## **NECA-IBEW MEMPHIS RETIREMENT PLAN**

6525 Centurion Drive • Lansing, Michigan 48917-9275 Phone: 1-877-474-BENE (2363) or 1-517-321-7502 • Fax: 1-517-321-7508

www.ibew474benefits.org



# REQUEST FOR APPLICATION



| Section 1: Reason for Application   |  |   |   |  |  |  |
|---|--|---|---|--|--|--|
| By completing this form, I am applying for:   |  |   |   |  |  |  |
| Normal Retirement Pension (payable starting at age 60)  |  |   |   |  |  |  |
| I understand that I have the right to defer distribution of my re 70-1/2 if I reached age 70-1/2 prior to January 1, 2020 or age <i>Notice of Right to Defer</i> .  |  |   |   |  |  |  |
| Termination Benefit (for Money Purchase Account bala  | nces on  | ly)   |   |  |  |  |
| Survivor Benefits (payable as a result of the death of a Participant)   |  |   |   |  |  |  |
| Disability Benefits (I understand I must also complete and submit an Application for Disability Benefits form.)   |  |   |   |  |  |  |
| I understand that only if I am requesting a Normal Retireme<br>Payment which represents the lesser of \$5,000 or at least 100<br>remain in my individual account or I may elect that the remain<br>receive. If I do not elect to receive all of my balance at once, the | % of the<br>ning base<br>balan   | e value of my individual a<br>lance be distributed in anoth<br>ce will remain invested unti | ecount. The remaining balance may ner form of payment I am eligible to I I make another election. |  |  |  |
| I elect to receive an estimate on a Partial Lump Sum Pay  | yment o  | f (enter  | amount or percentage).  |  |  |  |
| Date Benefits to be Effective (month, year)   | ts to be Effective (month, year)  Last Date Worked or Expected to Work Before Retirement |   |   |  |  |  |
| If date is provided, you will be assumed to continue to work through the month immediately preceding the effective date indicated above.  Section 2: Participant Information  |  |   |   |  |  |  |
| Name – Last, First, MI  |  |   | Social Security Number  |  |  |  |
| Address   |  |   |   |  |  |  |
|   |  |   |   |  |  |  |
| City, State, Zip  |  | Phone Number  | Birth Date  |  |  |  |
| Section 3: Union/Employer Information   |  |   |   |  |  |  |
| Current Local Union No. (if any)  |  | Phone No. of Last Contributing Employer   |   |  |  |  |
| Name of Last Contributing Employer Worked For   |  |   |   |  |  |  |
| Section 4: Marital Status Information  Please indicate your marital status:  Single  Married, number of times:  |  | Divorced, number of ti  |   |  |  |  |
|   | <u>L</u>   |   | <del></del>   |  |  |  |
| If currently married, please indicate the following:  Spouse's Name– Last, First, MI  | l Si   | pouse's Social Security No.   |   |  |  |  |
| Specie 5 Tallie Labi, 1 list, 111   | ادا  | Source of Booting Booting 110.  |   |  |  |  |

| Spouse's Date of Birth  | Date of Marriage                              |             |                 |                          |  |
|---|---|-------------|-----------------|--------------------------|--|
| Spouse's Address  |   |             |                 |                          |  |
| City, State, Zip  | Phone Number                                  |             |                 |                          |  |
| If previously married, please indicate the following:   |   |             |                 |                          |  |
| Former Spouse's Name– Last, First, MI   | Former Spouse's Social Security No.           |             |                 |                          |  |
|   |   |             |                 |                          |  |
| Former Spouse's Date of Birth   | Date of Marriage and Date of Divorce or Death |             |                 |                          |  |
| Former Spouse's Address   |   |             |                 |                          |  |
| City, State, Zip  | Phone No                                      | umber       |                 |                          |  |
| Section 5: Beneficiary Information  If you are married, your spouse will automatically be your beneficiary under the Plan. However, you may designate a non-spouse beneficiary, but your spouse must consent to this designation. If you intend to elect a designated beneficiary other than your spouse, please complete the following and have your spouse complete the Spousal Consent to Non-Spouse Beneficiary Designation section below, which must be witnessed by a Notary Public or Plan Representative:   |   |             |                 |                          |  |
| Beneficiary's Name– Last, First, MI   |   |             |                 |                          |  |
| Beneficiary's Social Security No.   | Beneficiary's Date of Birth                   |             |                 |                          |  |
| Section 6: Spousal Consent for Non-Spouse Beneficiary Designation  I,   |   |             |                 |                          |  |
| Spouse's Signature  |   | <u>_</u>    | Date            |                          |  |
| Notarization On the day of 2 th   | a obovo mov                                   | and individ | hual aama hafa  | we was columnial and the |  |
| On the day of, 2, the foregoing statement, and duly acknowledged to me that he/she executed to the statement of the statement o |   |             | iuai came beioi | re me, acknowledged the  |  |
| Plan Representative's Signature   |   | E           | <b>Date</b>     |                          |  |
| State of  |   |             |                 |                          |  |
| County of   |   |             |                 |                          |  |
| Notary Public's Signature   |   | Date        |                 | Commission Expires       |  |
| Section 7: Participant Authorization  I understand that if I have not already done so, I must provide the Fund Office with copies of the following items:  Proof of date of birth (acceptable proof includes a driver's license, birth certificate, marriage license, Social Security Administration document, passport, naturalization record, or baptismal record).  Spouse's proof of date of birth, if married.   |   |             |                 |                          |  |
|   |   |             |                 |                          |  |
| Marriage certificate or license, if married.  |   |             |                 |                          |  |

