

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 Fax

ROLLOVER WITHDRAWAL SUPPLEMENTAL ACCOUNT

NAME _____
ADDRESS _____
SS NUMBER _____
PHONE NUMBER _____

I request a Rollover Withdrawal from my Supplemental Account in the amount of (all or partial) \$ _____. I am aware that I might incur a 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). Please be advised that this withdrawal is subject to a monthly valuation.

SIGNATURE OF PARTICIPANT _____ DATE _____

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 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 withdrawal.

PRINTED NAME _____
SIGNATURE _____ DATE _____

NOTARIZATION

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

STATE OF _____)
) SS
COUNTY OF _____)

Personally came before me this _____ day of _____, 20____, the above named _____ (SPOUSE) to be known as the person who executed the foregoing Spousal Consent to withdrawal and acknowledged the same.

NOTARY SIGNATURE _____
My Commission Expires: _____

Acknowledged and recorded on _____, 20____, by the Board of Trustees.

Mich. U.P. IBEW Pension Plan _____

(Authorized Signature)