

IBEW Local 76 Retirement Trust

PO Box 5433, Spokane, WA 99205
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APPLICATION FOR DISTRIBUTION

Participant Name	Union Local #	Date of Birth
Social Security Number	Phone Number	
Address		
City	State	Zip
Married? <input type="checkbox"/> No <input type="checkbox"/> Yes (if yes, please complete the Spousal Consent Form on reverse side)		
Most Recent Employer	Job Description	Last Date Worked
Employer's Address		
City	State	Zip
Employer's Telephone	If Currently Employed, Please State Reason	

TYPE OF DISTRIBUTION

- ☐ Retirement
- ☐ I am age 62 or over & have not received any contributions in previous 3 months
 - ☐ I am receiving a pension from IBEW Pacific Coast Pension and have had less than 39 ½ hours reported each month in the last 3 months
(Provide a copy of your last check stub and Pacific Coast Pension Award Letter)
- ☐ Permanent Disability (Provide proof of Social Security Disability)
- ☐ Termination
- ☐ The amount in my account is less than \$500.00 and there have been no contributions made in the prior 12 consecutive calendar months
 - ☐ I have not sought work (union or non-union) for at least 12 consecutive calendar months nor have received any contributions
- ☐ Death (Enclose a copy of the Death Certificate)
- ☐ Qualified Domestic Relations Order (QDRO) - If this is checked, please attach your QDRO and skip "Payment Options" section

PAYMENT OPTIONS – Does NOT apply for QDRO's

- | | |
|---|--|
| <input type="checkbox"/> Lump Sum | <input type="checkbox"/> Annual (January 1) |
| <input type="checkbox"/> Semi-Annual (January 1 & July 1) | <input type="checkbox"/> Quarterly (\$_____ per quarter) (Jan. 1, April 1, July 1, Oct. 1) |
| <input type="checkbox"/> Monthly (\$_____ per month) | <input type="checkbox"/> Direct Rollover (send rollover instructions from receiving institution) |
| <input type="checkbox"/> Partial Distribution (\$_____) | <input type="checkbox"/> Voluntary After-Tax Distribution (\$200 minimum, 2 per calendar year) |

PARTICIPANT (or ALTERNATE PAYEE) SIGNATURE

I hereby apply for my retirement benefits from the IBEW Local 76 Retirement Fund. I certify under penalty of perjury that all information included on this form is accurate and I have completely withdrawn from any employment or self-employment (union or non-union) in the electrical industry.

I certify if I am a Participant, and this Application is not being made in regard to a Qualified Domestic Relations Order, that there is no pending domestic relations order or court approved domestic relations order which has, or will, assign all or a part of my vested account to my spouse, former spouse, child or other dependent. I understand that once payments have commenced, my payment election made on this form is irrevocable. I also understand that if payment is to be made, payment will be mailed to the address provided on this form. I further understand that this address will be used for all tax reporting purposes.

Participant (or Alternate Payee) Signature

Date

Spousal Consent Form

I recognize and understand that I am entitled to receive a qualified joint and survivor annuity. However, I elect, and consent to receive a lump sum distribution or monthly installment payments of my interest (as indicated above) from the Plan instead. If married, both signatures must be notarized.

Participant's Signature _____

Spouse's Signature _____

State of _____

County of _____

Subscribed and Sworn before me this _____ Day of _____ 20 _____

NOTARY PUBLIC IN AND FOR THE STATE OF _____

_____ residing at

Commission Expires _____

*** FOR ADMINISTRATIVE USE ONLY ***

_____ L01605-0599 (*miscellaneous transaction*)

_____ L01605-0508 (*distribution*)

_____ L01605-0514 (*partial retiree withdrawal*)

_____ L01605-0517 (*disability distribution*)

_____ L01605-0511 (*death benefit*)

_____ L01605-0503 (*after-tax withdrawal*)

_____ L01605-0510 (*QDRO*)

_____ L01605-0513 (*age 70 ½ withdrawal*)

_____ Approved by Administrative Agent

_____ Date