

LOCAL UNION #306 I.B.E.W. PENSION ANNUITY PLAN

33 Fitch Boulevard

Austintown, Ohio 44515

1-800-435-2388

INSTRUCTIONS FOR COMPLETING APPLICATION FOR BENEFITS

1. Please read the entire application carefully before beginning to complete it.
2. If you are married, you and your spouse should review the following before completing and signing the application: A - The Notice to Married Participants and Surviving Spouse Regarding Qualified Joint and Survivor Annuity Benefits; B - The Notice to Married Participants and Spouse – Benefits Available; C - Questions and Answers. These notices begin on page 6 of the application. If you are not married, you should review the Notice to Unmarried Participants on page 11 before completing and signing the application.
3. Form A which is located on the last two (2) pages must be completed if you request specific annuity quotes for any benefits you and/or your spouse are considering. If annuity quotes are not requested check the last box on Form A. Form A must be signed and dated by the married Participant and Spouse or the unmarried Participant.
4. Please print all information.
5. Be sure to complete all applicable items. This will avoid any delay in the processing of your application.
6. The application and Spousal Consent and Waiver should be signed and witnessed by either a Notary Public or Fund Representative.
7. The Plan is required to withhold payment of benefits for at least thirty (30) days after completion of the application and necessary forms. This requirement may be waived by you and your spouse provided the payment of benefits commences at least more than seven (7) days after the completion of the application and review of the information provided therein.
8. If any information provided is not entirely clear, do not hesitate to contact the Fund Office for assistance at (800) 435-2388. Return all pages of the application (pages 1 through 5) to the above address along with Form A attached. **RETAIN FOR YOUR RECORDS, THE NOTICE TO PARTICIPANTS AND SURVIVING SPOUSE REGARDING QUALIFIED JOINT AND SURVIVOR ANNUITY BENEFITS AND THE SPECIAL TAX NOTICE.**

SECTION I -- PERSONAL INFORMATION

Name: _____
Last First Middle Initial

Soc. Sec. No. Birth Date Local #

Address: _____
Number and Street City State Zip Code

Spouse's _____
Last First Middle Initial
(If you are not married, write "None" on the line above)

Spouse's _____
Soc. Sec. No. Birth Date

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

SECTION II -- PARTICIPANT'S CERTIFICATION IF NO SPOUSE

- I hereby certify that I am not now married and that to my knowledge there are no Plan benefits payable to a former spouse under a Qualified Domestic Relations Order.
- I hereby certify that I am not now married; however, there may be a reduction in my benefits as a result of a Qualified Domestic Relations Order.

SECTION III -- REASON FOR DISTRIBUTION

- A. Retirement.
 - I have attained age fifty-five (55) and I have retired.
 - I have attained age sixty-five (65).
 - I have attained age 70 ½ (required minimum distribution).

B. Disability.
I am totally and permanently disabled as that term is defined under the Plan. I became disabled on _____ Please submit certification of disability.

C. Termination of Employment.

- I have not had any Annuity Plan contributions made on my behalf for at least 3 months.

I last worked under the jurisdiction of the Local 306 I.B.E.W. Pension-Annuity Plan on: _____ (Date) for _____ (Employer)

If you are applying for this form of distribution, only a Single Lump Sum with spousal waiver is available.

- D. Beneficiary of Participant.
- E. Alternate Payee

SECTION IV -- DATE OF PAYMENT

- I do not wish to defer payment of my benefits and request that my benefits be paid or begin after my application is approved by the Board of Trustees.
- I wish to defer payment of my benefits until _____ (date not later than April 1 following the calendar year in which you attain age 70 ½)

SECTION V -- FORM OF PAYMENT:

A. NORMAL FORM OF BENEFITS FOR NON MARRIED PARTICIPANTS ONLY:

- Single Life Annuity.

B. NORMAL FORM OF BENEFITS FOR MARRIED PARTICIPANTS ONLY:

- Qualified Joint and 50% Survivor Annuity.

