

IBEW Local 728 Annuity Trust Fund Application for Termination Benefits

Dear Applicant:

Attached you will find an application for Termination 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, Spousal Waiver Form and an Affidavit about Employment. 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.

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
201 SE 24th Street
Ft. Lauderdale, FL 33316

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

TERMINATION BENEFITS

APPLICATION CHECKLIST

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

Termination (Under age 55 and not Totally and Permanently Disabled) – All of the following should be sent together:

Termination Application (must indicate date of termination & last date worked)

Rollover/20% Election

Spousal Waiver Form

Affidavit About Employment

Copy of last completed year of your Income Tax Return including all the W-2" used in its preparation

If currently employed, submit a letter from your employer providing a job description.

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

Application for Termination 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 (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"/> Termination (Under ag 55 and not disabled)		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	



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:		
	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

Participant Distribution Consent of Spouse Form

This form may be used to obtain your spouse's consent to a distribution other than a joint and survivor annuity.

PARTICIPANT INFORMATION	Social Security Number _____ First Name _____ Last Name _____
AUTHORIZATION	<p>Participant Consent to Distribution</p> <p>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 understand that if I am married, my spouse must also consent to the waiver. I hereby elect to waive the Qualified Joint and Survivor Annuity type of payment.</p> <p>Participant's Signature _____ Date _____</p> <p>If you are not married, certify here: <input type="checkbox"/> I certify that I am not married.</p> <p>Spousal Consent to Distribution</p> <p>I am the spouse of the participant named above. I hereby consent to my spouse's election not to have benefits under his or her Plan paid in the form of a Qualified Joint and Survivor Annuity. I understand that by consenting to my spouse's waiver, I may be forfeiting benefits I would be entitled to receive when my spouse dies. (I also understand that my consent cannot be revoked unless my spouse revokes his or her waiver.) I acknowledge that I have received written notice, which I have read and understand, of my right to require my spouse's benefits to be paid in the form of a joint and survivor annuity.</p> <p>Participant's Spouse Signature _____ Date _____</p>
WITNESS	<p>Witness of Signature</p> <p>The signature of the spouse must be witnessed by a notary public or signature guarantee as required. The signature of a witness is not required for an unmairred participant.</p> <p>Notary Public / Signature Guarantee _____ Date _____</p> <p>Enclosed: Notice of Relative Value</p>

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

DECLARATION
SEPARATION OF SERVICE

I declare that, I have separated from service with all employment in the industry on the date stated below and that I have not been engaged in any employment in the industry since that date.

NAME _____

SOCIAL SECURITY NUMBER _____

Last Day Worked in Industry _____

Local Union # _____

Signature _____

Date _____