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

SUPPLEMENTAL ACCOUNT VOLUNTARY WITHDRAWAL

NAME	
ADDRESS	
PHONE NUMBER_()	EMAIL_
I request a Voluntary Withdrawal from my amount of (all/partial) withhold 20% federal taxes for payment to 10% penalty at the end of the tax year by rethis withdrawal is subject to a monthly valuate	I am aware that the Plan wi the IRS and that I may incur an additional eason of I am not 59-1/2. I am aware tha
I realize that I will be ineligible for another wit not in retired pay status.	thdrawal for the next five-(5) years if I am
Check here if you wish to have Micl	nigan State Tax Withheld at a rate of 4.25%.
I have read the above information and agree	e to the terms of this voluntary withdrawal.
(Signature of Plan Participant)	(Date)

I swear under oath that I am currently single	
(Signature of Plan Participant)	(Date)
I swear that I have been previously married of copy of a Qualified Domestic Relations Orde	
(Signature of Plan Participant)	(Date)
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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 Voluntary 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 Voluntary 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