

## IBEW Local 728 Annuity Trust Fund

### Application for Retirement, Disability or Death Benefits

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Dear Applicant:

Attached you will find an application for Retirement, Disability or Death benefits. Please complete all the information requested and sign your application. Incomplete or unsigned forms may be returned, which could delay your request.

Also enclosed for your completion and signature are the following forms: Application, Rollover Notice, Rollover Election Form and a Spousal Waiver Form. These forms should accompany your returned application along with a legible photocopy of one (1) of the following Proofs-of-Age: Birth Certificate, Passport, Drivers License, Baptismal Certificate, Naturalization papers, or Military records/ID. If you are married, please include a Proof-of-Age for your Spouse and a copy of your Marriage License/Certificate.

You will need to provide additional supporting documents with Disability and Death benefit applications. If you are applying for Disability Retirement, you must provide the entire Social Security Disability Award Certificate which indicates the date the Social Security Administration found you disabled. If you are submitting an application for a Death benefit(s), include a copy of the Participant's Death Certificate.

Please realize that the benefit calculation process takes approximately ninety (90) days. In order to hasten this process, it is imperative that you return the signed application package, plus the applicable copies of your supporting documents to:

IBEW Local 728 Annuity Trust Fund  
c/o National Employee Benefits Administrators, Inc.  
2010 N.W. 150<sup>th</sup> Avenue, Suite 100  
Pembroke Pines, FL 33028

Should you have any questions or concerns regarding your application, please contact the Pension Department toll free at (800) 842-5899 for assistance.

## RETIREMENT, DISABILITY OR DEATH BENEFITS

# APPLICATION CHECKLIST

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*Use this checklist to make certain that all necessary documents are signed and completed before submission to the Fund Office.*

### **Retirement (Normal, Early or Late) – All of the following should be sent together:**

Retirement Application (must indicate date of retirement & last date worked)

Rollover/20% Election

Spousal Waiver Form

One of the following Proofs-of-Age: Birth Certificate, Passport, Drivers License, Baptismal Certificate, Naturalization papers, Military records/ID (photocopy)

#### **If married, please include a photocopy of:**

One of the following Proofs-of-Age for your Spouse: Birth Certificate, Passport, Drivers License, Baptismal Certificate, Naturalization papers, or Military records/ID

Marriage License/Certificate

### **Disability Retirement – All of the following should be sent together:**

Disability Retirement Application

Disability Award from SSA

Rollover/20% Election

Spousal Waiver Form

One of the following Proofs-of-Age: Birth Certificate, Passport, Drivers License, Baptismal Certificate, Naturalization papers, Military records/ID (photocopy)

#### **If married, please include a photocopy of:**

One of the following Proofs-of-Age for your Spouse: Birth Certificate, Passport, Drivers License, Baptismal Certificate, Naturalization papers, or Military records/ID

Marriage License/Certificate

### **Death Benefit Claim – All of the following should be sent together:**

Application for Death Benefits

Death Certificate of Member

Rollover 20% Election Form

#### **Other Beneficiaries must include a photocopy of:**

One of the following: Birth Certificate, Passport, Drivers License, Baptismal Certificate, Naturalization papers, or Military records/ID

#### **Surviving Spouse must include a photocopy of:**

One of the following Proofs-of-Age: Birth Certificate, Passport, Drivers License, Baptismal Certificate, Naturalization papers, or Military records/ID

Marriage License/Certificate

# APPLICATION FOR PRE-RETIREMENT DEATH BENEFITS

RETURN TO:

**IBEW Local 728 Annuity Fund**  
**C/O National Employee Benefits Administrators**  
2010 N.W. 150th Avenue, Suite 100 • Pembroke Pines, FL 33028

Please print or type

NAME OF APPLICANT (Last, First, Middle)			NAME OF DECEASED PARTICIPANT (Last, First, Middle)		
ADDRESS (Where correspondence should be sent)			SOCIAL SECURITY NUMBER	LOCAL UNION NUMBER	DATE OF INITIATION
CITY, STATE, ZIP			DATE OF BIRTH (Month, Day, Year)	DATE OF DEATH ((Month, Day, Year) <small>ATTACH COPY OF DEATH CERTIFICATE</small>	
DATE OF BIRTH	SOCIAL SECURITY NUMBER	TELEPHONE NUMBER (   )	MARITAL STATUS AT TIME OF DEATH <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced		

