

I.B.E.W. LOCAL 332 PENSION TRUST FUND

ADMINISTRATIVE OFFICES

P.O. BOX 5057, SAN JOSE, CA 95150-5057

Phone: (408) 288-4559 / Fax: (408) 288-4439

DISTRIBUTION/ROLLOVER ELECTION FORM

(Complete Section A, Elect and Complete Sections B and/or C as appropriate.)

A. PARTICIPANT INFORMATION

Participant's Name _____

Participant's Social Security Number _____

B. DIRECT ROLLOVER

I direct that (elect one) my full eligible rollover distribution or \$ _____ (\$500 or more) of my eligible rollover distribution be distributed from the plan for a direct rollover.

ex. IRA trustees/custodian (Note: If you are under age 59 1/2 and rolling your Part B into an IRA, you must leave the funds in the IRA until you are at least 59 1/2 or you will be subject to a penalty of 10% in additional taxes. (Please consult a Tax Advisor for more information).

ex. Qualified Retirement Plan (Note: Plans are not required to accept rollovers. Check with the plan's sponsor before making this election).

Legal name, address, city, state, zip code & account number of plan: _____

C. CASH DISTRIBUTION

Monthly Distribution: I request a monthly distribution of \$ _____, effective _____.
Gross/Net (circle one)

Partial Lump Sum/Lump Sum: I request that my full distribution or \$ _____ of my distribution to paid to me directly. Gross/Net (circle one)

I understand that any portion of the amount distributed to me that qualifies as an eligible rollover distribution will be subject to 20% federal withholding.

To receive your distribution by the first of the following month, your request must be received no later than the fifteenth of the current month.

Participant Signature
(See reverse side for spousal consent form)

Date

SPOUSAL CONSENT FORM

I, _____, swear that I am the legal spouse of the Employee described above.
(Name)

I hereby consent to the Employee's election to receive our pension benefit in a form of a Direct Rollover or a Cash Distribution.

Spouse's Signature

Spouse's Social Security Number



(CALIFORNIA ALL-PURPOSE ACKNOWLEDGEMENT CIVIL CODE 1189 MUST BE
ATTACHED TO THIS FORM)

CALIFORNIA NOTARY ACKNOWLEDGEMENT

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California
County of _____

On _____ before me, _____ (insert name and title of the officer), personally appeared _____, who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

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

WITNESS my hand and official seal.

Signature _____ (Seal)