

# ANNUITY PLAN OF LOCAL NO. 86

International Brotherhood of Electrical Workers  
2300 E. River Road • Rochester, New York 14623  
Telephone (585) 235-1515 / (888) 511-7393

## MONTHLY CERTIFICATION FOR EARLY TERMINATION BENEFIT PAYMENT

**(DO NOT USE THIS FORM UNLESS A DRAW WAS RECEIVED FOR THE PREVIOUS MONTH. AN APPLICATION IS NEEDED FOR THE FIRST DRAW IN A MONTHLY SEQUENCE. IF YOU DO NOT RECEIVE CONSECUTIVE MONTHLY DRAWS, YOU MUST REAPPLY.)**

**I HEREBY APPLY** for payment of early termination benefits under the Annuity Plan of Local No. 86, International Brotherhood of Electrical Workers.

**I CERTIFY** that I am a member in good standing of the Union and am available for employment by Contributing Employers and (*Circle 1, 2, 3 or 4.*)

1. I am currently unemployed by Contributing Employers under the Plan because work is unavailable due to local economic conditions.
2. I am currently unemployed because of a labor-management dispute involving another union.
3. I am currently unemployed due to rules applicable to day school participants.
4. I am currently unable to work for a period of at least one week due to reasons beyond my control (e.g. injury, illness).

*Please specify reason:* \_\_\_\_\_

**I AGREE** to furnish the Committee with any documents it may require to substantiate my claim for early termination benefits. I understand that this election represents my irrefutable certification that I remain in the electrical trade and, therefore, will not be eligible for a 365-day close-out of my account even if I remain unemployed for a prolonged period. In order to become eligible for a 365-day close-out, I must stop receiving early termination benefits and remain unemployed by a Contributing Employer for 365 days.

**I UNDERSTAND** that:

1. To receive benefits ***I must certify each month*** that I am still unemployed by Contributing Employers and that either I am unable to work or I have not turned down employment for a Contributing Employer.
2. Payment of early termination benefits ***will cease upon the first to occur of the following:*** a) my Accounts are exhausted, b) I return to work for a Contributing Employer, c) I am able to work and turn down work for a Contributing Employer, d) I ask the Committee in writing to stop benefit payments, e) my work card has been dropped, withdrawn or I have resigned from the Union, or f) ***I fail to furnish the monthly certification of my eligible status.***
3. My account will be charged \$2.50 per month to reflect the cost to the Plan of paying my early termination benefits.

Signed: \_\_\_\_\_ Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

**Have you been at your current address for less than 60 days? YES or NO (Circle one)**

If "YES", please provide current address:

\_\_\_\_\_

**NOTE: IF YOU ARE UNDER AGE 59 1/2, THERE MAY BE A 10% PENALTY TAX (IN ADDITION TO REGULAR INCOME TAX) ON EARLY TERMINATION BENEFITS. CONSULT YOUR TAX ADVISOR.**

I have read and understand the above note regarding the penalty tax.

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

The Union Office hereby certifies there is no work available for the above employee due to local economic conditions or due to other reasons beyond member's control.

On behalf of the Union: \_\_\_\_\_  
Signature Print Name Date

**DISTRIBUTION INFORMATION REGARDING FEDERAL WITHHOLDING & DIRECT ROLLOVER**

- A. Federal law requires that 20% of your taxable distribution be withheld for federal income taxes unless you elect to have the distribution paid directly to your IRA or another employer's qualified plan.
- B. If your taxable distribution will exceed \$500, then you may elect to have a portion of your distribution (at least \$500) paid to your IRA or another plan and the rest paid to you. In this case, only the portion paid to you will be subject to the 20% withholding.
- C. You may elect a direct rollover by completing a rollover instruction form and returning it to the Plan Office at 2300 East River Road, Rochester, NY 14623. If you receive a series of payments which are eligible for direct rollover, your election will apply to each payment until you revoke it.

**DISTRIBUTION ELECTION**

- A. \_\_\_\_\_ **Non-Rollover Election:** I hereby elect to have my entire taxable distribution paid to me. I understand that 20% of the distribution must be withheld for federal income taxes.
- B. \_\_\_\_\_ **Combination:** I hereby elect to have \$\_\_\_\_\_ of my taxable distribution (at least \$500) paid in a direct rollover to the IRA or qualified plan indicated (*attach rollover instruction form*) and the remainder of my distribution paid to me. I understand that 20% of the taxable distribution paid to me will be withheld for federal income taxes.
- C. \_\_\_\_\_ **Rollover Election:** I hereby elect to have my entire taxable distribution paid in a direct rollover to the IRA or qualified plan. (Attach rollover instruction form.)

**I, furthermore, acknowledge that my distribution will be spread prorated across all my existing investments based on their market value.**

Signed: \_\_\_\_\_ Soc. Sec. No.: \_\_\_\_\_ Date: \_\_\_\_\_