ Date _____
	Trustee Signature _____ Date _____

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ACCOUNT INFORMATION FOR ACH/DIRECT DEPOSIT OF MONTHLY BENEFIT

(Complete this section ONLY if you are requesting a monthly distribution, non-periodic distributions will be issued on a paper check to be mailed by the United States Postal Service First Class Mail).

15. I hereby authorize the I.B.E.W. Local 25 401K Fund 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 401(k) AND Annuity Funds, only one W-4P is required for both Funds combined, you must elect from which Fund to withhold taxes. g. Withhold Federal Taxes from <input type="checkbox"/> 401(k) Fund <input type="checkbox"/> Annuity Fund
e. Routing Number	f. Account Number	

ATTACH A VOIDED CHECK WITHIN THIS BOX

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PARTICIPANT'S CERTIFICATION

16. I, _____ hereby certify, represent and agree that:

(Participant Name)

a. 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 on this form and the I.B.E.W. Local 25 401K Fund'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 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 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/E.I.B. witnessed spousal waiver.

f. The Fund reserves the right to withhold a 20% retention in my account until the Fund's investments are valued at year end;

g. **Marital Status:**

☐ I. As of todays date, I am married. My spouse's consent is located below.

☐ II. As of todays date, I am single and have never been married.

☐ III. I 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

☐ IV. As of today's date, I am widowed. My deceased spouse's death certificate is :

☐ On file

☐ Attached with application

h. **PARTICIPANT'S SIGNATURE** _____ Date _____

(This form is not valid unless you sign it)

On this ____ day of _____, 20____, before me personally appeared _____ known to me to be the same person described in and who

(Participant Name)

executed the foregoing certification, and (s)he duly acknowledged to me that (s)he executed the same.

State of _____

County of _____

Type of photo ID provided _____

ID Number _____

Expiration date of document _____

Notary Public-Print Name

Signature

OR

E.I.B. Administration-Print Name

Signature

SPOUSAL CONSENT

17. I am the spouse of the above named Participant. I acknowledge that my spouse has elected to receive a retirement benefit under the terms of the I.B.E.W. Local 25 401K Funds Plan Document.

a. **SPOUSE'S SIGNATURE** _____ Date _____

On this ____ day of _____, 20____, before me personally appeared _____ known to me to be the same person described in and who

(Participant's spouse)

executed the foregoing spousal consent, and (s)he duly acknowledged to me that (s)he executed the same.

State of _____

County of _____

Type of photo ID provided _____

ID Number _____

Expiration date of document _____

Notary Public-Print Name

Signature

OR

E.I.B. Administration-Print Name

Signature