

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

ADMINISTRATIVE OFFICES

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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

Date