C. OPTIONAL BENEFIT FORMS:

- Single Lump Sum.
 - Payable directly to Participant.
 - Rollover distribution payable directly to: _____

- Joint and 75% Survivor Annuity.
- Joint and 100% Survivor Annuity.
- Nearly Equal Installment Distributions payable:
 - monthly (until account exhausted) \$ _____
 - quarterly (until account exhausted) \$ _____
 - annually (until account exhausted) \$ _____
 - based on my life expectancy
 - based on both my and my spouse's life expectancy
 - with recalculation of:
 - my life
 - my spouse's life expectancy
 - based on life expectancy of me and my spouse
 - without recalculation of:
 - based on the life expectancy of my Designated Beneficiary and myself

(Identify name of Designated Beneficiary and date of birth, if other than spouse).

- Single Full Cash Refund Life Annuity.
- Single Non Periodic Withdrawal of \$ _____.

Payments of Nearly Equal Installment Distributions may not be set up over a period exceeding the life expectancy of you and your Beneficiary. If your spouse is not the Beneficiary, special minimum distribution rules must be satisfied.

The Fund may provide benefits through the purchase from an insurance company of any appropriate annuity contract or contracts. Any fees, commissions or other costs directly incurred in connection with the purchase of any annuity may be deducted from the Individual Account balance immediately before purchase.

Since the value of your account generally changes daily and annuity purchase rates change periodically, any amounts illustrated in this application are only estimates of the monthly payments available under the standard or optional forms of benefit.

SECTION VI -- METHOD OF DISTRIBUTION

If your request for distribution involves only part of your account, unless you direct otherwise, the Administrative Manager will satisfy your request by allocating equal amounts from each investment account that you maintain under your direction.

If you wish for your distribution to be made from any specific investment account, please identify that account below and the proportion you wish to be allocated from that account to satisfy the distribution.

_____	_____ %
_____	_____ %
_____	_____ %

NOTE: NO BENEFITS ARE PAYABLE UNLESS THE SPOUSE'S CONSENT (IF APPLICABLE) AND PARTICIPANT'S STATEMENT ARE SIGNED AND NOTARIZED OR WITNESSED BY A PLAN REPRESENTATIVE

SECTION VII -- PARTICIPANT'S STATEMENT

By signing and dating below, I affirm that I have received the "Special Tax Notice Regarding Plan Payments" including a Rollover Election Form and direct that my decision chosen above be implemented as soon as my application for benefits is approved by the Trustees.

You MUST sign and date the statement below. Your signature MUST be witnessed by a Notary Public or a Fund Representative.

If you are a married Participant and both you and your spouse have chosen a benefit form other than a Qualified 50%, Joint and Survivor Annuity then your signature below shall constitute consent to such election.

I do consent to waiving the thirty (30) day notice to consider whether to waive a Qualified Joint and Survivor Annuity payment form so long as distribution occurs more than seven (7) days after the Notice to Participants and Spouses Regarding Qualified Joint and Survivor Annuity Benefits was provided to me.

If you are an unmarried Participant and have chosen a benefit form other than a Single Life Annuity then your signature below shall constitute a consent to such election and a waiver of any right to a Single Life Annuity being purchased on your behalf.

The statements contained in this application are true to the best of my knowledge and belief. I understand that a false statement may disqualify me to recover any payments made because of a false statement.

Date

Signature of Participant

SWORN TO and subscribed before me this _____ day of _____,
_____.

Notary Public

OR

Date

Fund Representative (Witness)

SECTION VIII -- SPOUSAL CONSENT AND WAIVER

I, _____ (insert name of spouse), am the spouse of _____ (insert name of Participant). I have received and reviewed the Notice to Participants and Surviving Spouse Regarding Qualified Joint and Survivor Annuity Benefits **which is attached hereto**. I understand that I have the right to have the Local 306 I.B.E.W. Pension-Annuity Plan pay my spouse's retirement benefits in the Qualified Joint and Survivor Annuity payment form and I agree to give up that right. I understand that by signing this Agreement, I may receive less money, if any, than I would have received under the Qualified Joint and Survivor Annuity payment form and I may receive nothing after my spouse dies, depending on the payment form or beneficiary that my spouse chooses.

I agree that my spouse can receive retirement benefits in the form of _____ (insert form of benefit selected). If the Nearly Equal Installment Distribution is selected, I also agree to my spouse's choice of _____ (insert name of beneficiary **only** if someone other than you has been designated by your spouse as beneficiary) of the survivor benefits from the Plan after my spouse dies. I understand that my spouse cannot choose a different form of retirement benefit or a different beneficiary unless I agree to the change.

