



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



Distribution Election Form

| | | | |
|---------------------------|-------------|----------------------------|----------------------|
| PARTICIPANT'S NAME | | SOCIAL SECURITY NO. | TELEPHONE NO. |
| | | | |
| 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. REASONS FOR DISTRIBUTION (check one)

- A. Termination of employment and no hours of service for 12 months. Date: _____**
- B. Complete Termination of Employment. Date: _____**
- C. Termination of employment due to Disability. Date: _____**

II. PAYMENT ELECTION

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

- A. PERIODIC INSTALLMENTS** - I elect to have my account distributed to me in substantially equal monthly, quarterly, semi-annual, or annual installments. Please note that if that date selected falls on a weekend, your distribution will be processed on the next business day. If you select the 29th, 30th, or 31st day of the month, your distribution will be processed on the last business day of the month during shorter months. (Please complete the following):

Frequency _____ (select monthly, quarterly, semi-annual, or annual)
Day of Month: _____
Begin Date _____ (example: October 1)
Dollar Amount: _____

May choose either paper check or Direct Deposit. If you wish Direct Deposit you must setup your bank information either by the web (MYLIFE) or by calling 800-294-3575 and a John Hancock representative will assist in setting up.

- B. PARTIAL PAYMENT**

- A.** I elect to take a partial distribution in the amount of (select one): \$ _____ or _____% of my account balance and to have such amount paid directly to me.
- B.** I elect to take a partial distribution in the amount of (select one): \$ _____ or _____% of my account balance and to have such amount payable to an Individual Retirement Account ("IRA") or to another retirement plan.
- C.** I elect to take a partial distribution in the amount of (select one): \$ _____ or _____% of my account balance. I further elect to have \$ _____ or _____% of the partial distribution rolled over to an IRA or another retirement plan, with the balance paid to me.

Please note that the minimum distribution amount is the lesser of: (i) 25% of your account balance or (ii) \$10,000; and the maximum amount is 50% of your account balance.

- C. SINGLE SUM PAYMENT OF ENTIRE ACCOUNT**- I elect to have my entire account paid to me in a single sum.

- D. ROLLOVER TO JOHN HANCOCK ROLLOVER IRA** - 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 the portion of my account distributed and payable to the John Hancock Rollover IRA and have the balance (if any) paid directly to me. I understand that all amounts rolled over to the John Hancock Rollover IRA will be invested in accordance with the terms set forth on the IRA Application.

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

- E. ROLLOVER 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 new 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.

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

III. MARITAL STATUS

If you are currently married, your spouse must consent to the Withdrawal by signing the Spousal Consent section below which must be notarized or witnessed by a Plan representative.

If you are divorced you must provide a copy of the divorce decree or Qualified Domestic Relations Order if entered. Plan assets that are specified under a current or pending Qualified Domestic Relations Order (QDRO) are not available for a hardship withdrawal from the Plan.

I am currently: Single Married Widowed Divorced

For QDRO administration, please indicate the times you have been married ____ and divorced ____

IV. SPOUSAL CONSENT

I hereby certify that I am the spouse of the above-named participant and that I consent to the distribution from the Plan as indicated above. I also understand that by consenting to this distribution I waive all rights to any other payment I would have been entitled to upon the Participant's death, with respect to the amount subject to the withdrawal described above. I further understand that this election is irrevocable.

 Spouse's Signature Date

V. APPROVAL OF SPOUSAL CONSENT BY EITHER NOTARY OR PLAN REPRESENTATIVE

On this _____ day of _____, _____, the individual whose signature appears above signed this consent in my presence and established to my satisfaction that he or she is the person whose name is that of the participant's spouse set forth above.

 Signature of Notary Public Date (Notary Seal)

 Name of Notary Public My Commission Expires

-OR-

 Witnessed by Plan Representative Date

VI. PARTICIPANT SIGNATURE

If I am married, my spouse has completed the above Spousal Consent section of this form. I hereby apply for benefits from the Fund. The above statements, and attached documents, are true to the best of my knowledge and belief. I understand that any false statement constitutes fraud and that such an action may disqualify me for benefits. I further understand that the Trustees have a fiduciary obligation to recover any fraudulently obtained benefits and that the Fund shall have the right to recover any payments made to me because of any false statements. I further understand that if a benefit is granted to me, I agree to be bound by all Rules and Regulations of the Plan and will personally endorse all checks received by me.

 Participant's Signature Date

VII. APPROVAL OF PARTICIPANT'S SIGNATURE BY EITHER NOTARY OR PLAN REPRESENTATIVE

On this _____ day of _____, _____, the individual whose signature appears above signed this consent in my presence and established to my satisfaction that he or she is the person whose name is that of the participant set forth above.

 Signature of Notary Public Date (Notary Seal)

 Name of Notary Public My Commission Expires

-OR-

 Witnessed by Plan Representative Date

VIII. DOCUMENTS REQUIRED

Submit application and attachments to the address shown below. Please Include:

1. Marriage Certificate or License, if applicable
2. Divorce decree(s) or Qualified Domestic Relations Order (QDRO)
3. If widowed (send copy of death certificate)
4. Copy of your driver's license or state-issued identification card
5. Copy of your spouse's driver's license or state-issued identification card

IX. FUND OFFICE AUTHORIZATION

Signature of Fund Office Representative _____ Date: _____

**Please Return Completed Form To:
IBEW Local No. 150 Supplemental Pension Fund
230 Lexington Green Circle Ste 400
Lexington KY 40503
Toll-free (888) 999-7741**