



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



**In-Service Withdrawal Form**

Please complete the following information (type or print).

<b>PARTICIPANT'S NAME</b>		<b>SOCIAL SECURITY NO.</b>	<b>TELEPHONE NO.</b>	
<b>STREET ADDRESS</b>	<b>CITY</b>		<b>STATE</b>	<b>ZIP CODE</b>

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

**I. WITHDRAWAL AND PAYMENT ELECTION**

**Elect One - If you choose option B or C below, you must complete Section II.**

- A. I elect to make a withdrawal from my account in the amount of (select one): \$ \_\_\_\_\_ or the maximum amount available and to have such amount paid directly to me.
- B. I elect to make a withdrawal from my account in the amount of (select one): \$ \_\_\_\_\_ or the maximum amount available and to have the amount withdrawn payable to an Individual Retirement Account ("IRA").
- C. I elect to make a withdrawal from my account in the amount of (select one): \$ \_\_\_\_\_ or the maximum amount available. I further elect to have \$ \_\_\_\_\_ of the amount withdrawn payable to an IRA, with the balance paid to me.

**Please note that the minimum distribution amount is \$1,000 and the maximum amount is the lesser of 50% of your account balance or your total account balance less contributions credited to your account within the last two years.**

**II. PAYEE INFORMATION FOR IRA (Complete this Section ONLY if you checked option B or C under Section I above.)**

**The check for 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)**

**III. MARITAL STATUS**

If you are currently married, your spouse must consent to the In-Service 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 \_\_\_\_\_

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**IV. SPOUSAL CONSENT**

I hereby certify that I am the spouse of the above-named participant and that I consent to this in-service withdrawal request 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

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**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

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**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

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**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

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**VIII. DOCUMENTS REQUIRED**

Submit application and the appropriate 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

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**IV. FUND OFFICE AUTHORIZATION**

Signature of Fund Office Representative \_\_\_\_\_ Date: \_\_\_\_\_

**Please Return Completed Form To:  
IBEW Local No. 150 Supplemental Pension Fund  
6525 Centurion Drive  
Lansing, MI 48917  
Toll-free (877) 478-4542**