I understand that I do not have to sign this Agreement. I am signing this Agreement voluntarily. I also understand that if I do not sign this Agreement, my spouse and I will receive payments from the Fund in the form of a Qualified Joint and Survivor Annuity.

I do consent to waiving the thirty (30) day notice to consider whether to waive a Qualified Joint and Survivor Annuity payment form so long as distribution occurs more than seven (7) days after the Notice to Participants and Spouses Regarding Qualified Joint and Survivor Annuity Benefits was provided to me.

Date

Signature of Spouse

SWORN TO and subscribed before me this _____ day of _____,
_____.

Notary Public

OR

Date

Fund Representative (Witness)

A. NOTICE TO MARRIED PARTICIPANTS AND SURVIVING SPOUSE REGARDING QUALIFIED JOINT AND SURVIVOR ANNUITY BENEFITS

At the time of your eligibility for any distribution of your retirement benefits, you and/or your spouse are eligible to elect a Single Lump Sum Distribution, Nearly Equal Monthly, Quarterly or Annual Installment Distributions based upon the life expectancy of you or you and your spouse or you and your designated beneficiary, Qualified Joint and 75% Survivor Annuity issued on the joint life of the Participant and spouse, Qualified Joint and 100% Survivor Annuity issued on the joint life of the Participant and spouse, Single Full Case Refund Life Annuity, or a Single Non Periodic Withdrawal. IF you do not make such an election, you will receive a monthly benefit in the form of a Qualified 50% Joint and Survivor Annuity, as defined below.

(1) **Qualified Joint and Survivor Annuity ("QJSA")**: Federal law requires the IBEW Local 306 Pension Annuity Plan to pay retirement benefits in a special payment form unless you choose a different payment form and you and your spouse agree to that choice. This special payment form is called a "Qualified Joint and Survivor Annuity" or often a "QJSA" payment form. The QJSA payment form gives your spouse a retirement payment for the rest of his/her life. This is often called an "annuity". Under the QJSA payment form, after you die, each month the plan will pay your spouse at least fifty percent (50%) of the retirement benefit that was paid to you. The benefit paid to your spouse after you die is often called a "survivor annuity" or a "survivor benefit". Your spouse will receive this survivor benefit for the rest of his/her life.

(2) **Qualified Election**: As a participant, you have the ability to waive the Qualified Joint Survivor Annuity payment form. The waiver must be in writing and must be consented to by your spouse. It is important to understand that any decision to waive survivor benefits is purely voluntary on your part and/or your spouse's part. Furthermore, your spouse's consent to a waiver must be witnessed by a Plan representative or a notary public and must be limited to a benefit for a specific alternate beneficiary, or a specific form of benefits. Notwithstanding this consent requirement, if a Participant establishes to the satisfaction of a Plan representative that the written consent of his/her spouse cannot be obtained because there is no spouse, or the spouse cannot be located, a written waiver by the Participant will be deemed a Qualified Election. Any consent necessary under this provision will not be valid with respect to any other spouse. A revocation of a prior waiver may be made by a Participant without the consent of the spouse at any time before this commencement of benefits. The number of revocations is not limited. Any new waiver or change of beneficiary will require a new spousal consent. It is important to understand that if you as a Participant along with your spouse, consent to the waiver of the Qualified Joint and Survivor Annuity, your spouse will not receive any lifetime benefits from this Plan after your death. EXCEPTION TO THIS RULE WOULD BE IF YOU AND YOUR SPOUSE CHOSE A MONTHLY OR QUARTERLY INSTALLMENT DISTRIBUTION FORM AND, AT THE TIME OF THE PARTICIPANT'S DEATH, MONIES ARE REMAINING IN THE PARTICIPANT'S ACCOUNT. IN SUCH CASE, YOU, AS THE PARTICIPANT'S SPOUSE WOULD RECEIVE THE REMAINING MONIES IN THE FORM OF A LUMP SUM DISTRIBUTION UNLESS YOU AGREE TO SOMEONE ELSE AS THE PARTICIPANT'S DESIGNATED BENEFICIARY. If you do not waive the Qualified Joint and Survivor Annuity you, as a Participant will receive a benefit which will be less since it will be reduced for the actuarial equivalent of the monthly benefit paid to your spouse upon your death.

