



Application for Pension Benefits
Local Union No. 9 IBEW and Outside Contractors
Defined Contribution Pension Plan

www.myfundoffice.com
One Westbrook Corporate Center, Ste 430
Westchester, IL 60154-5710

Telephone 708 449 9004
Toll Free 866 661 1021

PLEASE FILL OUT THE FOLLOWING INFORMATION COMPLETELY. AN INCOMPLETE FORM WILL DELAY PROCESSING.

1. PLAN PARTICIPANT INFORMATION

Last Name		First name		Middle initial	Phone number
Street Address		City		State	Zip
Social Security Number	Date of Birth		Participant's marital status: <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced*		

*A Participant is considered married for distribution purposes if the marriage began at least one year prior to any distribution pursuant to this application. If you have become married within the last year or if you are separated but not divorced, special provisions apply to you. Please advise the Plan Administrator of the current status of your marriage in either of these cases. If the Participant was ever divorced, the Plan Administrator must be provided with a copy of the divorce agreement and decree or QDRO.

2. REASON FOR DISTRIBUTION

CHOOSE ONE:

- | | |
|-------------------------------------|---------------------------------------------------------------------------------------|
| <input type="checkbox"/> Retirement | <input type="checkbox"/> Age 70½ (mandatory minimum distribution) |
| <input type="checkbox"/> Disability | <input type="checkbox"/> Death (enclose a certified copy of death certificate) |
| <input type="checkbox"/> QDRO | <input type="checkbox"/> Less than 400 hours reported in the previous 20 month period |

3. DISTRIBUTION OPTION

CHOOSE ONE:

Note: If your account balance is less than \$5,000.00, the Plan Administrator may require you to take your distribution in the form of a single payment.

- ☐ **Lump Sum Payment**
I would like to have my eligible balance in my retirement plan paid directly to me as a taxable distribution, I am aware that mandatory Federal Tax withholding of 20% will occur and that an additional 10% excise tax may apply.

- ☐ **Rollover**
I would like to rollover the eligible balance in my retirement plan to an Individual Retirement Account or another qualified retirement plan which receives rollover contributions. I am aware that mandatory Federal Tax withholding of 20% will apply if I do not request a direct transfer of this rollover. I understand that my request for a rollover distribution is subject to the terms and provisions of my plan. I have read the *Special Tax Notice* and understand that I have the right to consider the decision of whether or not to elect a direct transfer rollover for at least 30 days after this notice was provided to me.

NOTE: If you elect a rollover, you must complete the Rollover Election Form.

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This form must be signed in the presence of a Notary Public if it is not signed at the Plan Administrator's office.

Participant's Signature _____ Date: _____

I hereby acknowledge that _____, whose identity I verified by (check one) _____personal acquaintance or
_____government-issued identification in the form of _____, ID No. _____, personally
signed this document in my presence on the date hereinafter written.

Notary Public Signature

Date

Affix Notary Seal here

Spouse's Signature _____ Date: _____

I hereby acknowledge that _____, whose identity I verified by (check one) _____personal acquaintance or
_____government-issued identification in the form of _____, ID No. _____, personally
signed this document in my presence on the date hereinafter written.

Notary Public Signature

Date

Affix Notary Seal here