

**MICHIGAN UPPER PENINSULA  
INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS  
PENSION PLAN**

**130 W. Washington Street, Suite L-9  
Marquette, MI 49855  
(906) 226-2414 Phone/(906) 226-2221**

**SUPPLEMENTAL ACCOUNT  
HARDSHIP WITHDRAWAL**

**NAME** \_\_\_\_\_

-

**ADDRESS** \_\_\_\_\_

—

**SS  
NUMBER** \_\_\_\_\_

**PHONE  
NUMBER** \_\_\_\_\_

I request a Hardship Withdrawal from my Supplemental Account in the amount of (all/partial) \_\_\_\_\_. I am aware that the Plan will withhold 20% for payment to the IRS. I also am aware that I might incur an additional penalty of 10% at the end of the tax year. (If the withdrawal is rolled-over to a qualified IRA Plan there will be no Federal Withholding Tax withheld by the Plan.)

I realize that I will be ineligible for another withdrawal for the next two-(2) years.

\_\_\_\_\_

(Signature of Participant)

(Date)

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**FOR MARRIED PARTICIPANTS ONLY  
SPOUSAL CONSENT TO WITHDRAWAL**

(As required by law, if you are married at the time of this withdrawal, your spouse must consent to your Hardship Withdrawal).

I have read the above information, and as the Spouse of the participant named above, I hereby consent, by Notarized Signature, to the above Hardship Withdrawal.

**PRINTED  
NAME** \_\_\_\_\_

**SIGNATURE** \_\_\_\_\_

—

**DATE** \_\_\_\_\_

-

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(CONTINUED)

**SUPPLEMENTAL ACCOUNT**  
**HARDSHIP WITHDRAWAL**  
(Continued)

**NOTARIZATION**

(Note: Notarization is required for the SPOUSE of a married participant, the participant's signature need not be notarized.)

STATE OF \_\_\_\_\_ )  
COUNTY OF \_\_\_\_\_ ) SS

Personally came before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_ the above named \_\_\_\_\_ to be known to the person who executed the foregoing Spousal Consent to Withdrawal and acknowledged the same.

NOTARY PUBLIC, STATE OF \_\_\_\_\_

My Commission \_\_\_\_\_

(Notaries Seal)

\_\_\_\_\_  
(Notary Signature)

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\*\*\*\*\*

Acknowledged and recorded  
on \_\_\_\_\_

\_\_\_\_\_  
Mich. U.P. IBEW Pension Plan - Authorized Signature