If you do not make a Qualified Election within the 90 day period ending on the date benefit payments would commence, your benefits will be paid in a Qualified Joint and Survivor Annuity benefit form.

B. NOTICE TO MARRIED PARTICIPANTS AND SPOUSE – BENEFITS AVAILABLE

At the time of your eligibility for a distribution of your retirement benefits from the IBEW Local 306 Pension Annuity Plan, you are eligible to receive a benefit in several different forms. These benefits are as follows:

(1) **Qualified Joint and Survivor Annuity (Standard Form of Benefit)**. If you do not make an election to any of the standard form benefits or any optional benefit and/or your spouse does not consent to such an election, the benefit will be paid in the form of a Qualified Joint and 50% Survivor Annuity.

For Example:

Pat Doe and Pat's spouse, Robin, receive payments from the retirement plan under the QJSA payment form. Beginning after Pat retires, Pat receives \$600.00 each month from the Plan. Pat then dies. Plan, depending upon the percentage of survivor benefit selected, will pay Robin at least \$300.00 a month for the rest of Robin's life.

For Example:

Pat Doe is 60 years of age and retired. Robin Doe is 59 years of age. Pat's account balance at the time he applies for his retirement benefit is \$120,000.00. Pat and Robin Doe elect the Qualified Joint and Survivor Annuity. Pat's monthly benefit will be \$767.86 for the remainder of his life. Upon Pat's death, Robin will receive \$383.93 for the remainder of her life which represents 50% of Pat's benefit.

(2) **Single Lump-Sum Distribution (Optional Benefit)**: If you elect a Single Lump Sum Distribution, you will receive the balance of your account in a single sum of a lump-sum amount (of \$120,000.00). If you elect a Single Lump Sum Distribution and your spouse consents to such a distribution and agrees to waive his/her rights to a Qualified Joint and Survivor Annuity you will receive your entire benefit in one lump-sum amount and your spouse will not be entitled to any benefits from the IBEW Local 306 Pension Annuity Plan.

For Example:

Pat Doe is 60 years of age and retired. Robin Doe is 59 years of age. Pat's account balance at the time he applies for his retirement benefit is \$120,000.00. Pat elects a Lump Sum distribution of that amount and Robin waives her right to the Qualified Joint and Survivor Annuity. Pat will receive from the Plan a distribution of \$120,000.00 or may roll over that amount to a qualified retirement plan. Upon Pat's death, Robin is not entitled to any benefits from the IBEW Local 306 Pension Annuity Plan.

(3) **Nearly Equal Installment Distributions (Optional Benefit)**: Participants who are eligible to retire may receive nearly equal installment distributions payable either monthly, quarterly or annually so long as that number of payments does not exceed the life expectancy of the Participant or the Participant and spouse or designated beneficiary. If you elect to receive such a distribution and your spouse consents to such distribution and agrees to waive any Qualified Joint and Survivor Annuity Benefit, you will receive such distribution, so long as you are otherwise qualified, until your account balance is exhausted. The only instance in which your spouse would receive any benefits, if he/she consents to your election to receive such distribution, would be if, at the time you die, you had not withdrawn all of the funds in your retirement account pursuant to such distributions. Any remaining funds would be paid to your spouse in the form of a Single Lump Sum Distribution after your death, unless, with your spouse's consent, you have selected another beneficiary. The monthly or quarterly installment benefit will depend upon the balance of your account at the time of distribution and the age and life expectancies of either you or you and your spouse or designated beneficiary.

For Example:

Pat Doe is 60 years of age and retired. Robin Doe is 59 years of age. Pat's account balance at the time he applies for his retirement benefit is \$120,000.00. Pat elects to receive from the Plan quarterly installment distributions for the rest of his life and Robin waives her right to the Qualified Joint and Survivor Annuity. Pat will receive from the Plan, \$1,200.00 each quarter (\$120,000.00 divided by 100 quarters, which is the number of calendar quarters remaining during Pat's life expectancy of 85 years). Each quarter Pat will be issued the same amount for the rest of his life. Upon Pat's death, only if there remains a balance in his account will Robin, if she is his beneficiary, be entitled to receive the balance of his account according to the provisions of the Plan.

