

# SOUTHERN CALIFORNIA IBEW-NECA PENSION TRUST FUND

6023 Garfield Avenue, City of Commerce, CA 90040

(323) 221-5861 or (800) 824-6935

Fax (323) 726-3520

Date Mailed From  
Trust Fund Office:

Mailing Address:

P.O. Box 910918

Los Angeles, CA 90091

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

## PARTICIPANT APPLICATION DEFINED CONTRIBUTION (ANNUITY) DISTRIBUTION

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

- Pre-Retirement: Complete items: B, D and E**
- Disability: Complete items: B and E.** *(Please provide Social Security Disability Award letter or other proof of disability.)*
- 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 \_\_\_\_\_ Local Union \_\_\_\_\_ District \_\_\_\_\_

Current Marital Status (Check one)  Married - Date of marriage \_\_\_\_\_ Spouse's Date of Birth \_\_\_\_\_

Single (Never married)  Divorced\*  Widowed\*\*

Prior Marital Status (Check all that apply)  Divorced\*  Widowed\*\*

Legally separated\* - Date of separation \_\_\_\_\_  Remarried - Date of remarriage \_\_\_\_\_

\* **If you were ever divorced or legally separated, you must submit complete copies of all issued Judgments and any executed marital property settlement agreements related to each divorce or legal separation. Photocopies of issued judgments are sufficient and certified copies are not required. (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

If currently employed: Name of Last Employer \_\_\_\_\_

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

Employer's Phone No. \_\_\_\_\_

### 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. (Example: ABC Financial Services) Begin with your most recent employer.
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. _____	_____	_____	_____
4. _____	_____	_____	_____
5. _____	_____	_____	_____

(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 \_\_\_\_\_ Date of Signature \_\_\_\_\_

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 \_\_\_\_\_ 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(s) whose  
Name of Participant 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 \_\_\_\_\_ that the foregoing paragraph is true and correct.

Witness my hand and official seal: \_\_\_\_\_  
Signature of Notary Public