

**IBEW Local No. 32 NECA  
Profit Sharing Annuity Plan**

**Request for Application for Benefits**

**Form Instructions**

Please print using blue or black ink. Return the original form to the Plan Administrator. Be sure to include all documentation required to process your application.

**Without the required signatures, the form will be returned to you, unprocessed.**

**Type of Benefit**

To: Board of Trustees of the IBEW Local No. 32 Profit Sharing Annuity Plan I hereby apply for:

**Termination of employment – Affidavit of Termination required.**

**Normal Retirement (age 55)**

**Total and Permanent Disability**

**Alternate Payee or Beneficiary**

**About You**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Social Security Number: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Your Address: \_\_\_\_\_  
Street City State Zip

**Statement of Marital Status**

I certify that my marital status is:

Single

Widowed (Please provide copy of death certificate)

Divorced \_\_\_\_\_ times. (If ever, please provide divorce decree and qualified domestic relations order)

Married \_\_\_\_\_ times. (Please provide copy of marriage certificate)

Spouse's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**Documents Required:**

- Copy of your birth certificate
- Copy of your spouse's birth certificate, if applicable
- Copy of your marriage license, if applicable
- Complete copies of all Judgements of Divorce, attachments and Qualified Domestic Relations Orders
- Affidavit of Termination, if applicable
- Copy of your Social Security Disability Award, if applicable

**Certification:**

I hereby certify that all of the information furnished by me on this Application Form is, to the best of my belief and knowledge, true and complete. I understand that this completed Request for Application Form will be attached to and made a part of my Application for Benefits, when it is submitted. I also understand that I must also submit acceptable proof of my age and, if I am married, proof of my spouse's age, as well as a copy of my marriage certificate. I also understand that if I am divorced, I must submit a copy of all my divorce decree(s) and qualified domestic relations order(s), and if I am widowed, I must submit a copy of my late-spouse's death certificate.

X \_\_\_\_\_  
Participant's Signature

\_\_\_\_\_  
Date Signed