

IBEW LOCAL NO. 64 PROFIT SHARING PLAN

33 Fitch Blvd.

Austintown, Ohio 44515

(800) 435-2388

(330) 270-0453

INSTRUCTIONS FOR COMPLETING APPLICATION FOR BENEFITS

1. Please read the entire application carefully before beginning to complete it.
2. Please print all information.
3. Be sure to complete all applicable items. This will avoid any delay in the processing of your application.
4. Be sure to sign the application on Page 5 and have your signature notarized on Page 4, if applicable.
5. If any part of the application is not entirely clear, do not hesitate to contact the Fund Office for assistance. Return all pages of this application to the above address. **RETAIN FOR YOUR RECORDS THE SPECIAL TAX NOTICE REGARDING PLAN DOCUMENTS.**

SECTION I -- PERSONAL INFORMATION

Name _____
Last First Middle Initial

_____ _____ _____ _____
Social Security Number Birth Date Local # District

Address _____
Number and Street City State Zip

Spouse's Name _____
Last First Middle Initial

(If you are not married, write "None" on the line above)

Spouse's _____
Social Security Number Birth Date

Telephone No. _____ Spouse's Telephone No. _____
(if different)

SECTION III -- ELECTION OF FORM OF BENEFIT

Federal law requires that a married member's benefit be paid in the form of a Joint & 50% Survivor Annuity, unless rejected by the member and his spouse. An unmarried member's benefit will be paid in the form of a Single Life Annuity unless rejected by the member. Please read the following options carefully, and check one:

A. _____ An initial payment in the amount of \$ _____ with substantially equal monthly installments in the amount of \$ _____ until account is exhausted.

B. _____ A lump sum payment

_____ payable to me

_____ rollover distribution

payable directly to: _____

I acknowledge receipt of the Special Tax Notice Regarding Plan Payments. I understand that 20% of all lump sum payments will be withheld as Federal Income Tax. I hereby waive my right to a 30 day period in which to consider the decision of whether or not to elect a direct rollover.

Signature of Participant

SECTION IV -- SURVIVOR ANNUITY WAIVER (TO BE COMPLETED IF YOU ARE MARRIED).

Name of Participant _____

ELECTION TO WAIVE JOINT AND SPOUSE SURVIVOR ANNUITY

As a Participant in the IBEW Local Union No. 64 Profit Sharing Plan, I hereby acknowledge that I have been informed by the Plan Administrator that my benefits under the Plan will be paid to me in the form of a Joint and Spouse Survivor annuity; that I have the right to waive that form of payment, provided that my spouse consents in writing to the waiver, that I understand the terms of a Joint and Spouse Survivor annuity and the financial effect of a waiver; and that I may revoke any waiver in effect during the applicable election period.

() I hereby elect to waive the Joint and Spouse Survivor annuity form of payment.

EXECUTED this _____ day of _____, 20__.

Witnessed by:

Participant

Notary Public

SPOUSE'S CONSENT TO WAIVER

I hereby consent to the foregoing election by my spouse, not to have benefits under the IBEW Local Union No. 64 Profit Sharing Plan paid in the form of a Joint and Spouse Survivor annuity. Further, I hereby acknowledge that I understand: (a) that the effect of my consent may be to forfeit benefits I would be entitled to receive upon my spouse's death: (b) that my spouse's waiver is not valid unless I consent to it: and (c) that my consent is irrevocable unless my spouse revokes the waiver during the applicable election period.

EXECUTED this _____ day of _____, 20__.

Witnessed by:

Participant's Spouse

Notary Public

SECTION V -- DESIGNATION OF BENEFICIARY

Name _____ Sex _____

SSN _____ Relationship _____

Date of Birth _____

Address _____
(Street and Number)

(City, State, and Zip Code)

SECTION VI -- SIGNATURES

I hereby apply for benefits from the IBEW Local Union No. 64 Profit Sharing Plan. I certify under penalty of perjury that all the statements contained herein are true and correct to the best of my knowledge. I understand that a false statement may disqualify me for benefits and that the Trustees shall have the right to recover any payment made to me because of a false statement.

Signature of Applicant _____ Date _____

Signature of Spouse _____ Date _____

SECTION VII -- AUTHORIZED SIGNATURE

I hereby approve this distribution and authorize that the distribution be paid in the manner described above. This participant is 100% vested.

Date

5) Attached hereto is documentation to support my request for hardship withdrawal. Examples of the documentation needed are as follows:

Hardship Reason

Medical
Home Purchase
Tuition

Documentation

Doctor bills
Purchase Agreement
Billing State

6) The above facts and statements are true and correct to the best of my knowledge, information, and belief.

Name of Participant (Print)

Address: _____

SS No.: _____

Signature of Participant

BEFORE ME, a Notary Public in and for said County and State, personally appeared _____, who acknowledged and signed the above statement in my presence.

IN WITNESS WHEREOF, I have hereunto set my hand and official seal this _____ day of _____, 20____.

Notary Public
My commission Expires on _____