RELATIONSHIP OF APPLICANT TO DECEASED PARTICIPANT

**IF SPOUSE COMPLETE THE FOLLOWING**

DATE OF BIRTH (Month, day, Year) ATTACH PROOF

DATE OF MARRIAGE (Month, Day, Year)

WAS THE PARTICIPANT EVER A SOLE PROPRIETOR OR A PARTNER IN A COMPANY IN THIS INDUSTRY <input type="checkbox"/> YES <input type="checkbox"/> NO			LIST BELOW ANY INTERRUPTIONS OF THE PARTICIPANTS EMPLOYMENT IN THE INDUSTRY DUE TO DISABILITY, MILITARY SERVICE, MATERNITY OR PATERNITY LEAVE, OR WORK FOR A SIGNATORY EMPLOYER IN NON-COVERED EMPLOYMENT.		
IF YES, PLEASE COMPLETE THE FOLLOWING					
NAME AND TYPE OF BUSINESS	FROM (MO/YR)	TO (MO/YR)	NAME AND TYPE OF BUSINESS	FROM (MO/YR)	TO (MO/YR)

I HEREBY CERTIFY THAT THE ABOVE STATEMENTS ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

TO SUPPORT THIS APPLICATION, I AM ATTACHING A CERTIFIED COPY OF THE DEATH CERTIFICATE.

**NOTE:** IF THE PARTICIPANT WAS VESTED AND MARRIED AT THE TIME OF DEATH. THEN THE SPOUSE IS ENTITLED TO A MONTHLY SURVIVOR BENEFIT. THIS MONTHLY BENEFIT, HOWEVER, MAY NOT BE PAYABLE UNTIL THE PARTICIPANT WOULD HAVE REACHED THE EARLIEST RETIREMENT AGE UNDER THE PENSION PLAN

SPOUSE / BENEFICIARY'S SIGNATURE

DATE

THE MONTHLY DISTRIBUTION YOU COULD RECEIVE FROM THE RETIREMENT PLAN IS SUBJECT TO FEDERAL INCOME TAX WITHHOLDING UNLESS YOU ELECT NOT TO HAVE WITHHOLDING APPLY.

YOU MUST ELECT ONE OF THE FOLLOWING AND RETURN THIS SIGNED FORM TO THE FUND'S ADMINISTRATIVE OFFICE.

- ☐ I DO NOT WANT TO HAVE FEDERAL INCOME TAX WITHHELD FROM MY DISTRIBUTION.  
☐ I DO WANT TO HAVE FEDERAL INCOME TAX WITHHELD FROM MY DISTRIBUTION.

**EVEN IF YOU ELECT NOT TO HAVE WITHHOLDING APPLY, YOU MAY BE LIABLE FOR PAYMENT OF FEDERAL INCOME TAX. YOU MAY ALSO HAVE TO PAY A PENALTY UNDER THE ESTIMATED TAX RULES IF YOUR WITHHOLDING AND ESTIMATED TAX PAYMENTS ARE NOT SUFFICIENT.**

