

**IBEW LOCAL UNION NO.9 & LINE CLEARANCE CONTRACTORS  
401K RETIREMENT PLAN REQUEST FOR APPLICATION FORM**

**APPLICATION FOR MEMBER DEATH BENEFIT**

When completed in full, mail to the fund office with a certified copy of the Death Certificate, and a copy of your Marriage Certificate. Please also include any Divorce Decrees from the participant's previous marriages, if applicable. The Fund office will notify you if any additional information is necessary.

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TO BE COMPLETED BY THE BENEFICIARY

Name of the Deceased Participant: \_\_\_\_\_

Social Security #: \_\_\_\_\_ Local Union #: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Date of Death: \_\_\_\_/\_\_\_\_/\_\_\_\_

Last Date Worked: \_\_\_\_/\_\_\_\_/\_\_\_\_ Name of Last Employer: \_\_\_\_\_

Name of Beneficiary: \_\_\_\_\_

Social Security #: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Address: \_\_\_\_\_

Street

City

State

Zip Code

Phone #: \_\_\_\_\_

Relationship to Deceased: \_\_\_\_\_

**Signature of Beneficiary:** \_\_\_\_\_

**Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

6525 Centurion Drive, Lansing, MI 48917 Drive, Lansing, MI 48917  
(517) 321-7502 Fax (517) 321-7508  
Toll Free (877) IBEW-155

## ELECTION OF FORM OF BENEFIT

I hereby acknowledge that I understand my rights from the IBEW LOCAL NO. 9 & LINE CLEARANCE CONTRACTORS 401(k) RETIREMENT PLAN. I hereby elect to receive my monthly pension benefits under the form indicated below.

(1) Single Life Annuity (Single Participants Only)

(2) Lump Sum Option - Pay directly to Beneficiary **(ALSO COMPLETE PAGE 3)**

(3) Lump Sum Option - Rollover to an IRA or Qualified Retirement Plan **(ALSO COMPLETE PAGE 4)**

(4) Partial Lump Sum Rollover and Pay the Remainder to me directly; 20% will be withheld for Federal taxes on the amount paid to me directly. **(ALSO COMPLETE PAGE 4)**

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Date

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Signature of Beneficiary

**COMPLETE THIS FORM IF YOU WANT YOUR DISTRIBUTION  
PAID IN A LUMP SUM DIRECTLY TO YOU**

By completing this Form, I instruct the Plan Administrator how I would like my distribution from the IBEW Local No. 9 & Line Clearance Contractors 401(k) Retirement Fund to be paid. I understand that my distribution from the IBEW Local No. 9 & Line Clearance Contractors 401(k) Retirement Fund is eligible for rollover. I have read the *IMPORTANT TAX NOTICE REGARDING THE IBEW LOCAL NO. 9 & LINE CLEARANCE CONTRACTORS 401(k) RETIREMENT FUND PAYMENTS*, and I understand that my election will determine how much tax is withheld from my distribution and may affect how much tax I will pay.

I elect to have my distribution (that is eligible for rollover) paid directly to me.

I understand that I will receive only 80% of my distribution, because the law requires that the Plan Administrator withhold 20% of the payment and send it to the IRS as income tax withholding that will be credited against my taxes.

I also understand that my distribution will be taxed in the year that it is paid to me, unless I roll it over to an IRA or qualified plan within 60 days of the date I receive it. I know that I may be eligible to use special tax rules that could reduce the tax that I will owe.

I understand that if I want to postpone the time when my distribution will be taxed by rolling it over into an IRA or qualified plan, I have to find other money to replace the 20 percent that was withheld as income tax. I know that if I only roll over 80 percent of the distribution (which was all that was paid to me), I will be taxed on the 20 percent that the IRS withheld and which was not rolled over.

**DISTRIBUTION CHECK IS TO BE ISSUED AS FOLLOWS:**

Name of Participant: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Name of Beneficiary: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Please make check payable to beneficiary and mail to the following address:

\_\_\_\_\_  
Street or P O Box

\_\_\_\_\_  
City State Zip

\_\_\_\_\_  
**Signature of Beneficiary**

\_\_\_\_\_  
**Date**

**COMPLETE THIS FORM IF YOU WANT YOUR DISTRIBUTION PAID IN A  
ROLLOVER TO AN IRA OR QUALIFIED RETIREMENT PLAN:**

By completing this Form, I instruct the Plan Administrator how I would like my distribution from the IBEW Local No. 9 & Line Clearance Contractors 401(k) Retirement Fund to be paid. I understand that my distribution from the IBEW Local No. 9 & Line Clearance Contractors 401(k) Retirement Fund is eligible for rollover. I have read the *IMPORTANT TAX NOTICE REGARDING THE IBEW LOCAL NO. 9 & LINE CLEARANCE CONTRACTORS 401(k) RETIREMENT FUND PAYMENTS*, and I understand that my election will determine how much tax is withheld from my distribution and may affect how much tax I will pay.

I elect to have **100%** of my distribution paid as a Direct Rollover to the following Qualified Retirement Plan or Individual Retirement Account:

I elect to have only **PART** of my payment directly rolled over. Please rollover \$\_\_\_\_\_ to the IRA or Qualified Retirement Plan named below, and pay the remainder of my benefit to me, after withholding 20% for federal income taxes as required by law. **\*\*IF YOU WANT MORE THAN 20% WITHHELD, PLEASE WRITE AMOUNT: \$\_\_\_\_\_.**

Name of Plan or IRA: \_\_\_\_\_

**If your distribution will be paid to an IRA, fill in the Name of the Plan or IRA. If your distribution will be paid to a qualified retirement plan, fill in the Name of the Plan.**

Name of Trustee or Custodian: \_\_\_\_\_

**If your distribution will be paid to an IRA, fill in the Name of the IRA Sponsor. If your distribution will be paid to a qualified retirement plan, fill in the Name of the Plan's Trustee.**

Address of Trustee or Custodian: \_\_\_\_\_  
\_\_\_\_\_

Account Number: \_\_\_\_\_

**Please make check payable to participant for remaining balance and mail to the following address:**

\_\_\_\_\_  
Street or P O Box

\_\_\_\_\_  
City State Zip

I understand that the portion of my distribution that is paid to my IRA or to a qualified plan in a Direct Rollover should not be taxable to me in the year it is paid, and that no income taxes will be withheld from the distribution. I also understand that I will be taxed on the portions of the distribution paid in a direct rollover when the money is paid by the IRA or qualified plan.

Signature

Social Security Number

Date