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 Email: UPIBEWPensionPlan@gmail.com

ROLLOVER WITHDRAWAL SUPPLEMENTAL ACCOUNT

NAME	
ADDRESS	
ADDRESS	
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.

_____ 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	
(Note: Notarization is required	======================================	-
STATE OF)) SS	
COUNTY OF)	
Personally came before me this	<u>E</u>) to be known as the person v	who executed the
NOTARY SIGNATURE My Commission Expires:		
Acknowledged and recorded on	, 20,	by the Board of Trustees.
Mich. U.P. IBEW Pension Plan	(Authorized Signature)	