

**I.B.E.W. LOCAL 332 PENSION TRUST FUND**

**ADMINISTRATIVE OFFICES**

**1120 S. BASCOM AVENUE, SAN JOSE, CA 95128-3590**

**(408) 288-4559**

**DISTRIBUTION/ROLLOVER ELECTION FORM**

(Complete Section A, Elect and Complete Sections B and/or C as appropriate.)

**A. PARTICIPANT INFORMATION**

Participant's Name \_\_\_\_\_

Participant's Social Security Number \_\_\_\_\_

**B. DIRECT ROLLOVER**

I direct that (elect one) my full eligible rollover distribution or \$ \_\_\_\_\_ (\$500 or more) of my eligible rollover distribution be distributed from the plan for direct rollover or (elect one and complete):

- A. IRA trustees/custodian (Note: If you are under age 59 1/2 and rolling your Part B into an IRA, you must leave the funds in the IRA until you are at least 59 1/2 or you will be subject to a penalty of 10% in additional taxes. (Please consult a Tax Advisor for more information).
- B. Qualified Retirement Plan (Note: Plans are not required to accept rollovers. Check with the plan's sponsor before making this election).

Legal name, address, city, state, zip code & account number of plan:

---



---



---

**C. CASH DISTRIBUTION**

I request that my full distribution or \$ \_\_\_\_\_ of my distribution to paid to me directly.  
Gross/Net (circle one)

I understand that any portion of the amount distributed to me that qualifies as an eligible rollover distribution will be subject to 20% federal withholding.

\_\_\_\_\_  
**Participant Signature**  
**(See reverse side for spousal consent form)**

\_\_\_\_\_  
**Date**

**I.B.E.W. LOCAL 332 PENSION TRUST FUND**

**ADMINISTRATIVE OFFICES**

**1120 S. BASCOM AVENUE, SAN JOSE, CA 95128-3590**

**(408) 288-4559**

**SPOUSAL CONSENT FORM**

I, \_\_\_\_\_, swear that I am the legal spouse of the Employee described above.  
(Name)

I hereby consent to the Employee's election to receive our pension benefit in a form of a Direct Rollover or a Cash Distribution.

\_\_\_\_\_  
Spouse's Signature

\_\_\_\_\_  
Spouse's Social Security Number

-----  
State of California  
County of \_\_\_\_\_

Subscribed and sworn to (or affirmed) before me on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by \_\_\_\_\_, personally known to me or proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

**(SEAL)**

\_\_\_\_\_  
**Notary Public or other official's Signature**

Or

\_\_\_\_\_  
**Plan Representative's Signature**