

**NECA-IBEW MEMPIS RETIREMENT PLAN  
APPLICATION FOR IN-SERVICE DISTRIBUTION**

In-Service Distributions are available if you have reached at least age 60 (the Retirement Plan's Normal Retirement Age) and continue to perform covered service and are not otherwise eligible for a normal retirement benefit.

You may request one In-Service Distribution per calendar year for a maximum distribution of \$25,000.

## SECTION 1: PERSONAL INFORMATION

Name (First, Middle, Last)

### Social Security Number

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**Street Address**

City

### State

Zip

Date of Birth

Phone Number (include area code)

Email Address

## SECTION 2: MARITAL HISTORY

- Single
- Married, number of times \_\_\_\_\_
- Divorced, number of times \_\_\_\_\_ or Widowed \_\_\_\_\_

Spouse's First, Middle, Last Name

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**Spouse's Social Security Number**

**Spouse's Date of Birth**

## **SECTION 3: IN-SERVICE DISTRIBUTION ELECTION**

**A spousal consent form must be signed and notarized and Section 7 must be completed.**

\$ (maximum \$25,000).

#### **SECTION 4: INCOME TAX WITHHOLDING NOTICE AND ELECTION**

A distribution (except for any after-tax contributions) is subject to income tax in the year the check is dated and may be subject to Federal and state penalties. The special tax notice regarding plan payments you have received with your participant statement contains detailed information on federal taxes and penalties. Still, it is a good idea to consult a tax advisor before completing this form. If you would like additional taxes withheld please complete the enclosed W-4R.

- Withhold 20% for federal taxes
- See attached W-4P for federal taxes

**State taxes**

- Withhold the minimum required by the state
- Withhold \_\_\_\_\_ %
- Do not withhold.

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**SECTION 5: DELIVERY**

- Regular Mail
- ACH

Bank Name: \_\_\_\_\_

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

Routing Number: \_\_\_\_\_

- Express Delivery, sent via overnight delivery at my expense. I understand a fee will be deducted from my account

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**SECTION 6: DECLARING MARTIAL STATUS**

I hereby certify that I am not now nor have I ever been legally married

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Participant's Signature

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Date

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**SECTION 7: CONSENT BY SPOUSE If you are married, spouse must sign below and it must be witnessed.**

I am the spouse of the participant named in Section 2 above. I have read this Application For Benefits Form. **I UNDERSTAND THAT BY GIVING MY CONSENT TO THIS DISTRIBUTION ANY SUBSEQUENT DISTRIBUTION THAT WOULD OTHERWISE BE PAYABLE FROM THE PLAN TO ME MAY BE LOST OR REDUCED.** I understand that I do not have to sign this Form. I am signing this Form voluntarily. With this knowledge, I consent to the Plan's payment of this distribution to my spouse.

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Spouse's Signature

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Date

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_

Notary Public: \_\_\_\_\_

State: \_\_\_\_\_ County: \_\_\_\_\_ Date: \_\_\_\_\_

Or

Plan Representative's Signature \_\_\_\_\_ Date \_\_\_\_\_

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## SECTION 8: IMPORTANT INFORMATION

**You should consult with a financial advisor or tax advisor regarding your distribution options from the Money Purchase Plan.**

**You must provide the Fund Office with the following items:**

- Proof of Your Date of Birth
- Copy of Your Drivers' License
- Spouse's Proof of Birth
- Copy of Spouse's Drivers' License
- Marriage Certificate
- All Divorce Decrees including and QDROs (Qualified Domestic Relations Order(s)
- Death Certificate

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## SECTION 9: CERTIFICATION

I hereby certify that all of the information specified above is, to the best of my knowledge, true and complete. Before final action is taken on this application, I understand that it will be necessary for me to provide the Trustees with acceptable proof of my age and, if I am married, proof of my spouse's age as well as a photocopy of my Marriage License or Certificate. I also understand that, if I have been divorced, I must submit a complete and readable photocopy of all previous Judgment(s) of Divorce or Divorce Decree(s), and if I have been widowed, I must submit a photocopy of my late spouse's or ex-spouse's Certificate of Death. I further understand that any material misrepresentation of fact, such as my marital status, constitutes fraud and may result in an adjustment or loss of my benefits.

I also certify that I have received and have read the Special Tax Notice Regarding Plan Payments. I understand that I have the right to review these materials for at least thirty (30) days before deciding whether I want to directly rollover my benefits or have them paid directly to me. I further understand that, by executing and returning this distribution form in less than thirty (30) days, I have waived my rights to the thirty (30) day waiting period.

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Participant's Signature

Date

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_

Notary Public: \_\_\_\_\_

State: \_\_\_\_\_ County: \_\_\_\_\_ Date: \_\_\_\_\_

If you have any questions about your application, please call the Pension Department in the Fund Office at:  
**(517) 321-7502 or (877) 474-BENE Toll Free**

Return the completed form to:  
**NECA-IBEW Memphis Retirement Plan**  
**6525 Centurion Drive,**  
**Lansing, MI 48917**