

National Electrical Annuity Plan

Normal Benefit Application

To avoid delays in the processing and payment of your benefit, please follow these instructions carefully and completely.

1. Print all information requested.
2. Read and respond to each page carefully.
3. Remember to attach supporting documentation.
4. Remember to **sign and date** this application.

Once your completed application and the required documents are received, the Plan will send you a letter acknowledging receipt of the application. If you do not receive a letter within 30 days, you should contact the Plan's office.

If your claim is denied, a written notice of the reason for denial of benefits will be sent to you.

PLEASE MAIL COMPLETED APPLICATION WITH ATTACHMENTS TO:

National Electrical Annuity Plan
Suite 500
2400 Research Blvd
Rockville, MD 20850-3266

If you have any questions about the National Electrical Annuity Plan or this application you may call the Plan's office at 301-556-4300 or visit our website at WWW.NEBF.COM.

Proof of Age

To be eligible for a pension, you are required to submit the best proof of age. Submitting one document from the Primary Proof list (below on the left) satisfies the best proof of age requirement. However, if you cannot submit one primary document, submitting two documents from the Secondary Proof list (below on the right) may satisfy the best proof of age requirement.

Note: If your name on your pension application differs from your name on your proof of age, you must also submit documentation substantiating your name change (marriage certificate, etc.).

Note: If you are presently married, you are required to submit proof of marriage and your spouse is required to submit the best proof of age.

Note: If there is a difference between the last name on your spouse's birth certificate and your marriage certificate, you must also submit proof of your spouse's name change (previous marriage certificate, divorce decree, etc.) along with a notarized statement from your spouse indicating the reason for the change.

| Primary Proof – One Required |
|------------------------------|
| 1. Birth Certificate |
| 2. Baptismal Certificate |
| 3. Registration of Birth |
| 4. Naturalization Papers |
| 5. Immigration Papers |
| 6. Passport |
| 7. Hospital Birth Record |



| Secondary Proof – Two Required |
|--|
| 1. A signed statement by the physician or midwife in attendance at birth. This statement must be notarized. |
| 2. U.S. Census Record. Forms are available through the Post Office. |
| 3. School record certified by the custodian of such records. |
| 4. Military discharge papers |
| 5. Vaccination record certified by the custodian of such records |
| 6. The signed application for a life insurance policy and attached insurance policy bearing the age or date of birth of applicant. |
| 7. Marriage records showing the date of birth or age. Application for marriage license, marriage certificate, or church record certified by the custodian of such records. |
| 8. Child's birth certificate showing your age at the time of their birth. |

Note: If any of these documents are in a foreign language, a certified English translation **is required**.

Note: If original documents are submitted, a copy will be made by the Fund office and the original documents will be returned by U.S. mail to the applicant's current mailing address on file.

NEAP Normal Benefit Application

Because of the complexity of the rules concerning the tax treatment of distributions received from the Plan, we suggest that you read the enclosed "Special Tax Notice Regarding Plan Payments" thoroughly, and that you obtain advice from your personal tax advisor before making your decision.

Instructions:

On the following pages, you will find an explanation of the Plan's two (2) basic benefit options---lump-sum payments and periodic (monthly) payments. You may allocate your entire account balance any way you choose---all to the lump-sum payments option or split between the lump-sum payments option and the monthly payments option.

Circle the number(s) next to the benefit option(s) you would like to select and then enter either the dollar amount or the percentage of your account balance you would like to have allocated to each of the options you choose.

I elect, with the consent of my spouse, if applicable, to have my benefit paid as follows, in accordance with the rules and regulations governing the National Electrical Annuity Plan:

1. _____ **Lump-Sum payments. Instructions:** If you select this option, you may elect to have the entire amount on line one (1) applied to any one of the four options shown below, or you may split the amount on line one (1) among the options shown below.
- a. _____ Pay the amount on line (a) directly to me. I understand that twenty percent (20%) of this amount will be withheld for federal income taxes. **If you are not a citizen or resident alien of the United States, you may be subject to a different withholding rate.**
 - b. _____ Roll over the amount on line (b) into a qualified Individual Retirement Arrangement (IRA), **in accordance with the "Individual Retirement Arrangement Rollover Authorization" form I have included in this application.**
 - c. _____ Roll over the amount on line (c) into a qualified defined-contribution plan, **in accordance with the "Defined Contribution Plan Rollover Authorization" form I have included in this application.**
 - d. _____ **Annuity purchase.** Use the amount on line (d) to purchase an annuity on my behalf, from an insurance company of my own choosing. I have provided information about the insurance company in the spaces below. I understand that twenty percent (20%) of this amount will be withheld for federal income taxes. **If you are not a citizen or resident alien of the United States, you may be subject to a different withholding rate.**

Contact person and address of insurance company if selecting option (d).