APPLICANT'S SIGNATURE

DATE

# Tax Withholding Notification and Election Nonperiodic Distributions

<b>Notification</b>	Your plan administrator is required to provide you with a tax notice regarding qualified plan payments. It contains the important information you need to know before making a payment/withholding election. You should understand that the taxable portion of an eligible rollover distribution is subject to 20% mandatory Federal income tax withholding and if applicable, state income tax withholding, unless you elect a Direct Rollover of the funds to a qualified plan or an Individual Retirement Account (IRA). You have the right to make or change your election up to the date of payment, but the election may not be made after the distribution has been made.		
<b>General Information</b>  Complete the requested information  If you are receiving this distribution on behalf of an estate, enter the Taxpayer Identification Number for the estate instead of your Social Security Number.	First Name	Last Name	Middle Initial
	Address (No. & Street)		
	City	State	Zip Code
	Social Security No./Taxpayer Identification No.	Date of Birth	IBEW Local 728 Annuity Trust Fund
<b>Election</b>  <b>A. Direct Rollover of Distribution</b>  If you wish to authorize a direct rollover or an eligible rollover distribution, complete this section. Failure to complete all information could delay the transaction.	<input type="checkbox"/> I hereby authorize a Direct Rollover of \$ _____ or _____ % of the portion of this distribution which qualifies as an eligible rollover distribution. I will receive direct payment for any portion of the distribution that (1) I do not authorize for Direct Rollover, (2) is non-taxable (normally post-tax computations); and/or (3) is not eligible for Direct Rollover (complete section C). I understand that the amount directly rolled over will not be subject to any Federal/State income tax withholding, nor will it be taxable to me at this time.  As allowed under the Unemployment Compensation Amendments Act of 1992, the Direct Rollover should be made payable to:		
	Plan/Financial Institution Name  Retirement Plan Individual Retirement Account		Account No.
	Address (No. & Street)		
	City	State	Zip Code
<b>B. Individually paid distribution subject to 20% withholding</b>  If you wish to have the distribution paid directly to you, complete this section.	<input type="checkbox"/> I do not authorize a Direct Rollover of funds, even though this distribution qualifies as an eligible rollover distribution. I understand that this will result in the deduction of 20% mandatory Federal Income tax withholding and, if applicable, state income tax withholding from the taxable portion of the distribution which is payable to me.		
<b>C. Non-periodic distribution subject to 10% withholding</b> If all or a portion of the distribution that is taxable does not constitute an eligible rollover distribution, complete this section and select the desired withholding option.	<input type="checkbox"/> I do <input type="checkbox"/> I do not elect Federal (and state, if applicable) withholding from the taxable portion of the distribution that is NOT an eligible rollover distribution, because the distribution is:  • a required distribution payable after I've reached age 70 1/2, or • a death benefit payable after the employee's retirement, or • a death benefit payable before the employee's retirement, to a beneficiary who is not the spouse.		
<b>Certification</b>	Under penalty of perjury, I hereby certify that my name, resident address, social security number and date of birth, as shown above are correct. I have received the tax notice regarding qualified plan payments and chose the election(s) shown above.		

Payee's signature	Date

**IBEW Local Union No. 728 Annuity Plan  
AFFIDAVIT ABOUT THE ESTATE OF DECEDENT**

STATE OF \_\_\_\_\_)  
COUNTY OF \_\_\_\_\_)

\_\_\_\_\_, residing at \_\_\_\_\_  
*(Name of person signing this document)* *(Complete mailing address of person signing this document)*

\_\_\_\_\_, being duly sworn, deposes and says: \_\_\_\_\_  
*Name & SS# of deceased participant*  
(SS#: - - ), member of the IBEW Local Union No. 728 Annuity

Plan, died leaving no will and no executor or administrator has been nor will be appointed for the decedent's estate. The following relatives of the decedent were surviving at the time of the decedent's death:

RELATIONSHIP:	NAME	AGE	ADDRESS
Surviving Spouse:	_____	_____	_____
Children:	_____	_____	_____
	_____	_____	_____
Grandchildren:	_____	_____	_____
	_____	_____	_____
Other heirs:	_____	_____	_____
(Must indicate relationship)	_____	_____	_____

The names of all the heirs-at-law of the decedent are listed above and there are no others who could claim an interest in the estate. In consideration whereof, the undersigned does hereby covenant and agree that in the event of any claim(s) damage(s), action(s) or cause(s) of action-at-law or equity presented or prosecuted by or on behalf of any person(s) against said Pension Fund and/or its administrator as a result of payment to the undersigned of any benefits, to hold the said Fund and its Administrator free and harmless and to indemnify said Fund and its administrator for any claim(s), damage(s), action(s) and or cause(s) of action-at-law or equity that the said Fund and/or administrator may be called upon to pay or defend as well as all expenses incidental thereto.

\_\_\_\_\_  
SIGNATURE

Subscribed and sworn before me this \_\_\_\_\_th day of \_\_\_\_\_, 20\_\_\_\_\_.

My Commission Expires:

\_\_\_\_\_  
NOTARY PUBLIC, State of \_\_\_\_\_, AT Large