I.B.E.W. LOCAL 688 RETIREMENT 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 or type all information. Illegible entries may delay processing.
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 you are married, your spouse must consent to waive her right to a joint and survivor annuity. This consent is on page 4 and her signature must be notarized.
6. 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 II -- REASON FOR DISTRIBUTION

A. ________ Retirement ______ Late (over age 65)

______ Normal (Age 62)

______ Early

B. ________ Total and Permanent Disability (attach copy of Social Security Award Letter)

C. ________ Death (attach copy of death certificate)

D. ________ Termination of Employment (must have no employer contributions made t the Plan on your behalf for 6 consecutive months). **The Plan will charge a $25.00 fee to process this type of distribution.**

I last worked in the Trade on __________ for ________________.
Date Employer

E. _____________ Partial Benefit (Must be at least age 55, retired, and have an account balance exceeding $25,000. The minimum distribution is $5,000.)

***NOTE* Pursuant to the terms of the Plan, the Plan's Administrative Manager will withhold 10% of all distributions pending the final allocation of investment income or loss. This will be in addition to any other withholdings.**

SECTION III—ELECTION OF FORM OF BENEFIT

Federal law requires that a married member's benefit be paid in the form of a Joint and 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. _______ I DO wish to receive any benefit which may be payable to me in the form of a Joint & 50% Survivor Annuity (or a Single Life Annuity if I am not married). This is a monthly benefit paid to me during my lifetime. If I am married and my spouse survives me, one-half of my monthly benefit shall continue during the life of my spouse.

IF YOU ARE MARRIED, IN ORDER TO CHOOSE ANY OF THE FOLLOWING BENEFITS YOU MUST COMPLETE THE SPOUSAL WAIVER ON PAGE 4. FAILURE TO DO SO WILL RESULT IN YOUR DISTRIBUTION BEING IN THE FORM OF A JOINT & 50% SURVIVOR ANNUITY.

B. _______ A lump sum payment in the amount of ______________________________, to be paid as follows:

_______ amount payable directly to me

_______ amount to rollover to IRA (complete Individual Retirement Account Rollover Authorization)

_______ amount to rollover to another employer's qualified retirement plan (complete Qualified Retirement Plan Rollover Authorization)

C. ______ Periodic payments (must be at least $1,200/year) until earlier of (1) account exhaustion; or (2) Participant's death (at which point the entire remaining balance of the Participant's Account will be disbursed to the Participant's surviving spouse, or, if there is no surviving spouse, the Participant's designated beneficiary). **If you choose this option, you MUST choose an amount per month below and you MUST complete the "Designation of Beneficiary" on page 5.**

______ per month

You have the right to consider the decision of whether to elect a direct rollover for 30 days after you receive this notice and election form. However, you may choose to have your election take effect immediately by signing the bottom of this page.

You must receive the Special Tax Notice at least 30 days (no earlier than 90 days) prior to receiving your distribution. However, you may waive this 30-day waiting period. If you wish to waive this waiting period, sign below. If you do NOT want to waive the period, do NOT sign below.

I hereby waive my right to the 30-day waiting period in which to consider the decision of whether or not to elect a direct rollover and I hereby wish to receive my distribution immediately.

______________ ______________________________________

DATE PARTICIPANT'S SIGNATURE

SECTION IV – SURVIVOR ANNUITY WAIVER

TO BE COMPLETED IS YOU ARE MARRIED AND YOU CHECKED OPTION B OR C ON PAGE 3

ELECTION TO WAIVE JOINT AND SPOUSE SURVIVOR ANNUITY

As a Participant in the I.B.E.W. Local 688 Retirement 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.

_______________ _______________________________________

Date Participant's Signature

SWORN TO before me and subscribed in my presence, this ______________________ day of

____________________, ________.

____

NOTARY PUBLIC

SPOUSE'S CONSENT TO WAIVER

I understand that my spouse's account balance will be paid to my spouse in the form of a Joint and Survivor Annuity unless I sign this Consent. The Joint and Survivor Annuity would provide me with a benefit, commencing at the death of my spouse and continuing for the remainder of my life, equal to 50% of the benefit my spouse was receiving in the form of a life annuity at the time of his/her death. I have been provided with all of the information that I may have requested as to the economic effect of this Consent.

I understand that I have the right to revoke this Consent by filing a written notice of revocation with the Plan, so long as the Plan receives the notice on or before the date of the first distribution of benefits to my spouse.

I HEREBY WAIVE my right to have my spouse's account paid in the form of a Joint and Spouse Survivor Annuity benefit as described above and I consent to the option selected by my spouse on this application.

_______________ _______________________________________

Date Participant's Spouse Signature

SWORN TO before me and subscribed in my presence, this ______________________ day of

______________________,________.

____

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 I.B.E.W. Local 688 Retirement 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 _______________

INDIVIDUAL RETIREMENT ACCOUNT ROLLOVER AUTHORIZATION

If you wish to have any portion of your benefit from the I.B.E.W. Local 688 Retirement Fund (the "Fund") rolled over into an Individual Retirement Account (IRA), you will need to have your IRA Trustee (in most cases, this is a bank or other financial institution) complete the information below and then return the completed form to the Fund. The Fund will issue a check directly to the Trustee of your IRA. To ensure that you receive credit for the funds we are transferring, it is important that all items are fully completed. **Only taxable monies may be rolled into an IRA. Any non-taxable monies will be distributed to you.**

THIS SECTION TO BE COMPLETED BY PARTICIPANT

Participant's Name ______________________________

Participant's Social Security Number ______________________________

Approximate Amount to be Rolled Over ______________________________

THIS SECTION TO BE COMPLETED BY IRA TRUSTEE

Name of IRA Trustee ______________________________

Name of Plan ______________________________

Mailing Address of Trustee ______________________________

____

IRA Account Number, if applicable ______________________________

Name of Trustee or plan representative to who inquiries can be made ______________

Telephone Number ______________________________

I certify that the plan noted above is an "eligible retirement plan" within the meaning of Internal Revenue Code Section 402(c)(8)(B) and allows the acceptance of rollover contributions.

Signature of Plan Official ______________________________

Name and Title of Plan Official ______________________________

Please use the space below to note any special instructions required to ensure the proper crediting of this distribution.

____

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QUALIFIED RETIRMENT PLAN ROLLOVER AUTHORIZATION

If you wish to have any portion of your benefit from the I.B.E.W. Local 688 Retirement Fund (the "Fund") rolled over into a qualified retirement plan, you will need to have the Trustee of that plan complete the information below. We will be issuing a check directly to the plan Trustee. To ensure that you receive credit for the funds being transferred, it is important that all items are fully completed. **Only taxable monies may be rolled into another Plan. Any non-taxable monies will be distributed to you.**

THIS SECTION TO BE COMPLETED BY PARTICIPANT

Participant's Name ______________________________

Participant's Social Security Number ______________________________

Approximate Amount to be Rolled Over ______________________________

THIS SECTION TO BE COMPLETED BY PLAN TRUSTEE

Name of Trustee ______________________________

Name of Plan ______________________________

Mailing Address of Trustee ______________________________

____

Account Number, if applicable ______________________________

Name of Trustee or plan representative to who inquiries can be made ______________________________

Telephone Number ______________________________

I certify that the plan noted above is an "eligible retirement plan" within the meaning of Internal Revenue Code Section 402(c)(8)(B) and allows the acceptance of rollover contributions.

Signature of Plan Official ______________________________

Name and Title of Plan Official ______________________________

Please use the space below to note any special instructions required to ensure the proper crediting of this distribution.

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