| Divorce Decrees, including any Qualified Domestic Relations  | s Orders (QDROs) and Property Settlement Agreements.   |
|--|--|
| Spouse's death certificate if spouse is deceased.  |  |
| ☐ Military discharge record (Form DD-214), if applicable.  |  |
| knowledge, true and complete. I must also submit acceptable promisrepresentation, which would cause me to receive payments for | n this <i>Request for Application</i> form is, to the best of my belief and pof as outlined above. I further understand that if I make any material or which I am not entitled, this misrepresentation constitutes fraud and was not entitled to receive based on the material misrepresentations. |
| Participant's Signature  | Date   |
| MAIL FORM TO:  | FOR QUESTIONS CONTACT:   |
| NECA-IBEW Memphis Retirement Plan<br>6525 Centurion Drive<br>Lansing, MI 48917-9275  | FUND OFFICE:<br>(877) 474-BENE (2363)<br>(517) 321-7502  |

February 2021

### NOTICE OF RIGHT TO DEFER

Federal law requires the Plan to inform you of the financial effect of a decision to defer the commencement of your benefit until a later date. The Plan's "normal" form of benefit for a single participant is a Single Life Annuity. This is a monthly benefit payable for your lifetime. The Plan's "normal" form of benefit for a married participant is a Qualified Joint and Survivor 50% Annuity. This is a monthly benefit payable for your lifetime and upon your death will continue through your spouse's lifetime.

The earliest age at which your pension can be distributed to you is generally age 60, unless you meet the requirements for a termination (Money Purchase Account balance only) or disability benefit.

However, you can defer distribution of your benefit until April 1 following the calendar year in which you attain age 70-1/2 if you reached age 70-1/2 before January 1, 2020 or 72 if you reach age 70-1/2 on or after January 1, 2020. These rules are contained in your Summary Plan Description. In general, the latest that you can start your pension payments is April 1 following the calendar year in which you attain age 70-1/2 if you reached age 70-1/2 or 72 if you reach age 70-1/2 on or after January 1, 2020.

#### **Factors That Can Significantly Affect Deferred Benefits**

When you start receiving your benefit is a financial decision that is affected by many factors. Along with your tax and/or financial advisors, you should consider:

#### Taxes:

You will be subject to federal income taxes on the amounts that you actually receive from the Plan. If you defer the commencement of your payments, you will also defer the taxation of your pension. If you do NOT defer receipt of your benefits, then you will lose any benefits that you might receive from postponed taxes.

The benefits of deferring the start of your distribution may be increased if you are subject to a lower tax rate in the future when you elect to begin receiving your distribution. On the other hand, it is possible that federal taxation may undercut the financial effect of deferring the start of your distribution if you are subject to a higher tax rate in the future when you elect to begin receiving your pension.

#### Investments:

If you delay distribution of your account, your account will continue to participate in the investment experience of the Annuity Fund and any costs and expenses associated with the administration of the Fund. If that investment experience is positive, your account balance may increase, but if the investment experience is negative, your account will decrease.

#### How Long You Live:

Whether you would actually realize a benefit from deferring the distribution of your benefit will depend on how long you live. If you initially defer the start of your benefit and later begin receiving an annuity from the Plan, but die soon after it starts, the amount that you and your surviving spouse or beneficiary receive will be significantly affected. If you die before you have commenced annuity payments or before your Individual Account is exhausted, your surviving spouse or beneficiary will be entitled to receive a benefit from the Plan.