

MICHIGAN UPPER PENINSULA
INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS
PENSION PLAN

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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 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 the next five-(5) years if I am not in retired pay status.

_____ 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 voluntary withdrawal.

(Signature of Plan Participant)

(Date)

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)

(CONTINUED)