(4) **Optional Qualified Joint and Survivor Annuity Benefit Forms**

(a) **Qualified Joint and 75% Survivor Annuity Amount (Optional Benefit):** This benefit is much like a Qualified Joint Survivor Annuity benefit except that your benefit will be lower than the \$600.00 amount described in the above example but your spouse will be entitled to 75% of your benefit at the time of your death or \$450.00 per month rather than the 50% in the example for the Qualified Joint and Survivor Annuity (Standard Form of Benefit) described on page 6 of this Notice.

For Example:

Pat Doe is 60 years of age and retired. Robin Doe is 59 years of age. Pat's account balance at the time he applies for his retirement benefit is \$120,000.00. Pat and Robin Doe elect the Qualified Joint and 75% Survivor Annuity. Pat's monthly benefit will be \$743.81 for the remainder of his life. Upon Pat's death, Robin will receive \$557.86 for the remainder of her life which represents 75% of Pat's benefit.

(b) **Qualified Joint and 100% Survivor Annuity Amount (Optional Benefit):** This benefit again is much like the Qualified Joint and Survivor Annuity benefit except that your benefit will be lower than the 50% and 75% annuity amount as set forth in the example on page 6 and the survivorship benefit for your spouse at the time of your death will be in the same amount as you were receiving before your death

For Example:

Pat Doe is 60 years of age and retired. Robin Doe is 59 years of age. Pat's account balance at the time he applies for his retirement benefit is \$120,000.00. Pat and Robin Doe elect the Qualified Joint and 100% Survivor Annuity. Pat's monthly benefit will be \$721.23 for the remainder of his life. Upon Pat's death, Robin will receive \$721.23 for the remainder of her life which represents 75% of Pat's benefit.

(5) **Non Periodic Single Sum Distribution (Optional Benefit):** Under this form of benefit, a single sum from your account may be withdrawn until you reach your required beginning date for a required minimum distribution. Generally, this date will be April 1st of the calendar year following the calendar year in which you become 70 ½ years of age. You will not be required to take a distribution each calendar year before you reach your required beginning date or take the same sum each year. However, on your required beginning date, you will be required to take a specific amount from your account based upon minimum distribution rules established by the Internal Revenue Service under regulations issued under Section 401(a)(9) of the Internal Revenue Code. Prior to your required beginning date, each distribution you take from your account, will require a separate application for benefits and a waiver from your spouse.

For Example:

Pat Doe is 60 years of age and retired. Robin Doe is 59 years of age. Pat's account balance at the time he applies for his retirement benefit is \$120,000.00. If Pat elects to withdraw \$10,000.00 from his account in 2002, he may withdraw that amount providing all waivers and the application is completed. He is not required to take a withdrawal or any minimum amount from his account. In 2003, if he elects not to take a withdrawal, he will not be required to take a disbursement from his account nor will the Administrator be required to issue a disbursement to him of any minimum amount. A minimum distribution in accordance with regulations issued under I.R.C. 401(a)(9) will be required commencing no later than April 1st of the calendar year next following the calendar year Pat reaches age 70 ½ and continuing thereafter. Each disbursement requires the completion of an application and waiver forms.

(6) **Single Full Cash Refund Life Annuity (Optional Benefit):** Based upon the actuarial calculation, if you, as a Participant receive a Single Life Annuity, your monthly benefit will be paid to you for the remainder of your life based upon the balance of your account at the time of distribution, the age and life expectancy of either you and/or your beneficiary.

For Example:

Pat Doe is 60 years of age and retired. Robin Doe is 59 years of age. Pat's account balance at the time he applies for his retirement benefit is \$120,000.00. Pat elects a Single Life Annuity distribution of that amount and Robin waives her right to the Qualified Joint and Survivor Annuity. From this benefit, Pat shall receive \$820.93 each month from the Plan. Upon Pat's death, Robin is not entitled to any benefits from the IBEW Local 306 Pension Annuity Plan.

The Fund may provide benefits through the purchase from an insurance company of any appropriate annuity contract or contracts. Any fees, commissions or other costs directly incurred in connection with the purchase of any annuity may be deducted from the individual account balance immediately before purchase.

