

IBEW Local 728 Annuity Trust Fund

Application for Retirement, Disability or Death Benefits

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. 150th 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

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 RETIREMENT OR DISABILITY BENEFITS

RETURN TO:

**IBEW Local 728 Annuity Fund
C/O National Employee Benefits Administrators**

Please print or type

2010 N.W. 150th Avenue, Suite 100 • Pembroke Pines, FL 33028

NAME (Last, First, Middle)			MARITAL STATUS (If married please complete the following questions) <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced	
ADDRESS (Where correspondence should be sent)			NAME OF SPOUSE (Last, First, Middle)	
CITY, STATE, ZIP			SPOUSE SOCIAL SECURITY NUMBER	DATE OF MARRIAGE
DATE OF BIRTH	SOCIAL SECURITY NUMBER	TELEPHONE NUMBER ()	SPOUSE DATE OF BIRTH (Attach birth certificate or other proof)	

BENEFICIARY NAME (Last, First, Middle)		CONTINGENT BENEFICIARY NAME (Last, First, Middle)	
ADDRESS OF BENEFICIARY		ADDRESS	
CITY, STATE, ZIP		CITY, STATE, ZIP	
RELATIONSHIP	SOCIAL SECURITY NUMBER	RELATIONSHIP	SOCIAL SECURITY NUMBER

TYPE OF RETIREMENT FOR WHICH YOU ARE APPLYING <input type="checkbox"/> Normal <input type="checkbox"/> Early <input type="checkbox"/> Late <input type="checkbox"/> Disability		IF DISABILITY ATTACH COPY OF SOCIAL SECURITY AWARD LETTER.		DATE FIRST EMPLOYED IN THIS JURISDICTION	
LAST DAY WORKED OR EXPECTED TO WORK (Month, Day, Year)		LAST EMPLOYER FOR WHICH YOU WORKED		I PLAN TO RETIRE ON (Month, Day, Year)	
HAVE YOU APPLIED FOR RETIREMENT BENEFITS FROM THE SOCIAL SECURITY ADMINISTRATION? <input type="checkbox"/> YES <input type="checkbox"/> NO		IF YES, CHECK TYPE OF RETIREMENT YOU APPLIED FOR <input type="checkbox"/> Normal <input type="checkbox"/> Early <input type="checkbox"/> Disability			
ARE YOU NOW OR WERE YOU EVER A SOLE PROPRIETOR OR A PARTNER OF A COMPANY IN THIS INDUSTRY? <input type="checkbox"/> YES <input type="checkbox"/> NO		LIST BELOW ANY INTERRUPTION IN YOUR EMPLOYMENT IN THE INDUSTRY DUE TO DISABILITY, MILITARY, MATERNITY OR PATERNITY LEAVE, OR WORK FOR A SIGNATORY EMPLOYER IN NON-COVERED EMPLOYMENT.			
IF YES, PLEASE COMPLETE THE FOLLOWING					
NAME & TYPE OF BUSINESS	FROM (MO/YR)	NAME & 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. I ALSO CERTIFY THAT I WILL ADHERE TO THE RETIREMENT REQUIREMENT OF THE PLAN. I UNDERSTAND A FALSE STATEMENT MAY DISQUALIFY ME FOR BENEFITS. THIS APPLICATION REVOKES ANY PRIOR APPLICATIONS AND DESIGNATIONS OF BENEFICIARIES.

PARTICIPANT'S SIGNATURE		DATE
NOTARY'S SIGNATURE		DATE
LOCAL UNION NUMBER		UNION MEMBERSHIP NUMBER

ATTACH COPY OF APPLICANTS BIRTH CERTIFICATE AND, IF MARRIED, A COPY OF THE MARRIAGE CERTIFICATE AND THE SPOUSE'S BIRTH CERTIFICATE.

IF A DISABILITY APPLICATION, ATTACH A COPY OF SOCIAL SECURITY AWARD



Tax Withholding Notification and Election Nonperiodic Distributions

Notification	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.											
General Information 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									
Election A. Direct Rollover of Distribution 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: <table><tr><td>Plan/Financial Institution Name</td><td>Retirement Plan Individual Retirement Account</td><td>Account No.</td></tr><tr><td colspan="3">Address (No. & Street)</td></tr><tr><td>City</td><td>State</td><td>Zip Code</td></tr></table>			Plan/Financial Institution Name	Retirement Plan Individual Retirement Account	Account No.	Address (No. & Street)			City	State	Zip Code
Plan/Financial Institution Name	Retirement Plan Individual Retirement Account	Account No.										
Address (No. & Street)												
City	State	Zip Code										
B. Individually paid distribution subject to 20% withholding 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.											
C. Non-periodic distribution subject to 10% withholding 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.											
Certification	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 728 Annuity Fund

Spousal Distribution Consent Form

Lump Sum Death Benefit

This form may be used for the Plan to obtain your consent to a distribution other than a joint and survivor annuity.

DECEASED PARTICIPANT INFORMATION	Social Security Number _____ First Name _____ Last Name _____
SPOUSE INFORMATION	Social Security Number _____ First Name _____ Last Name _____
AUTHORIZATION	Spousal Consent to Distribution I certify that I have read and understand the information about Qualified Joint and Survivor Annuities on the Distribution Notice. I understand that benefits will be paid to me in the form of a Qualified Joint and Survivor Annuity unless I waive that form of payment. I hereby elect to waive the Qualified Joint and Survivor Annuity type of payment and elect a Lump Sum distribution. Spouse's Signature _____ Date _____
WITNESS	Witness of Signature The signature of the spouse must be witnessed by a notary public or signature guarantee as required. Notary Public / Signature Guarantee _____ Date _____ Enclosed: Notice of Relative Value