



**INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS
LOCAL NO. 150 SUPPLEMENTAL PENSION FUND**



QDRO Distribution Election Form

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

ALTERNATE PAYEE NAME		DAYTIME PHONE NUMBER		
STREET ADDRESS		CITY	STATE	ZIP CODE

I have read the "Special Tax Notice Regarding Plan Payments,"
and I hereby make the following request for distribution:

I. QDRO DISTRIBUTION

Please indicate the alternate payee's Social Security Number: _____ - _____ - _____

Please indicate the alternate payee's Date of Birth: _____ / _____ / _____

II. FORM OF PAYMENT

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

- A. ROLL OVER TO ANOTHER INDIVIDUAL RETIREMENT ACCOUNT ("IRA") OR RETIREMENT PLAN** - I elect to have _____% (fill in 100% if you choose to transfer your ENTIRE account; otherwise fill in appropriate percentage; if you fail to specify a percentage to be rolled over, you will automatically have 100% rolled over) of my account rolled over to another IRA or my employer's retirement plan and have the balance (if any) paid directly to me. I understand that if I choose another IRA, I must contact a financial institution to establish the IRA and complete the required paperwork. I also understand that a check in the designated amount will be mailed to me and it will be my responsibility to deliver it to the financial institution or retirement plan.
- B. SINGLE SUM PAYMENT** - I elect to have my account paid to me in a single sum.

III. PAYEE INFORMATION FOR IRA OR RETIREMENT PLAN (Complete this Section ONLY if you checked option II.A. 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)

- The check in the amount determined pursuant to my election made above should be payable to the following RETIREMENT PLAN:**
(You must specify the EXACT NAME of the plan to whom the check should be made payable. For example, "Trustee of the ABC Company Employees 401(k) Savings Plan, fbo employee name", or "Trustee of the Retirement Plan of XYZ Company, fbo employee name.")

Retirement Plan

IV. SIGNATURE SECTION

I understand that if payment is to be made, payment will be mailed to the address provided on this form. I also understand 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