Since the value of your account generally changes daily and annuity purchase rates change periodically, any amounts illustrated in this application are only estimates of the monthly payments available under the standard or optional forms of benefit.

THE INFORMATION BEING PROVIDED HEREIN IS ONLY IN A GENERAL FORM. YOU MAY REQUEST SPECIFIC QUOTES CONCERNING THE QUALIFIED JOINT AND SURVIVOR ANNUITY MONTHLY BENEFIT AMOUNTS OR ANY OF THE STANDARD OR OPTIONAL FORMS OF BENEFITS BEFORE YOU AND YOUR SPOUSE COMPLETE THE APPLICATION AND EXECUTE THE OTHER FORMS. TO MAKE SUCH A REQUEST OR TO DECLINE SUCH A REQUEST, YOU WILL NEED TO COMPLETE FORM A WHICH IS ATTACHED AND FORWARD IT TO THE FUND OFFICE; C/O COMPENSATION PROGRAMS OF OHIO, INC., POST OFFICE BOX 230, NILES, OHIO 44446.

C. QUESTIONS AND ANSWERS
(TO BE READ BY SPOUSE OF PARTICIPANT)

(1) How can your spouse change the way benefits are paid?

You and your spouse will receive benefits from the Plan in the special 50% QJSA payment form required by Federal law unless your spouse chooses a different payment form and you agree to the choice. If you agree to change the way the Plan's retirement benefits are paid, you give up your right to the special 50% QJSA payments.

(2) Do you have to give up your right to the 50% QJSA Benefit?

No. Your choice must be voluntary. It is your personal decision whether you want to give up your right to the special 50% QJSA payment form.

(3) Can your spouse make future changes if you sign this Agreement?

If you sign this agreement, you agree that benefits under the Plan will be paid in the form stated in this agreement. You also agree that the beneficiary named in this agreement will receive all or part of the survivor benefits from the Plan after your spouse has died. Your spouse cannot change the payment form (or the beneficiary) unless you agree to the change by signing a new agreement.

(4) What happens to this Agreement if you become separated or divorced?

Legal separation or divorce may end your right to survivor benefits from the Plan even if you do not sign this Agreement. However, if you become legally separated or divorced, you might be able to get a special court order (which is called a "Qualified Domestic Relations Order" or "QDRO") that would give you rights to receive retirement benefits even if you sign this agreement. If you are thinking about separating or getting a divorce, you should get legal advice on your rights to benefits from the Plan.

(5) What should you know before signing this Agreement?

This is a very important decision. You should think very carefully about whether you want to sign this agreement. Before signing, be sure that you understand what retirement benefits you may get and what benefits you will no longer be able to receive.

You and your spouse have received information on the types of retirement benefits available from the Plan. You should read this information before you execute any Consent and Waiver. For additional information, you can contact the Fund Office (the Administrative Manager) at the following address: Post Office Box 230, Niles, Ohio 44446 or at (800) 435-2388.

I understand that I do not have to execute a Consent and Waiver and if I do not, my spouse and I will receive payments from the Plan in the form of a Qualified Joint and Survivor Annuity.

D. NOTICE TO UNMARRIED PARTICIPANTS

In accordance with federal law, the standard form of benefit payable from the Pension-Annuity Plan (for unmarried participants) is a Single Life Annuity. If you choose to accept the standard form of benefit, your Individual Account balance will be used to buy an annuity from an insurance company for you. The purchase of such an annuity will result in monthly benefit payments to you for the remainder of your life. At the time of your eligibility for a distribution of your retirement benefits from the Local 306, IBEW Pension-Annuity Fund, you are eligible to receive a benefit in other optional forms. These benefits are as follows:

