

**IBEW LOCAL 9 AND LINE CLEARANCE CONTRACTORS 401K
RETIREMENT PLAN REQUEST FOR APPLICATION FORM**

TO: Board of Trustees
IBEW Local 9 and Line Clearance Contractors 401K Retirement Plan
6525 Centurion Drive
Lansing, MI 48917-9275

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 geographic jurisdiction of this Trust).
 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):

Name: First Middle Last

Social Security Number

Address: Street

City State Zip

Date of Birth

Phone Number

Current Local Union No. (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 date 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 _____, or 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

**PLEASE RETURN THE "REQUEST FOR APPLICATION" FORM TO:
IBEW LOCAL NO. 9 AND LINE CLEARANCE CONTRACTORS 401K RETIREMENT PLAN
6525 Centurion Drive / Lansing, MI 48917-9275**

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 then 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 _____