



**INTERNATIONAL BROTHERHOOD OF ELECTRICALWORKERS
LOCAL NO. 150 SUPPLEMENTAL PENSION FUND**



Age 70½ Distribution Form

Please complete the following information (type or print).

PARTICIPANT'S NAME		SOCIAL SECURITY NO.	
STREET ADDRESS	CITY	STATE	ZIP CODE
TELEPHONE NO.		DATE OF BIRTH OF PARTICIPANT	

I understand that under federal law terminated participants who have attained age 70½ are required to begin receiving a minimum distribution from this Plan ("age 70½ distribution"). I have read the "Special Tax Notice Regarding Plan Payments," and I hereby make the following request for distribution:

I. MINIMUM DISTRIBUTION ELECTION (Complete this Section only if you are still employed and you elect to receive only the required minimum distribution. If you make this election, do not complete Sections II or III.)

I elect to have the minimum amount required by federal law distributed to me. I understand that such minimum will be paid to me each year I remain employed. I further understand that I will be subject to the optional federal income tax withholding rules, and I must complete a **Tax Withholding Election Form/Form W-4P**. I also understand that I must request another **Age 70½ Distribution Form** following my separation of service and I will be required to make a new payment election.

II. PAYMENT ELECTION

Elect One - If you choose option B below, you must also complete Section III.

A. CASH PAYMENT OF REQUIRED MINIMUM AND ROLL OVER OF REMAINDER TO NEW YORK LIFE ROLLOVER IRA - I elect to have my account balance distributed as follows: the minimum amount required by federal law paid to me, with the balance rolled over to the New York Life Rollover IRA. I understand that all amounts rolled over to the New York Life Rollover IRA will be invested in accordance with the terms set forth on the IRA Application.

NOTE: You must also complete and sign the **New York Life Rollover IRA Application** and return it along with this **Age 70½ Distribution Form** to the return address indicated below. If you do not have an IRA Application, please call *Benefits Complete*® (1-800-294-3575)

B. CASH PAYMENT OF REQUIRED MINIMUM AND ROLL OVER OF REMAINDER TO ANOTHER INDIVIDUAL RETIREMENT ACCOUNT ("IRA") - I elect to have my account balance distributed as follows: the minimum amount required by federal law paid to me, with the balance rolled over to another IRA. I understand that I must contact a financial institution to establish the IRA and complete the required paperwork. I also understand that a check for the rollover amount will be mailed to me and it will be my responsibility to deliver it to the financial institution.

C. SINGLE SUM PAYMENT - I elect to have my account balance paid to me in a single sum, with any additional contributions being paid in subsequent years.

III. PAYEE INFORMATION FOR IRA (Complete this Section ONLY if you checked option II.B. above.)

The check in the amount determined pursuant to my election made above should be payable to the following IRA:

(You must specify the EXACT NAME of the payee to whom the check should be made payable. For example, "ABC Bank as Custodian of the IRA of John Q. Smith", or "XYZ Investments as Custodian of the IRA of John Q. Smith.")

IRA Custodian (Financial Institution)

IV. SIGNATURE SECTION

I understand that failure to return this form by January 31 of the year following the year in which I attain age 70½ will be treated as an affirmative election to receive an age 70½ distribution in accordance with the provisions of the Plan. I certify that there is no pending domestic relations order or court approved domestic relations order which assigns all or a part of my account balance to my spouse, former spouse, child or other dependent. I understand that payment will be mailed to the address provided on this form and that this address will be used for all tax reporting purposes.

Signature of Participant: _____

Date: _____

V. FUND OFFICE AUTHORIZATION

Signature of Fund Office Representative _____ **Date:** _____

Please Return Completed Form To: Fund Office, 31290 N. U. S. Highway 45, Libertyville, IL 60048

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