

ELECTRICAL WORKERS LOCAL NO. 86 ANNUITY PLAN

2300 East River Road / Rochester, New York 14623

Telephone: (585) 235-1515 / Fax: (585) 463-1649

**RETIREE WITHDRAWAL & DESIGNATION FORM (Maximum 4 draws per calendar year)**

**NOTE:** Please return this request to the Fund Office no later than the 15<sup>th</sup> of the month before.

I would like to withdraw a single cash sum of \$ \_\_\_\_\_ \*\* from my annuity account, with the remaining balance continuing to be administered as previously elected.

I hereby elect to have my benefits under the Annuity Plan of Local No. 86 withdrawn from my funds under the Plan in the following manner:

- Specify dollar amounts or percents for each fund to be depleted.
- Select either all percents or all dollar values. Do not mix and match.
- The individual percentages should be in 1 % increments & add up to 100%.
- If I do not specify specific funds, the distribution will be spread pro-rata across all of my holdings based on the market values.

**MY DISTRIBUTION SHOULD COME FROM THESE ACCOUNTS:**

	Putnam Stable Value	_____ %	OR \$ _____
JB	Julius Baer International Equity	_____ %	OR \$ _____
	Dreyfuss Small Cap Index	_____ %	OR \$ _____
TM	Sentinel Small Co	_____ %	OR \$ _____
AC	Jensen	_____ %	OR \$ _____
50	Putnam S&P 500 Fund Index	_____ %	OR \$ _____
TX	Victory Diversified Stock	_____ %	OR \$ _____
06	Putnam Vista Fund	_____ %	OR \$ _____
01	George Putnam Fund	_____ %	OR \$ _____
TR	Dodge & Cox Balanced	_____ %	OR \$ _____
XB	Wells Fargo	_____ %	OR \$ _____
VF	Van Kampen Growth & Income	_____ %	OR \$ _____
PM	Pimco Total Return Fund	_____ %	OR \$ _____
	Putnam RR Age Based Fund (s)	_____ %	OR \$ _____
	Fund _____	_____ %	OR \$ _____
	Fund _____	_____ %	OR \$ _____
	<b>TOTAL</b>	<b>100%</b>	<b>OR \$ _____ **</b>

\*\* Both of these amounts should be equal.

I understand that the distribution will be spread pro-rata across my investments if I do not specify funds to be charged or if there are insufficient funds in any account specified.

If you worked after August 22, 1984 and are married, the attached Spousal Consent Form must be completed (and included with this form) before your benefit can be changed.

**A mandatory 20% federal withholding will be deducted by Putnam from your distribution.**

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Participant

\_\_\_\_\_  
Soc. Sec. No.

**SPOUSAL CONSENT**

I have read and understand the attached election by my spouse to receive early termination benefits under the Annuity Plan of Local No. 86, I.B.E.W. By signing this Consent, I am agreeing to payment of benefits to my spouse for the period of time permitted under the application. I understand that payment of such benefits will reduce any survivor benefits which I could become entitled to receive if I survive my spouse.

Social Security No: \_\_\_\_\_

\_\_\_\_\_  
Spouse's Signature

Date: \_\_\_\_\_

\_\_\_\_\_  
Print Name

STATE OF NEW YORK)  
COUNTY OF MONROE) SS.

On the \_\_\_\_ day of \_\_\_\_\_ in the year 2006 before me, the undersigned, a Notary Public in and for said State, personally appeared \_\_\_\_\_, personally known to me or proved to me on the basis of satisfactory evidence to be the individual(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 capacity(ies), and that by his/her/their signature(s) on the instrument, the individual(s), or the person upon behalf of which the individual(s) acted, executed the instrument.

\_\_\_\_\_  
Notary Public

**CERTIFICATION OF UNMARRIED STATUS**

I hereby certify that as of the date below I am not married and that I will notify the Committee immediately if my marital status changes before I begin receiving benefits.

\_\_\_\_\_  
Participant's Signature

Date: \_\_\_\_\_

\_\_\_\_\_  
Print Name

STATE OF NEW YORK)  
COUNTY OF MONROE) SS.

On the \_\_\_\_ day of \_\_\_\_\_ in the year 2006 before me, the undersigned, a Notary Public in and for said State, personally appeared \_\_\_\_\_, personally known to me or proved to me on the basis of satisfactory evidence to be the individual(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 capacity(ies) and that by his/her/their signature(s) on the instrument, the individual(s), or the person upon behalf of which the individual(s) acted, executed the instrument.

\_\_\_\_\_  
Notary Public