- (1) **Single Lump Sum Distribution:** If you elect a Lump-Sum Distribution, you will receive the balance of your account in a single sum of a lump-sum amount (of \$120,000.00). If you elect and consent to a Lump-Sum Distribution such consent shall constitute a waiver of a Single Life Annuity on your behalf.
- (2) **Nearly Equal Installment Distributions:** Participants who are eligible to retire may receive nearly equal installment distributions payable either monthly or quarterly so long as that number of payments does not exceed the life expectancy of the Participant or the Participant's Designated Beneficiary. If you elect and consent to an Installment Distribution such consent shall constitute a waiver of a Single Life Annuity on your behalf. The monthly or quarterly installment benefit will depend upon the balance of your account at the time of distribution and the age and life expectancies of either you or your beneficiary.
- (3) **Non Periodic Single Sum Distribution:** Under this form of benefit, a single sum from your account may be withdrawn, no more than once each calendar year, until you reach your required beginning date for a required minimum distribution. Generally, this date will be April 1st of the calendar year following the calendar year in which you become 70 ½ years of age. You will not be required to take a distribution each calendar year before you reach your required beginning date or take the same sum each year. However, on your required beginning date, you will be required to take a specific amount from your account based upon minimum distribution rules established by the Internal Revenue Service under regulations issued under Section 401(a)(9) of the Internal Revenue Code. Prior to your required beginning date, each distribution you take from your account, will require a separate application for benefits and a waiver from your spouse.
- (4) **Single Life Annuity.** If you do not make an election to any of the optional benefits above, the benefit will be paid in the form of a Single Life Annuity, as defined more fully below.

Single Life Annuity Amount: Based upon actuarial calculations, if you, as Participant, receive a Single Life Annuity, your monthly benefit will be paid to you for the remainder of your life based upon the balance of your account at the time of distribution and the age and life expectancies of either you or your beneficiary.

Each disbursement requires the completion of an application and necessary waiver forms.

The Fund may provide benefits through the purchase from an insurance company of any appropriate annuity contract or contracts. Any fees, commissions or other costs directly incurred in connection with the purchase of any annuity may be deducted from the individual account balance immediately before purchase.

Since the value of your account generally changes daily and annuity purchase rates change periodically, any amounts illustrated in this application are only estimates of the monthly payments available under the standard or optional forms of benefit.

You have received information on the types of retirement benefits available from the Plan. You should read this information before you execute the Participant's Statement (beginning on page 4 of the Application). For additional information, you can contact the Fund Office (the Administrative Manager) at: Post Office Box 230, Niles, Ohio 44446 or at (800) 435-2388.

I understand that I do not have to choose an optional benefit and if I do not, I will receive payments from the Plan in the form of a Single Life Annuity.

IF YOU HAVE ANY QUESTIONS REGARDING THE ABOVE OPTIONS, YOU SHOULD CONSULT LEGAL COUNSEL OR OBTAIN LEGAL ASSISTANCE.

LOCAL UNION #306 I.B.E.W. PENSION ANNUITY PLAN

33 Fitch Boulevard

Austintown, Ohio 44515

1-800-435-2388

FORM A

SECTION I - PARTICIPANT INFORMATION

Name: _____

Soc. Sec. No.: _____ Birth Date: _____ Tel. No.: _____

Address: _____

SECTION II - SPOUSE'S INFORMATION *(If you are not married, write "None" on the following line)*

Name: _____

Soc. Sec. No.: _____ Birth Date: _____

SECTION III -- FORM OF BENEFIT(S) THAT QUOTE(S) IS/ARE BEING REQUESTED

Please check the following form of benefit(s) for which you are requesting specific quotes based upon your account valued as of the date of this request based upon your age and the age of your spouse or designated beneficiary.

- Qualified Joint and Survivor Annuity.
- Qualified Joint and 75% Survivor Annuity
- Qualified Joint and 100% Survivor Annuity
- Single Life Annuity
- Nearly Equal Installment Distributions* payable:
 - monthly
 - quarterly
 - annually
 - based on my life expectancy
 - based on both my and my spouse's life expectancy
 - with without recalculation of:
 - my life
 - my spouse's life expectancy
 - based on life expectancy of me and my spouse

- based on life expectancy of me and my Designated Beneficiary

_____ (Identify name of Designated Beneficiary and date of birth, if other than spouse)

- Single Full Cash Refund Life Annuity
- We decline any specific quotes pertaining to the Standard or Optional Benefits.

Since the value of your account generally changes daily and annuity purchase rates change periodically, the amounts provided will represent estimates of the monthly payments available under the form of benefit requested.

DATE

PARTICIPANT'S SIGNATURE

DATE

SPOUSE'S SIGNATURE