

MICHIGAN UPPER PENINSULA  
INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS  
PENSION PLAN

130 W. Washington Street, Suite L-9  
Marquette, MI 49855  
Phone (906) 226-2414/Fax (906) 226-2221  
Email: UPIBEWPensionPlan@gmail.com

**SUPPLEMENTAL ACCOUNT HARDSHIP WITHDRAWAL**

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

\_\_\_\_\_

PHONE NUMBER (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ EMAIL \_\_\_\_\_

I request a Hardship Withdrawal from my Individual Supplemental Account in the amount of (all/partial) \_\_\_\_\_. I am aware that the Plan will withhold 20% federal taxes for payment to the IRS and that I may incur an additional 10% penalty at the end of the tax year by reason of I am not 59-1/2. I am aware that this withdrawal is subject to a monthly valuation and cost factor.

I realize that I will be ineligible for another withdrawal for a period of two years.

\_\_\_\_\_ Check here if you wish to have Michigan State Tax Withheld at a rate of 4.25%.

I have read the above information and agree to the terms of this hardship withdrawal.

\_\_\_\_\_  
(Signature of Plan Participant)

\_\_\_\_\_  
(Date)

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**FOR SINGLE PLAN PARTICIPANTS ONLY**

I swear under oath that I am currently single and have never been married

\_\_\_\_\_  
(Signature of Plan Participant)

\_\_\_\_\_  
(Date)

Or

I swear that I have been previously married and am now single and I have provided a copy of a Qualified Domestic Relations Order (QDRO) to the Plan.

\_\_\_\_\_  
(Signature of Plan Participant)

\_\_\_\_\_  
(Date)

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(CONTINUED)

