

**IBEW LOCAL UNION NO.9 & LINE CLEARANCE CONTRACTORS
401K RETIREMENT PLAN REQUEST FOR APPLICATION FORM**

APPLICATION FOR MEMBER DEATH BENEFIT

When completed in full, mail to the fund office with a certified copy of the Death Certificate, and a copy of your Marriage Certificate. Please also include any Divorce Decrees from the participant's previous marriages, if applicable. The Fund office will notify you if any additional information is necessary.

TO BE COMPLETED BY THE BENEFICIARY

Name of the Deceased Participant: _____

Social Security #: _____ Local Union #: _____

Date of Birth: ____/____/____ Date of Death: ____/____/____

Last Date Worked: ____/____/____ Name of Last Employer: _____

Name of Beneficiary: _____

Social Security #: _____ Date of Birth: ____/____/____

Address: _____

Street

City

State

Zip Code

Phone #: _____

Relationship to Deceased: _____

Signature of Beneficiary: _____

Date: ____/____/____

6525 Centurion Drive, Lansing, MI 48917 Drive, Lansing, MI 48917
(517) 321-7502 Fax (517) 321-7508
Toll Free (877) IBEW-155

ELECTION OF FORM OF BENEFIT

I hereby acknowledge that I understand my rights from the IBEW LOCAL NO. 9 & LINE CLEARANCE CONTRACTORS 401(k) RETIREMENT PLAN. I hereby elect to receive my monthly pension benefits under the form indicated below.

_____ (1) Single Life Annuity (Single Participants Only)

_____ (2) Lump Sum Option - Pay directly to Beneficiary **(ALSO COMPLETE PAGE 3)**

_____ (3) Lump Sum Option - Rollover to an IRA or Qualified Retirement Plan **(ALSO COMPLETE PAGE 4)**

_____ (4) Partial Lump Sum Rollover and Pay the Remainder to me directly; 20% will be withheld for Federal taxes on the amount paid to me directly. **(ALSO COMPLETE PAGE 4)**

Date

Signature of Beneficiary

**COMPLETE THIS FORM IF YOU WANT YOUR DISTRIBUTION
PAID IN A LUMP SUM DIRECTLY TO YOU**

By completing this Form, I instruct the Plan Administrator how I would like my distribution from the IBEW Local No. 9 & Line Clearance Contractors 401(k) Retirement Fund to be paid. I understand that my distribution from the IBEW Local No. 9 & Line Clearance Contractors 401(k) Retirement Fund is eligible for rollover. I have read the *IMPORTANT TAX NOTICE REGARDING THE IBEW LOCAL NO. 9 & LINE CLEARANCE CONTRACTORS 401(k) RETIREMENT FUND PAYMENTS*, and I understand that my election will determine how much tax is withheld from my distribution and may affect how much tax I will pay.

I elect to have my distribution (that is eligible for rollover) paid directly to me.

I understand that I will receive only 80% of my distribution, because the law requires that the Plan Administrator withhold 20% of the payment and send it to the IRS as income tax withholding that will be credited against my taxes.

I also understand that my distribution will be taxed in the year that it is paid to me, unless I roll it over to an IRA or qualified plan within 60 days of the date I receive it. I know that I may be eligible to use special tax rules that could reduce the tax that I will owe.

I understand that if I want to postpone the time when my distribution will be taxed by rolling it over into an IRA or qualified plan, I have to find other money to replace the 20 percent that was withheld as income tax. I know that if I only roll over 80 percent of the distribution (which was all that was paid to me), I will be taxed on the 20 percent that the IRS withheld and which was not rolled over.

DISTRIBUTION CHECK IS TO BE ISSUED AS FOLLOWS:

Name of Participant: _____ **Social Security #:** _____

Name of Beneficiary: _____ **Social Security #:** _____

Please make check payable to beneficiary and mail to the following address:

Street or P O Box

City State Zip

Signature of Beneficiary

Date

**COMPLETE THIS FORM IF YOU WANT YOUR DISTRIBUTION PAID IN A
ROLLOVER TO AN IRA OR QUALIFIED RETIREMENT PLAN:**

By completing this Form, I instruct the Plan Administrator how I would like my distribution from the IBEW Local No. 9 & Line Clearance Contractors 401(k) Retirement Fund to be paid. I understand that my distribution from the IBEW Local No. 9 & Line Clearance Contractors 401(k) Retirement Fund is eligible for rollover. I have read the *IMPORTANT TAX NOTICE REGARDING THE IBEW LOCAL NO. 9 & LINE CLEARANCE CONTRACTORS 401(k) RETIREMENT FUND PAYMENTS*, and I understand that my election will determine how much tax is withheld from my distribution and may affect how much tax I will pay.

I elect to have 100% of my distribution paid as a Direct Rollover to the following Qualified Retirement Plan or Individual Retirement Account:

I elect to have only PART of my payment directly rolled over. Please rollover \$_____ to the IRA or Qualified Retirement Plan named below, and pay the remainder of my benefit to me, after withholding 20% for federal income taxes as required by law. ****IF YOU WANT MORE THAN 20% WITHHELD, PLEASE WRITE AMOUNT: \$_____.**

Name of Plan or IRA: _____

If your distribution will be paid to an IRA, fill in the Name of the Plan or IRA. If your distribution will be paid to a qualified retirement plan, fill in the Name of the Plan.

Name of Trustee or Custodian: _____

If your distribution will be paid to an IRA, fill in the Name of the IRA Sponsor. If your distribution will be paid to a qualified retirement plan, fill in the Name of the Plan's Trustee.

Address of Trustee or Custodian: _____

Account Number: _____

Please make check payable to participant for remaining balance and mail to the following address:

Street or P O Box

City State Zip

I understand that the portion of my distribution that is paid to my IRA or to a qualified plan in a Direct Rollover should not be taxable to me in the year it is paid, and that no income taxes will be withheld from the distribution. I also understand that I will be taxed on the portions of the distribution paid in a direct rollover when the money is paid by the IRA or qualified plan.

Signature

Social Security Number

Date