

IBEW LOCAL UNION NO. 9 & LINE CLEARANCE CONTRACTORS 401(k) RETIREMENT PLAN REQUEST FOR APPLICATION FORM

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

I hereby apply for my 401(k) 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)

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

First Middle Last

Social Security Number Date of Birth

Address

City State Zip

Phone Number Email Address

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

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

Name of last Contributing Employer Phone Number

PLEASE COMPLETE REVERSE SIDE

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:

- Proof of Birth
- Spouse's Proof of Birth
- Marriage Certificate
- A complete copy of all Divorce Decrees
- Copy of Driver's License-front and back
- Copy of Spouse's Driver's License-front and back

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 From 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

AFFIDAVIT OF LEAVING THE TRADE

Dear Plan Participant:

This affidavit form has been provided to you because you have expressed your desire to leave the trade of Journeyman Trimmer, or another job title covered under the Collective Bargaining Agreement between Local Union No. 9 IBEW and your Employer. If you intend to leave the trade, completion of this affidavit and submission to the Plan Administrator is the first step in the process which may result in you receiving a pre-retirement, one-time, lump sum distribution of your retirement benefits.

How your retirement savings differs from regular savings.

It is important for you to understand that your account with the plan is a retirement benefit. It is not like other regular savings accounts you may have at a bank or financial institution. Distributions of retirement savings are governed by the Internal Revenue Code and by Regulations issued by the Internal Revenue Service. The Plan's Board of Trustees has established rules and procedures governing the withdrawal of your retirement benefits. Different rules apply to withdrawals following your retirement, death or disability. This affidavit does not apply in those cases. It only applies if you intend to Leave the Trade as that term is defined in the Plan Document.

How do I qualify as having Left the Trade?

- 1) You are not currently employed by an Employer that contributes to the (Note: An employee only contributes to the Plan if he is obligated to contribute to the Plan as a result of your work in covered employment within a job classification covered by a Collective Bargaining Agreement between Local Union No. 9 I.B.E.W. ("Local 9") and your Employer.)

AND

- 2) You have no future plans to ever return to work at the trade of tree trimming or line clearance work within the jurisdiction of Local Union No. 9. Unfortunately, temporary periods of unemployment can occur when you work for one or more of the Employers who perform tree trimming or line clearance work. The Plan does not permit withdrawal of your retirement savings money during these temporary layoff periods. You can only qualify as having Left the Trade if you truly have quit the job permanently. (However, you can work at the Trade for another I.B.E.W. Local.)

In order to clarify the difference between temporary layoff and termination of employment due to Leaving the Trade and to prevent abuse of this pre-retirement age withdrawal feature of the Plan, the Trustees will only permit one (1) pre-retirement, lump-sum distribution of your retirement benefits. If at some future date, you return to work for one of the Employers and work at the Trade within Local 9's jurisdiction and you become vested in some future benefits, you will not be eligible for another pre-retirement, lump-sum distribution of those retirement benefits.

What happens next?

After the Plan Administrator has accepted your affidavit and determined that it is properly completed, you will receive your pension benefits as soon as is administratively feasible.

ATTESTATION: I do hereby attest and swear on oath that I am not currently employed by an Employer that contributes to the IBEW Local Union No. 9 & Line Clearance Contractors 401(k) Retirement Savings Plan. I do further attest that I have no future plans to ever return to work at the Trade within the jurisdiction of Local 9.

PLEASE NOTE: This form must be signed in the presence of a Notary Public if it is not signed at the Plan Administrator's Office.

Participant's Signature

Date

Participant's Name

SSN or Member ID

Signature of Notary

Notary's Seal Here: