

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

TO: Board of Trustees
IBEW Local Union No. (9 & Line Clearance Contractors 401K Retirement Plan
6525 Centurion Drive
Lansing, MI 48917

I hereby apply for my 401K Account Balance (if any) and my Retirement Account Balance.

I am applying for this Benefit under:
Retirement Benefits

Termination Benefits (I no longer work at the trade or have terminated my employment and am not employed within the geographical jurisdiction of this Trust). I understand that my account balance will be paid to me ninety days after the last contributions were remitted to the fund.

Disability Benefits (I am totally and permanently disabled)

I would like my benefit to be effective _____, 20_____
(Month) (Year)

Please note that if your distribution is paid after July 1st, but before the yearly Allocation is made, there will be 20% withheld from your distribution. When the Allocation is made there will be another check issued.

I hereby submit the following personal information (Please type or print):

Name: First Middle Last

Social Security Number Date of Birth

Address: Street

City State Zip

Phone Number

Current Local Union Number (If any) Initiation Date into that Local

If you have had contributions made on your behalf to another Electricians Pension Fund, please complete the following:

Name of Fund Location

Local Union # Year(s)

The last day worked or expected to work before retirement, or termination _____

Name of last Contributing Employer Phone Number

Please indicate your marital status. Where applicable:

Single
Married, number of times _____
Divorced, number of times _____
Widowed

If currently married, please indicate the following:

Spouse's Name: First Middle Last

Spouse's Social Security Number Spouse's Date of Birth

Married on: Month Date Year

If you intend to select a designated beneficiary other than your spouse, please complete the following:

Beneficiary's Name: First Middle Last

Beneficiary's Social Security Number Beneficiary's Date of Birth

If you have not already done so, you must provide the Fund Office with the following items:

- Photo Identification
- Proof of Birth
- Spouse's Proof of Birth
- Marriage Certificate
- A complete copy of all Divorce Decrees

Please Return the "Request for Application Form" to:

**IBEW LOCAL NO. 9 & LINE CLEARANCE CONTRACTORS 401K RETIREMENT PLAN
6525 Centurion Drive Lansing, MI 48917**

Certification

I hereby certify that all of the information furnished by me on this Request for Application Form is, to the best of my belief and knowledge, true and complete. I understand that this completed Request Form will be attached to and become part of my Application for Benefits Form and that when I do submit such Application, I must also submit acceptable proof of my age and, if I am married, proof of my spouse's age, as well as a photocopy of my Marriage License or Certificate. I also understand that if I am divorced, I must submit a copy of my Judgment(s) of Divorce or Divorce Decree(s) with all attachments, and if I am widowed, I must submit a copy of my deceased spouse's Death Certificate. I further understand that any material misrepresentation of such as my marital status constitutes fraud and may result in an adjustment or denial of benefits.

Signature of Participant

Date