

**SOUTHERN CALIFORNIA IBEW-NECA DEFINED
CONTRIBUTION TRUST FUND**

100 Corson Street, Suite 200, Pasadena, CA 91103
(323) 221-5861 or (800) 824-6935

Fax (323) 726-3520

Mailing Address:

P.O. Box 6652

Pasadena, CA 91109

Date Mailed From
Trust Fund Office:

****Please TYPE or
PRINT IN INK****

**PARTICIPANT APPLICATION
DEFINED CONTRIBUTION (ANNUITY) DISTRIBUTION**

A TYPE OF DISTRIBUTION: (Check box #1, 2 or 3)

1. **Pre-Retirement: Complete items: B, D and E**
2. **Disability: Complete items: B and E. (Please provide Social Security Disability Award letter or other proof of disability.)**
3. **Retirement: Complete items: B, C and E**

B. APPLICANT'S BASIC DATA:

Last Name _____ First Name _____ MI _____ SSN _____

Address _____
(No. & Street) (City) (State) (Zip)

Phone No. (_____) _____ Date of Birth _____

- Single (Never married) Married - Date of marriage _____ Spouse's Date of Birth _____
- Legally separated* - Date of separation _____ Remarried - Date of remarriage _____
- Widowed* Divorced*

* **If legally separated or divorced, please enclose a complete copy of your Court-Entered Judgment or Marital Settlement Agreement (Dissolution Documents must be reviewed by Plan Counsel prior to distribution). If widowed, please enclose a copy of your spouse's death certificate.**

C. LAST EMPLOYER:

Are you currently employed? ____ Yes ____ No Employer's Phone No. _____

If currently employed: Name of Last Employer _____

Employer's Address _____
(No. & Street) (City) (State) (Zip)

D. EMPLOYMENT HISTORY:

If you are not receiving an Early or Normal Retirement benefit from an IBEW sponsored pension plan on the requested date of distribution, then you will be eligible for a distribution **either** twelve consecutive months after your last Covered Hour **or twelve** consecutive months after your last hour of Non-Covered Electrical Employment, whichever occurred later. Non-Covered Electrical Employment means work for an employer who does not contribute to this Plan, in the same geographical area that is covered by the Plan, in the same trade or craft in which you worked at any time in Covered Employment. In order to determine your eligibility for a distribution, the **Employment History** on the reverse side must be completed.

****CONTINUED ON REVERSE SIDE****

D. EMPLOYMENT HISTORY CONTINUED:

IMPORTANT: Please carefully read the following before completing this Section.

1. List **ANY** and **ALL** employers you worked for in the last 15 months, including employers who are **not** in the the Electrical Construction Contracting Industry. Begin with your most recent employer, (Example: ABC Financial Services).
2. I understand if I return to work in Covered Employment or Non-Covered Employment or take any other jobs subsequent to my submission of this Application and prior to the distribution of my benefits I must immediately advise the Fund Offices of such employment prior to the requested date of my distribution.
3. My signature in this Section will certify that I have not engaged in Non-Covered Electrical Employment in the 12 months prior to the requested date of my distribution by working for the employers listed below.

Signature Date

<u>Name of Employer</u>	<u>Hire Date</u>	<u>Termination Date</u>	<u>Address</u>
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

(Attach additional sheet of paper if necessary)

E. SIGNATURE AND NOTARIZATION:

I acknowledge that pursuant to Title 18, U.S.C. Section 1027, it is a crime punishable by fine and imprisonment up to 5 years, or both, for any person to knowingly make any false statements or representations of fact or conceal any fact to be relied upon by an ERISA Trust Fund in making a benefit determination. I understand that any false information may disqualify me from receiving benefits and that the Board of Trustees shall have a right to recover any payments made to me because of fraudulent information. I hereby certify, under penalty of perjury, that the information I have provided in this Application is true and correct.

Participant's Name _____ Participant's SSN _____

Participant's **Notarized** Signature **X** _____ Date of Signature _____

State of _____ County of _____ on _____ before me, _____
Date Name and title of officer (e.g., "Jane Doe, Notary Public")

Personally appeared _____, who proved to me on the basis of satisfactory evidence to be the person whose name
Name of Participant is subscribed to the within instrument and acknowledged to me that he/she executed the same in his/her authorized capacity and that by his/her signature on the instrument the person or the entity upon behalf of which the person acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of _____
That the foregoing paragraph is true and correct.

Witness my hand and official seal: _____
Signature of Notary Public

For Office Use Only

Approved _____ Denied _____ Reviewed by: _____ Date: _____ Date Approved Application Released to JHRPS: _____