



IBEW Local No. 236

Health and Benefit Fund, Annuity Fund, and Pension Fund

TERMINATION ANNUITY APPLICATION IBEW LOCAL 236 ANNUITY FUND

Date Received: _____

Name of Participant _____ SS# _____

D.O.B: _____ Contact #: _____

Eligibility (quoted directly from the Summary Plan Description (SPD) pg. 10):

If you are not yet age 55 and go through a period of one week while you are a Plan participant that you do not work at least one hour for a contributing employer, you are eligible (with the consent of your spouse) to apply for a termination annuity (benefit). (See SPD for additional information).

- Benefit option: a.) \$125 per week first 25 weeks (when eligible for NYS U/E benefits)
- b.) \$375 per week thereafter (until account = \$0, or death of participant)

Acceptable proof of eligibility (for not working for contributing employer) is any of the following:

- 1) Supporting documentation of a valid open claim from NYS Unemployment.
- 2) Evidence that you were/are on Book 1 (Out of Work Book) for the period applied for.
- 3) Proof of no contributions from any participating contractor - requires at least a two month lag since contributions are received on a monthly basis, and are required to be remitted within the month after the month worked, the only methodology available is noting the absence of contributions on your behalf from any contractors' reports for the period

Amount applied for \$ _____

Period covered: _____

NOTE:

- Application must be completed in full, dated, and signed.
- If applicable, *spousal consent* must be dated, signed, and photo ID on file.
- This is an eligible rollover distribution and a potential taxable benefit. Choose payment method:
 I wish to have this paid directly to me. I realize that 20% will be withheld and remitted for federal withholding taxes per IRS publication 15A. Generally, this disbursement will also be subject to an additional 10% tax at year end if the participant has not yet reached 59.5 years old or does not meet other criteria for exemption.
 I wish to have this paid as an eligible rollover distribution, in the form of a two party check payable to me and the qualified IRA or other qualified investment Plan whose qualification letter is attached.

This distribution constitutes a direct reduction against your balance and this amount will not be eligible for any allocations at the next Valuation Date. If you were to leave this amount in the Fund, it would be eligible for the allocation, which could be either positive or negative, based upon the results of operations through the end of the period. (Spousal approval required at onset of each benefit option a. & b.)

Participant's signature _____ Date _____

Spouse's consent (if applicable) _____ Date _____

Return completed form to: IBEW Local 236 Annuity Fund; 3000 Troy-Schenectady Road; Schenectady, NY 12309

It is a Federal Crime to file a false application for benefits. In addition, if you file a false application for benefits, you may forfeit your coverage under the plan.

FOR OFFICE USE ONLY

Processed by: _____ Paid: Amount: _____ Date: _____ Ck: _____

Comments: _____ Reviewed by: _____

