

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



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

See reverse side of this page for Pre-retirement Termination Benefit information before completing this application.

1. Date	2. Social Security Number
3. Last date worked for an employer that contributes to the Annuity Fund on your behalf.	
4. Are you on Disability or Workers Comp? <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. Payment options for monthly benefit of up to \$1900 for each 30 days that you remain out of work. <input type="checkbox"/> a. Payment(s) in the amount of \$ _____ for the most recent 30 days that you are out of work, continuing monthly (30-days) until you return to work. Payments will continue until you return to work, you notify the fund office in writing that you want to stop receiving this benefit, or your Annuity Fund account nears depletion. <input type="checkbox"/> b. Include <b>retroactive payments</b> for the months of _____, 20____ through _____, 20____, for a total of _____ <b>retroactive payments</b> . Continue to section 15 on page 3		
12. Payment options for participants no longer working or receiving contributions to the Annuity Fund for a period of 12 months or more. <input type="checkbox"/> a. Lump sum distribution of 100% of account balance <input type="checkbox"/> b. Non-periodic partial distribution of my account balance <input type="checkbox"/> 75% <input type="checkbox"/> 50% <input type="checkbox"/> 25%		
13. Do you intend to rollover your distribution to an I.R.A. or other qualified plan? <input type="checkbox"/> Yes <small>Continue to section 14</small> <input type="checkbox"/> No, issue payment in my name. Continue to section 15 on page 3.		
14. I hereby designate the following institution/plan or I.R.A. for a Direct Rollover of this distribution. a. Institution or Plan Name  b. Account Number    c. Contact Person    d. Phone Number  e. Address (Street, Suite, City, State and Zip)		
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. DISTRIBUTIONS OF \$2,000 OR MORE ANNUALLY MAY 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 \$ _____	Distribution: Withdrawal / 1900-MPO / Direct Rollover
- 20% Retention \$ _____	Term Date: _____ OOW 30d: _____ OOW 1y: _____ Loan Repaid: _____
Gross Distribution \$ _____	S _____ M/S _____ D _____ W _____ Notarized: _____
Tax withheld \$ _____	Divorce Decree / Stip / QDRO _____ Death Certificate: _____
Fee \$ _____	
Check amount \$ _____	
Check number # _____	EIB Administrator Review _____ Date _____
Date (mm/dd/yyyy) _____	
Notes: _____	Trustee Signature _____ Date _____
	Trustee Signature _____ Date _____

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- 1.** AFTER YOU HAVE BEEN OUT OF WORK FOR 30 DAYS AND HAVE NOT WORKED IN THE TRADE IN THE SAME GEOGRAPHIC AREA COVERED BY THE PLAN, OR FOR AN EMPLOYER THAT CONTRIBUTES ON YOUR BEHALF TO THE ANNUITY FUND, YOU ARE ENTITLED TO WITHDRAW A MAXIMUM OF \$1,900 PER EACH 30 DAYS THAT YOU ARE OUT OF WORK. HOWEVER, YOU ARE NO LONGER ELIGIBLE TO APPLY OR CONTINUE RECEIVING THIS BENEFIT ONCE YOU BECOME RE-EMPLOYED OR WORK A SHORT-CALL.
- 2.** AFTER RECEIVING YOUR FIRST PAYMENT, YOUR MONTHLY PAYMENTS WILL BE SENT TO YOU EITHER ON THE 1<sup>ST</sup> OR 15<sup>TH</sup> DAY OF EACH MONTH. IF YOU WISH TO DISCONTINUE PAYMENTS, YOU MUST NOTIFY THE FUND OFFICE IN WRITING. PAYMENTS WILL STOP AUTOMATICALLY WHEN YOU RETURN TO WORK (INCLUDING SHORT-CALLS).
- 3.** IF IT IS MORE THAN 60 DAYS SINCE YOU LAST WORKED IN COVERED EMPLOYMENT, YOU MAY APPLY FOR PAYMENTS RETROACTIVELY.
- 4.** A \$50.00 ADMINISTRATIVE CHARGE WILL BE DEDUCTED FROM YOUR ACCOUNT AT THE TIME OF YOUR FIRST PAYMENT. THERE IS NO CHARGE FOR SUCCEEDING PAYMENTS. HOWEVER, IF YOU RETURN TO WORK IN COVERED EMPLOYMENT AND SUBSEQUENTLY APPLY FOR THE PRE-RETIREMENT TERMINATION BENEFITS, YOU WILL AGAIN BE SUBJECT TO THE ADMINISTRATIVE CHARGE.
- 5.** ALL 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.
- 6.** PRE-RETIREMENT BENEFIT PAYMENTS ARE ALSO SUBJECT TO A 10% TAX PENALTY UNLESS YOU ARE AT LEAST AGE 59½, OR YOU QUALIFY FOR CERTAIN OTHER EXEMPTIONS.
- 7.** DISTRIBUTIONS OF \$2,000 OR MORE ANNUALLY MAY BE SUBJECT TO A 20% RETENTION UNTIL THE FUND'S INVESTMENTS ARE VALUED AT YEAR END.
- 8.** A PROPERLY EXECUTED SPOUSAL CONSENT FORM MUST ACCOMPANY YOUR APPLICATION. FEDERAL LAW PROHIBITS THE FUND FROM PAYING BENEFITS UNLESS WE RECEIVE A NOTARIZED SPOUSAL CONSENT FORM . IF YOU ARE DIVORCED, A COPY OF THE DIVORCE DECREE, ALONG WITH THE STIPULATION OF SETTLEMENT, AND IF REQUIRED PER DIVORCE JUDGEMENT, A QUALIFIED DOMESTIC RELATIONS ORDER (QDRO) MUST BE ON FILE OR MUST ACCOMPANY THE APPLICATION. IF WE HAVE A COPY ON FILE, PLEASE INDICATE THAT ON THE SPACE PROVIDED ON PAGE 3 OF THE APPLICATION. IF YOU HAVE NEVER BEEN MARRIED, ATTEST THAT YOU HAVE NEVER BEEN MARRIED ON PAGE 3 OF THE APPLICATION.
- 9.** IF YOU HAVE NOT WORKED IN COVERED EMPLOYMENT FOR 12 CONSECUTIVE MONTHS, YOU MAY WITHDRAW 25%, 50%, 75% OR THE REMAINING ACCOUNT BALANCE. THIS OPTION IS A ONE-TIME WITHDRAWAL PER CALENDAR YEAR.

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PARTICIPANT'S CERTIFICATION

15. 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 application and 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 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, this application must contain my spouse's notarized signature.

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

f. **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

**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's 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

16. I am the spouse of the above named Participant. I acknowledge that my spouse has elected to receive a Pre-retirement Termination Benefit under the terms of the Annuity Fund of the Electrical Industry of Long Island's Plan Document.

I realize that if I consent to my spouse’s receipt of the Pre-retirement Termination benefit, the payment of such benefit will reduce or may eliminate any benefit to which I might be entitled in the future.

Nevertheless, I hereby consent to his/her receipt of such benefit and waive my rights to that portion of my future benefits represented by the current payment of the Pre-retirement Termination benefit.

**SPOUSE'S SIGNATURE** \_\_\_\_\_ Date \_\_\_\_\_

On this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, before me personally appeared \_\_\_\_\_ known to me to be the same person described in and  
(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