

**SAN FRANCISCO ELECTRICAL WORKERS RETIREMENT SAVINGS PLAN**  
**720 MARKET ST., SUITE 700, SAN FRANCISCO, CA 94102**  
**(415) 263-3670**

**APPLICATION FOR SAN FRANCISCO ELECTRICAL WORKERS RETIREMENT SAVINGS PLAN**

Please PRINT or TYPE all information and answer all questions fully. Please be sure to sign and date the application wherever necessary before returning to this office.

Name \_\_\_\_\_  
(Last) (First) (Initial)

Mailing Address \_\_\_\_\_  
(No., Street, Apt. #) (City) (State) (Zip Code)

Soc. Sec. No. \_\_\_\_\_ Birth Date \_\_\_\_\_ Phone ( \_\_\_\_\_ ) \_\_\_\_\_

**TYPE OF RETIREMENT BENEFITS FOR WHICH YOU ARE APPLYING:**

Normal  Early Retirement  Disability

Requested Retirement Date \_\_\_\_\_ Date Last Worked \_\_\_\_\_

Employer for Whom You Last Worked \_\_\_\_\_

Marital Status (please check one):  Married  Single

A. Name of Present Spouse \_\_\_\_\_ Spouse's Soc. Sec. No. \_\_\_\_\_

Spouse's Birthdate \_\_\_\_\_ Date of marriage \_\_\_\_\_

B. Name of Prior Spouse, if any \_\_\_\_\_

Date of Prior Marriage: \_\_\_\_\_ Date Previous Marriage Terminated: \_\_\_\_\_

Marriage Terminated Because of \_\_\_\_\_  
(please specify: death, divorce dissolution, etc.)

Prior Spouse's Present  
Name & Address (if presently alive) \_\_\_\_\_

Is there any court order in effect, or is there a court proceeding presently pending, which grants, seeks to grant, or reserves the right to grant your spouse or any former spouse, child or other dependent any right or rights to any of your benefits?  NO  YES

If yes, or if you are uncertain, please attach a copy of that court order, or, if a court proceeding is presently pending, indicate the name of the court, the case number, and the name, address and phone number of your attorney, if applicable.

## ELIGIBILITY FOR WITHDRAWAL

I am eligible to withdraw my Individual Account because (check applicable box below):

1. I have retired or am retiring under the terms of the Northern California Electrical Workers Pension Plan (Defined Benefit Plan) effective \_\_\_\_\_.
2. The amount in my Individual Account is less than \$5,000; I have not been employed by an employer or in the Electrical Construction Industry in the United States in the 18 months preceding my application for withdrawal; and I do not intend in the future to return to work in the Electrical Construction Industry in the craft and jurisdiction of IBEW Local Union No. 6. I was last employed in the Electrical Construction Industry in the United States for employer: \_\_\_\_\_ with employment ending \_\_\_\_\_.
3. I am eligible to retire under the terms of the Northern California Electrical Workers Pension Plan (Defined Benefit Plan), but I am receiving Social Security Disability Retirement Benefits under Title II of the Social Security Act, and I have withdrawn from the Electrical Construction Industry. Enclosed is a copy of my Social Security Disability Award.
4. I have attained age 55 and have not been employed in the Electrical Construction Industry in the United States in the 18 months preceding my application for withdrawal. I was last employed for employer: \_\_\_\_\_ with my employment ending on \_\_\_\_\_.
5. I am not eligible to retire under the terms of the Northern California Electrical Workers Pension Plan, but I have retired under the terms of the National Electrical Benefit Plan or another Plan in the Electrical Construction Industry in the United States and have withdrawn from employment or self-employment in the Electrical Construction Industry of the United States until age 65. A copy of my pension award letter from the NEBF or other Electrical Construction Industry Pension Plan is enclosed along with a copy of my Birth Certificate.

### A. STARTING DATE

I request that payment of my Individual Account commence on \_\_\_\_\_.  
*Distribution/Annuity Starting Date*

### B. SELECTED BENEFIT OPTION

*I REQUEST PAYMENT OF MY INDIVIDUAL ACCOUNT IN THE FOLLOWING FORM:*

- I request payment in the form of a Joint and Survivor Annuity at the level specified below. I understand that my spouse and I have the right to an election period of no more than 90 days, nor less than 30 days prior to the annuity starting date to waive or revoke any prior waivers of the Joint and Survivor Annuity prior to retirement commencement or withdrawal (enclose Birth Certificate copies for self and co-annuitant). I further understand that the Plan will purchase the annuity from an insurance company or other entity at the current market interest rates.

Joint and Survivor Level:       50%       100%

Note: If you are married, the normal form of benefit is the Joint and Survivor Annuity. You may select one of the following benefit options if your application is accompanied by a Joint and Survivor Annuity Waiver form which includes the written consent of your spouse.

1. In one lump sum payment representing my entire account balance, or in a partial lump sum payment of \_\_\_\_\_.  
*(Partial Payments are permitted once during a 12-month period)*
2. In 60, 120, 180 monthly payments not to exceed your life expectancy or the joint life expectancies of you and your beneficiary.
3. In monthly installments of \_\_\_\_\_ until my Individual Account is

exhausted (Increments of \$100, not to exceed your life expectancy or joint life expectancies of you and your beneficiaries, i.e. \$100, \$200...\$1,000, etc.).

- 4. As a Single Life Annuity. (If you choose this option, the Plan will purchase an annuity from an insurance company or other entity at the rates in affect as of the commencement date of benefit.)

[Participant who elects to receive benefits under (2) or (3) above may at any later date elect to have any remaining balance in his/her Individual Account paid in a lump sum and to forgo receipt of any future monthly payments if he submits a request in writing to the Plan Office.]

C. PROOF OF BIRTH:

This application is accompanied by one of the following:

- Birth Certificate;
Letter from Social Security Administration establishing that you have retired and establishing your entitlement to Social Security benefits and birth date used for such entitlement;
Baptismal Record;
Court decree establishing fact of birth;
Other (specify)

NOTE: Only in the most compelling and unusual of circumstances will the Trustees accept any proof of birth other than the first three set forth above. The processing of your retirement application will be considerably delayed if satisfactory proof of birth is not submitted concurrently with this application.

If you have elected to have your retirement benefits paid in the form of a Joint and Survivor Annuity, you must submit proof of marriage and birth of your spouse in the same manner as the proof required to establish your own date of birth.

D. CERTIFICATION BY APPLICANT

I certify under penalty of perjury that all of the information provided on this form is complete and accurate. I acknowledge that I have received a written explanation from the Plan Office of the terms and conditions of a Joint and Survivor Annuity describing the right to make, and the effect of, an election to waive retirement benefits payment in the form of a Joint and Survivor Annuity. If married, I further acknowledge the right of my spouse to consent to receive or not to receive payment in the form a Joint and Survivor Annuity during an election period, no more than 90 days nor less than 30 days prior to the benefit starting date. If married for less than one year prior to my benefit starting date, I understand that my retirement benefits will be paid in the form of a Single Life Annuity but will be changed to a Joint and Survivor Annuity once we have been married for one year retroactively to my benefit starting date. Unless we exercise our rights to waive benefits in this form in writing within 30 days after the date we have been married for one year.

I further acknowledge that I have read the provisions of the plan relating to the suspension of benefits and will comply with the requirements to notify the trust in the event I engage in any prohibited employment within fifteen (15) days after the commencement of such employment. I further acknowledge that the trust is entitled to recover any amounts of overpayment in the event I engage in such prohibited employment.

Signature

Date

Signature of Witness