Name

Address Line 1

Address Line 2

City

State

Zip Code

Telephone Number



NEAP Normal Benefit Application

2. _____ **Monthly (periodic) payments---** Pay the amount on line two (2) in monthly installments, over the period selected below. A direct deposit form must be filled out for this option.

Instructions: Circle either option a, b, c, or d below. If you select option a, b, or c, you will receive monthly payments according to your selection. If you select option d, see instructions below. Note that if you die while there is still a balance in your account, any remaining amount will be paid in a lump sum to your spouse, unless you have designated another beneficiary with the consent of your spouse.

- a. twenty (20) years
- b. fifteen years (15) years
- c. ten (10) years
- d. five (5) years.

Instructions: If you select this option, you may elect to have the entire amount on line two (2) applied to any one of the three (3) options shown below, or you may split the amount on line two (2) among the options shown below.

- I. _____ Pay the amount on line (I) directly to me over a period of five years (sixty monthly payments). I understand that twenty percent (20%) of the amount of each monthly payment will be withheld for federal income taxes **If you are not a citizen or resident alien of the United States, you may be subject to a different withholding rate.**
- II. _____ Roll over the amount on line (II) into a qualified Individual Retirement Arrangement (IRA), **in accordance with the "Individual Retirement Arrangement Rollover Authorization" form I have included in this application.**
- III. _____ Roll over the amount on line (III) into a qualified defined-contribution plan, **in accordance with the "Defined Contribution Plan Rollover Authorization" form I have included in this application.**

CALCULATION OF MONTHLY BENEFITS UNDER 5, 10, 15, AND 20-YEAR PAYMENT OPTIONS

To determine your initial monthly benefit under the 5, 10, 15, or 20-year payment option, divide your account balance, minus any lump-sum payment(s) you will be receiving, by the number of months in the payment period you selected. Once each year, your monthly benefit will be recalculated, based upon your remaining account balance as adjusted for the Plan's net investment earnings (or losses) from the previous year. This annual recalculation is necessary to ensure that the total payments made to you over the number of years you selected will be the exact amount of your account balance, plus net investment earnings (or minus net losses) during those years.



NEAP Normal Benefit Application

DESIGNATION OF BENEFICIARY AND SPOUSE'S CONSENT

Instructions:

Only fill out this Designation of Beneficiary form if you have selected a monthly (periodic) payment. If there is a balance in your Individual Account at the time of your death, it will be paid in a lump-sum to your surviving spouse, if any. If you are unmarried, or if you wish to designate someone other than your spouse as your Beneficiary, complete the following information, and, if you are married, have your spouse complete the "Spouse Consent" section below. If you wish to name your spouse as your Beneficiary, you will still need to complete the "Designation of Beneficiary" section, but your spouse should not complete the "Spouse's Consent" section.

DESIGNATION OF BENEFICIARY

I hereby designate the following person as my Beneficiary:

Name: _____ Participant's Signature: _____

Social Security Number: _____ Date of Birth: _____

Relationship to me: _____

Address: _____
Address Line 1

Address Line 2

City State Zip Code

SPOUSE'S CONSENT

I, _____ am the spouse of _____ whose Social Security
Spouse's Name Participant's Name
Number is _____ I understand that my spouse's Individual Account balance is approximately \$_____.
Participant's SSN

I have read the Designation of Beneficiary made above by my spouse and I hereby freely consent to the designation my spouse has made and to payment of the death benefit in the form of a lump-sum. I acknowledge that by this Consent I am waiving my rights to receive, and I will not receive, any benefits which may be payable under the Plan on account of my spouse's death. I may not revoke this Consent. For so long as I am married to the Participant, he/she may not substitute or designate another Beneficiary without my written consent, unless I am designated as the sole Beneficiary.

Spouse's Social Security Number

| | | | | | | | | | | | |
|--|--|--|---|--|--|---|--|--|--|--|--|
| | | | - | | | - | | | | | |
|--|--|--|---|--|--|---|--|--|--|--|--|

Spouse's Signature

County of: _____

State of: _____

Sworn and subscribed to before me this _____ day of _____, 20____.

Notary Name

Notary Signature

My commission expires:

| | | | | | | | | | |
|-------|--|---|-----|--|---|------|--|--|--|
| | | / | | | / | | | | |
| Month | | | Day | | | Year | | | |

(Seal, Stamp or Certificate required)



Individual Retirement Arrangement Rollover Authorization

If you wish to have any portion of your benefit from the National Electrical Annuity Plan (NEAP) rolled over into an Individual Retirement Arrangement (IRA), you will need to have your IRA trustee (in most cases, this will be a bank or other financial institution) complete the information below. We will be issuing a check directly to the trustee of your IRA. To ensure that you receive credit for the funds we are transferring, it is important that all items are fully completed.

