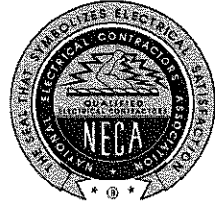




LOCAL UNION 617
INTERNATIONAL BROTHERHOOD
OF ELECTRICAL WORKERS

SAN MATEO COUNTY

**ELECTRICAL WORKERS
JOINT TRUST FUNDS
ROLLOVER/WITHHOLDING ELECTIONS**



SAN MATEO COUNTY CHAPTER
NATIONAL ELECTRICAL
CONTRACTORS ASSOCIATION

(Complete Section A, Elect and Complete Sections B and/or C as appropriate.)

A. PARTICIPANT INFORMATION

Participant's Name _____

Participant's Social Security Number _____

B. DIRECT ROLLOVER

I direct that (elect one) my full eligible rollover distribution or \$ _____ (\$500 or more) of my eligible rollover distribution be distributed from the plan for direct rollover or (elect one and complete):

- A. IRA trustees/custodian (Note: If you are under age 59 1/2 and rolling your Part B into an IRA, you must leave the funds in the IRA until you are at least 59 1/2 or you will be subject to a penalty of 10% in additional taxes. (Please consult a Tax Advisor for more information).
- B. Qualified Retirement Plan (Note: Plans are not required to accept rollovers. Check with the plan's sponsor before making this election).

Legal name, address, city, state, zip code & account number of plan _____

C. CASH DISTRIBUTION

I request that my monthly distribution be changed to \$ _____
Effective _____ Gross/Net (circle one)

I would also like a partial lump sum in the amount of \$ _____ Gross/Net (circle one)

I understand that any portion of the amount distributed to me that qualifies as an eligible rollover distribution will be subject to 20% federal withholding.

Please be advised that your form must be received by the 15th of the month in order to receive a distribution by the 1st of the following month.

Participant Signature
(See reverse side for spousal consent form)

Date

United Administrative Services, 1120 So. Bascom Ave., San Jose, CA 95128
Telephone (408) 288-4400 Toll Free (877) 827-4239 Fax (408) 288-4439

SPOUSAL CONSENT FORM

I, _____, swear that I am the legal spouse of the Employee described above.

(Name)

I hereby consent to the Employee's election to receive our pension benefit in a form of a Direct Rollover or a Cash Distribution.

Spouse's Signature

Spouse's Social Security Number

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State of California

County of _____

Subscribed and sworn to (or affirmed) before me on this _____ day of _____, 20____, by _____, personally known to me or proved to me on the basis of satisfactory evidence to be the person (s) who appeared before me.

(Seal)

Signature _____