



**INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS
LOCAL NO. 150 SUPPLEMENTAL PENSION FUND**



In-Service Withdrawal Form

Please complete the following information (type or print).

PARTICIPANT'S NAME		SOCIAL SECURITY NO.	TELEPHONE NO.	
STREET ADDRESS	CITY	STATE	ZIP CODE	

I have read the "Special Tax Notice Regarding Plan Payments,"
and I hereby make the following request for a withdrawal:

I. WITHDRAWAL AND PAYMENT ELECTION

Elect One - If you choose option B or C below, you must complete Section II.

- A** I elect to make a withdrawal from my account in the amount of (select one): \$ _____ or the maximum amount available and to have such amount paid directly to me.
- B** I elect to make a withdrawal from my account in the amount of (select one): \$ _____ or the maximum amount available and to have the amount withdrawn payable to an Individual Retirement Account ("IRA").
- C** I elect to make a withdrawal from my account in the amount of (select one): \$ _____ or the maximum amount available. I further elect to have \$ _____ of the amount withdrawn payable to an IRA, with the balance paid to me.

Please note that the minimum distribution amount is \$1,000 and the maximum amount is the lesser of 50% of your account balance or your total account balance less contributions credited to your account within the last two years.

II. PAYEE INFORMATION FOR IRA (Complete this Section ONLY if you checked option B or C under Section I above.)

- The check for the amount determined pursuant to my election made above should be payable to the following IRA:**

(You must specify the EXACT NAME of the payee to whom the check should be made payable. For example, "ABC Bank as Custodian of the IRA of John Q. Smith", or "XYZ Investments as Custodian of the IRA of John Q. Smith.")

IRA Custodian (Financial Institution)

Please complete the following information (type or print).

III. SIGNATURE SECTION

I certify that there is no pending court order which has, or will, assign all or a part of my account to anyone. I understand that this withdrawal may not be repaid to the Plan. I also understand that the payment amount may be less than the specific dollar amount I may have requested above due to Plan limitations and/or market fluctuations that may affect the amount available for withdrawal at the time payment is made.

Signature of Participant: _____ Date: _____

IV. FUND OFFICE AUTHORIZATION

Signature of Fund Office Representative _____ Date: _____