

SECTION II - REASON FOR DISTRIBUTION

A. _____ Retirement (At least age 55)

B. _____ Total and Permanent Disability (attach documentation)

C. _____ Death (attach copy of death certificate)

D. _____ Hardship (You may not apply for a hardship withdrawal prior to the end of the fifth Plan Year following the Plan Year in which you became vested in your Credit Account. Further, you may not withdraw more than 50% of your vested interest in your Credit Account based upon contributions made on or after June 1, 1996. **The portion of your Credit Account attributable to contributions and earnings made prior to June 1, 1996 is not eligible for hardship withdrawal distributions.** If you satisfy the Plan's eligibility requirements for a hardship withdrawal, the administrative expenses incurred in the processing of the hardship withdrawal may be charged to your Credit Account.)

E. _____ Termination of Employment (To be eligible, you must not engage in any work in the electrical trade within the geographical jurisdiction of the Union for a period of 12 consecutive months.) **You must also complete the Affidavit of Termination (pages 8 & 9).**

I last worked in the Electrical Trade on _____ for _____
Date Employer

SECTION III -- ELECTION OF FORM OF BENEFIT

Under the Plan, a married participant's benefit will be paid in the form of a Joint and Survivor Annuity unless the participant waives the Joint and Survivor Annuity and the participant's spouse consents to the waiver. An unmarried participant's benefit will be paid in the form of a Single Life Annuity unless waived by the participant. **Please read the following options (A. through F. below) 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). The Joint and Survivor Annuity is a monthly benefit payable to me during my lifetime. Upon my death, my surviving spouse will receive for his/her lifetime a monthly benefit equal to 50% of my monthly benefit during our joint lifetimes. The Single Life Annuity is a monthly benefit payable over my lifetime.

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 AND SURVIVOR ANNUITY.

B. _____ A lump sum distribution equal to 100% of the value of my Credit Account, with such distribution to be paid (amount or percentage) as follows:

_____ amount or percentage payable directly to me

_____ amount or percentage to rollover to IRA (complete Individual Retirement Account Rollover Authorization)

_____ amount or percentage to rollover to another employer's qualified retirement plan (complete Qualified Retirement Plan Rollover Authorization).

C. _____ Substantially equal monthly periodic installments for a period of not less than ten (10) years.

D. _____ A lump sum distribution not greater than 30% of the value of my Credit Account, with the amount remaining in my Credit Account distributed either as:

_____ substantially equal monthly periodic installments for a period not to exceed ten(10) years; or

_____ an annuity for my life.

E. _____ An annuity for my life.

F. _____ A partial distribution of my Credit Account, payable not more frequently than once each calendar quarter, in such amount as I may request before I am legally required to begin receiving benefits.

You have the right to consider 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 below.

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 elect to receive my distribution immediately.

DATE

PARTICIPANT'S SIGNATURE

**SECTION IV -- JOINT AND SURVIVOR ANNUITY WAIVER
TO BE COMPLETED IF YOU ARE MARRIED AND YOU CHECKED OPTION B OR C ON PAGE 3**

ELECTION TO WAIVE JOINT AND SURVIVOR ANNUITY

As a Participant in the IBEW Local 32 – NECA Profit Sharing Annuity Plan, I hereby certify that I am legally married at the present time. I acknowledge receipt of the form entitled “Explanation of Right to Joint and Survivor Annuity and Single Life Annuity,” and after having read and reviewed that form, I fully understand the provisions of the Joint and Survivor Annuity with my spouse as joint annuitant. I 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 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 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 _____, 20 ____.

Notary Public

SPOUSE'S CONSENT TO WAIVER OF JOINT AND SURVIVOR ANNUITY

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; that I am under no obligation to sign this Consent and am signing this Consent voluntarily; and that if I do not 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 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 Survivor Annuity as described above, and I consent to the option selected by my spouse on this application.

Date Participant’s Spouse’s Signature

SWORN TO before me and subscribed in my presence, this ____ day of _____, 20 ____.

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 IBEW Local 32 – NECA Profit Sharing Annuity 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 have the right to recover any payment made to me because of a false statement.

