

**LOCAL UNION NO. 9, IBEW & LINE CLEARANCE CONTRACTORS  
401(k) RETIREMENT PLAN**

APPLICATION FOR HARDSHIP WITHDRAWAL OR EMPLOYEE ELECTIVE DEFERRALS

Please read this application carefully before answering any questions. Print your answers to all questions which apply to you. If any part of this application is not entirely clear, do not hesitate to contact the Fund Office for assistance. The Fund Administrator is **TIC International, Corporation (877) 423-9155**. Be sure to sign and date this application on the last page before a Notary Public or a Plan Official.

1. Name: \_\_\_\_\_  
Last First Middle

2. Address: \_\_\_\_\_  
Number & Street  
\_\_\_\_\_  
City State Zip Code

3. Phone Number: \_\_\_\_\_

4. Social Security Number: \_\_\_\_\_

5. Employee's Date of Birth: \_\_\_\_\_

6. Current Employer: \_\_\_\_\_

7. Current Marital Status (Please Check):

Single

Married\*, number of times: \_\_\_\_\_

Divorced\*\*, number of times: \_\_\_\_\_

Widowed

\*If you are currently married, your spouse must consent to the hardship withdrawal by signing the enclosed Spouse's Consent form which must be notarized or executed before a Plan Official.

\*\*If you are divorced, please provide the information in question 8 and enclose a copy of the divorce decree or **Qualified Domestic Relations Order** if entered. It is only necessary to submit this information if the employee elective deferrals sought to be distributed were earned during the term of the marriage.

8. Divorce Information: \_\_\_\_\_  
Date of Marriage Date of Divorce

9. Spouse's Name: \_\_\_\_\_  
Last First Middle

10. Spouse's Date of Birth: \_\_\_\_\_

11. Spouse's Social Security Number: \_\_\_\_\_