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	
	EMAIL
amount of (all/partial) withhold 20% federal taxes for payment to	ny Individual Supplemental Account in the I am aware that the Plan with the IRS and that I may incur an additional reason of I am not 59-1/2. I am aware that ation and cost factor.
I realize that I will be ineligible for another v	vithdrawal for a period of two years.
Check here if you wish to have Mi	chigan State Tax Withheld at a rate of 4.25%.
I have read the above information and agr	ee to the terms of this hardship withdrawal.
(Signature of Plan Participant)	(Date)

I swear under oath that I am currently single	PARTICIPANTS ONLY e and have never been married
(Signature of Plan Participant)	(Date)
I swear that I have been previously married copy of a Qualified Domestic Relations Ord	d and am now single and I have provided a ler (QDRO) to the Plan.
(Signature of Plan Participant)	(Date)
(CONTINUED)	কককককককককককককককককককককককককককক የተመቀመጠ መመመመመመመመመመመመመመመመመመመመመመመመመመመመመመመመመመ

FOR MARRIED PLAN 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 Plan participant named above, I hereby consent, by Notarized Signature, to the above Hardship Withdrawal.

PRINTED NAME
SIGNATURE
DATE

STATE OF)) SS
) \$\$ COUNTY OF)
Personally came before me thisday of, the above named (SPOUSE) 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)

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