

# Puget Sound Electrical Workers 401(k) Savings Plan

Physical Address 7525 SE 24th Street, Suite 200, Mercer Island, WA 98040 • Mailing Address PO Box 34203, Seattle, WA 98124  
Phone (206) 441-4667 or (866) 314-4239 • Fax (206) 695-0984 • Website www.psewtrusts.com

Administered by  
Welfare & Pension Administration Service, Inc.

## Application for Annuity Benefits

(Note: An incomplete form may delay your Annuity process)

**Please print or type the following information.**

<b>Name</b> (Last, First, Middle Initial)		<b>Social Security Number</b>	
<b>Mailing Address</b> (Street, City, State Zip)			
<b>Union Local Number</b>	<b>Birth Date</b> (MM/DD/YYYY) <sup>1</sup>	<b>Home Phone No.</b> (    )	<b>Cell Phone No.</b> (    )
<b>E-mail Address</b>			
<sup>1</sup> Attach a copy of documentary proof of age as specified on next page.			

I am applying to withdraw (please mark one):     A Total Distribution         A Partial Distribution

<b>Marital Status</b> (check one):		
<input type="checkbox"/> Married	<input type="checkbox"/> Widowed	Date of Separation or Divorce <sup>2</sup> (If divorced more than once, attach listing):
<input type="checkbox"/> Previously Divorced/Currently Remarried	<input type="checkbox"/> Legally Separated	
<input type="checkbox"/> Never Married	<input type="checkbox"/> Divorced <sup>2</sup>	
<sup>2</sup> If your marriage was dissolved after December 31, 1984, your election of benefits may be subject to the rights of a prior spouse and you are required to attach a complete FILED copy of your dissolution decree and property settlement agreement and/or Qualified Domestic Relations Order(s).		

<b>If currently married, please enter spouse's information:</b>		
Spouse Name: _____	Spouse Birth Date: _____	Spouse SSN: _____
If not married, Name of Beneficiary: _____ Relationship: _____		
Address of Beneficiary: _____		

<b>Name and address of your most recent employer in the <u>Electrical</u> industry:</b>	
Employer Name: _____	Last day worked: _____
Employer's Address: _____	
Job Classification: _____	

<b>Name and address of your <u>current employer</u> (if different than shown in the <u>Electrical industry</u> above):</b>	
Employer Name: _____	Last date worked (was/or will be): _____
Employer's Address: _____	
Job Classification: _____	

**In accordance with the terms of the Plan, I hereby request payment of benefits from my annuity account. I agree to furnish any information which the Trustees may require for determination of my eligibility for a benefit or the amount thereof.**

<p><b>NOTARIZATION OF EMPLOYEE'S SIGNATURE</b> Subscribed and sworn to before me this _____ day of _____, 20____.</p> <p>_____ <b>Notary Public Signature</b> Notary Public in and for the State of _____ Residing at _____ My commission expires: _____</p>	<p><b>NOTARY SEAL</b></p>	<p>_____ Employee's Signature</p> <p>_____ Print Employee's Name</p> <p>Mailing Address: _____ _____</p>
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**NOTE:** If the value of your distribution is \$5,000 or more, the Trust is required by the Plan Document to offer you a lifetime benefit in lieu of a lump sum payment, in which case additional forms will be sent to you upon receipt of your application.

**Eligibility for Payment – Please indicate under which rule you are requesting payment [Check one box only]:**

- Attainment of age 55 and **no** Contributions to the Employee's Individual Account for at least six consecutive months; or
- Attainment of age 55 and qualification for and election of Special Early Retirement under the Puget Sound Electrical Workers Pension Plan; or
- Regardless of age, **no** Contributions have been made to the Participant's Individual Accounts for a period of twelve (12) consecutive months and the Employee is no longer Working in the Electrical Industry; or
- Regardless of age there have been less than 250 hours of Contributions to the Employee's Individual Account in each of two consecutive Years and the Employee is no longer Working in the Electrical Industry; or
- Regardless of age, no contributions have been made to the Participant's Individual Accounts for a period of twenty-four (24) consecutive months, whether or not the Employee continues Working in The Electrical Industry; (***This rule does not apply to contributions made for hours worked on or after September 1, 2016.***) or
- The Board, in its sole discretion, finds that the Participant has experienced a Permanent Total Disability as defined herein; or
- Attainment of age 65

**I hereby certify that I meet the requirements for Eligibility for Payment as stated in my request above.**

\_\_\_\_\_  
**Participant Signature**

\_\_\_\_\_  
**Date of Signature**

**DOCUMENTS ACCEPTABLE AS PROOF OF AGE (SEE NOTE)**

**A) A copy of any *ONE* of the following documents will be acceptable as proof of age:**

1. Birth Certificate
2. Baptismal Certificate

**B) If neither of the preceding are available, copies of any *TWO* of the following may be submitted:**

1. U. S. Census Report (at least 20 years old)
2. Passport (may not be photocopied)
3. Naturalization or Immigration Papers (may not be photocopied)
4. Family Bible Entries
5. Life Insurance Policies (at least 10 years old)
6. Marriage License or Application
7. Early School Records
8. Military Records
9. Civil Service Records
10. Children's Birth Certificates
11. Written Certification from Social Security
12. Written Certification of Union Local

**NOTE:** All documentation submitted as proof of age must clearly show your age in order to be acceptable. Also, if the name shown on the document differs from the present name, a copy of the court order or other document recording the name change should be submitted for identification purposes.