Signature of Applicant _____ Date _____

Signature of Spouse _____ Date _____

IBEW LOCAL 32 – NECA Profit Sharing Annuity Plan

**33 Fitch Blvd.
Austintown, Ohio 44515**

**(330) 270-0453
800-435-2388**

AFFIDAVIT FOR HARDSHIP WITHDRAWAL

I am requesting a hardship distribution from the IBEW Local 32 –NECA Profit Sharing Annuity Plan for the following:

- _____ a) medical expenses incurred by me, my spouse or dependents, to the extent that such expenses are deductible for federal income tax purposes under Section 213(d) of the Internal Revenue Code (determined without regard to whether such expenses exceed 7.5% of your adjusted gross income) and are not subject to reimbursement through insurance or other coverage;
- _____ b) major uninsured casualty losses;
- _____ c) threatened eviction from or foreclosure on my principal residence.

You must attach documentation to support your request for a hardship withdrawal.

If you are in Group B or Group C and obtain a hardship withdrawal, you will not be permitted to have Employer Contributions at the Group B or Group C rate for a period of six (6) months following the hardship withdrawal.

I affirm under oath that this withdrawal is necessary to satisfy an immediate financial need. I further affirm that this financial need cannot be relieved through:

- i) reimbursement or compensation by insurance or other means, or
- ii) reasonable liquidation of my assets, to the extent that such liquidation would not itself cause an immediate and heavy financial need, or
- iii) other distributions or non-taxable loans from other tax-qualified retirement plans, or
- iv) borrowing from commercial sources on reasonable commercial terms.

Name of Participant (Print)

Signature of Participant

Sworn to and subscribed in my presence this ____ day of _____, 20 ____.

My commission expires _____.

Notary Public

**INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS,
LOCAL UNION NO. 32 - NECA PROFIT SHARING ANNUITY PLAN**

Participant's Affidavit of Termination of Employment

Participant's Name _____
Address _____ City: _____ State: _____ Zip: _____
DOB: _____ Sex: _____ Social Security No.: _____
Date of Termination: _____ Date of Completion of Information: _____

STATE OF _____:

: ss.

COUNTY OF _____:

The undersigned, being duly sworn according to law, deposes and says that:

1. I have worked in the jurisdiction of the International Brotherhood of Electrical Workers, Local Union No. 32 (hereinafter "Union") under the terms and conditions of a collective bargaining agreement (hereinafter "Agreement") between the Union and the Lima Division, Western Ohio Chapter, of the National Electrical Contractors Association (hereinafter "NECA").

2. I have had contributions paid on my behalf to the International Brotherhood of Electrical Workers, Local Union No. 32 – NECA Profit Sharing Annuity Plan (hereinafter "Plan") by an employer that is signatory to the Agreement (hereinafter "Employer").

3. I acknowledge that I have applied for a distribution of the full value of my Participant Account under the Plan. In support of my application for benefits, I affirm the following:

A. I have been a vested Participant under the Plan for at least twenty-four (24) months.

B. I have terminated employment with an Employer for reasons other than retirement or disability.

C. My current employment status is as follows (check blank that applies, and provide requested information if you are currently employed):

_____ I am not currently employed by an Employer.

_____ I am currently employed as a _____
(job classification/description)

for _____
(name of employer)

at _____
(address of employer)

D. I have not engaged in any work within the trade jurisdiction (including, but not limited to, related supervisory activities), as defined in the current Constitution of the

International Brotherhood of Electrical Workers and/or the applicable Agreement within the Union's geographical jurisdiction for a period of twelve (12) consecutive months prior to the date of my application for benefits.

- E. I have no right to receive any type of benefit under the Plan other than a vested termination benefit.

_____(SEAL)
Name (print): _____

Sworn to and subscribed before me this
____ day of _____, 20__

Notary Public
____ County, State of _____
My Commission Expires: _____

INDIVIDUAL RETIREMENT ACCOUNT ROLLOVER AUTHORIZATION

If you wish to have any portion of your benefit from the IBEW Local 32 – NECA Profit Sharing Annuity Plan (the "Plan") 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 Plan. The Plan will issue a check directly to the trustee of your IRA. To ensure that you receive credit for the funds being transferred from the Plan, 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 IRA _____

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 IRA 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.

QUALIFIED RETIREMENT PLAN ROLLOVER AUTHORIZATION

If you wish to have any portion of your benefit from the IBEW Local 32 – NECA Profit Sharing Annuity Plan (the "Plan") rolled over directly into a qualified retirement plan, you will need to have the trustee of that plan complete the information below. A check will be issued directly to the trustee of the qualified retirement plan you designate. 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 qualified retirement 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 of Other Qualified Retirement Plan _____

Name of Plan _____

Mailing Address of Trustee _____

Account Number, if applicable _____

Name of Trustee or plan representative to whom 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.