Participant's name: _____

Participant's Social Security Number: _____

Approximate amount to be rolled over: _____

THIS SECTION TO BE COMPLETED BY THE FINANCIAL INSTITUTION

Name of IRA trustee: _____

Name of Plan: _____

Mailing address of IRA trustee: _____
Address Line 1

Address Line 2

City State Zip Code

IRA Account number, if applicable: _____

Name of trustee or plan representative to whom inquiries can be made: _____

Telephone number: _____

I certify that the plan noted above is an "eligible retirement plan" within the meaning of Internal Revenue Code Section 402(c)(8)(B) and allows the acceptance of rollover contributions.

Signature of Plan official: _____

Name and title of Plan official: _____

Please use the space below to note any special instructions required to ensure the proper crediting of this distribution.



Defined Contribution Plan Rollover Authorization

If you wish to have any portion of your benefit from the National Electrical Annuity Plan (NEAP) rolled over into a qualified defined contribution plan, you will need to have the trustee of that plan complete the information below. We will be issuing a check directly to the plan trustee. To ensure that you receive credit for the funds we are transferring, it is important that all items are fully completed.

Participant's name: _____

Participant's Social Security Number: _____

Approximate amount to be rolled over: _____

THIS SECTION TO BE COMPLETED BY THE PLAN TRUSTEE

Name of trustee: _____

Name of Plan: _____

Mailing address of Plan trustee: _____

Address Line 1

Address Line 2

City

State

Zip Code

Account number, if applicable: _____

Name of trustee or plan representative to whom inquiries can be made: _____

Telephone number: _____

I certify that the plan noted above is an "eligible retirement plan" within the meaning of Internal Revenue Code Section 402(c)(8)(B) and allows the acceptance of rollover contributions.

Signature of Plan official: _____

Name and title of Plan official: _____

Please use the space below to note any special instructions required to ensure the proper crediting of this distribution.



Direct Deposit

What is it?

Direct Deposit is also known as Electronic Funds Transfer (EFT). It is a system in which funds are electronically transferred from one account to another. In this case, your funds -- your monthly NEAP benefit payments -- are electronically transferred from NEAP to your account in your financial institution. Your financial institution can be any bank, savings and loan, credit union, or investment firm which is a member of the National Automated Clearing House Association (NACHA) system. This system is the same one used by over 15 million Social Security recipients to directly deposit their social security benefit payments into their account.

What are the advantages?

It's safe. Because it is an electronic transfer of funds, it eliminates the possibility of mail delays, misdirected mail, or lost or stolen checks.

It's convenient. There is no need to endorse a check. It avoids having to visit the bank to make a deposit, and it eliminates the possibility of holds being placed on checks until they clear.

It's worry-free. It assures that your monthly pension benefit payment will be available to you on the last banking day of each month, rather than the first day of the following month or even later as is often the case with paper checks.

How much does it cost?

It's free! There is no cost to you for this service. In fact, many people who take advantage of Direct Deposit save money or even make money. They save money since there are no transaction fees for direct deposits as there sometimes are for teller based deposits. They sometimes make money since the direct deposit is made earlier and therefore can earn more interest.

How does it work?

Every month your NEAP benefit payment is automatically deposited to your account. NEAP participant service representatives and NEAP computers do the work for you. You can just sit back and enjoy your retirement.

What will NEAP send me?

You will be informed whenever there is a change in the amount of your monthly pension -- but you will not receive a monthly payment stub. The deposit will be reflected on the statement you normally receive from your financial institution.

What happens if I change banks?

You simply complete a form giving us the name and routing number of your new financial institution and your new account number. While this information is being verified by your financial institution, you will receive a paper check.

CALCULATION OF MONTHLY BENEFITS UNDER 5, 10, 15, AND 20-YEAR PAYMENT OPTIONS

To determine your initial monthly benefit under the 5, 10, 15, or 20-year payment option, divide your account balance, minus any lump-sum payment(s) you will be receiving, by the number of months in the payment period you selected. Once each year, your monthly benefit will be recalculated, based upon your remaining account balance as adjusted for the Plan's net investment earnings (or losses) from the previous year. This annual recalculation is necessary to ensure that the total payments made to you over the number of years you selected will be the exact amount of your account balance, plus net investment earnings (or minus net losses) during those years.

RETURN TO WORK POLICY

If you are receiving monthly benefits under the 5, 10, 15, or 20-year payment option and you subsequently work for 40 or more hours in any calendar month, your monthly benefit will be suspended for that month and for any subsequent month in which you work 40 or more hours. In that event, payment of your monthly benefit will be suspended until you advise the Plan Trustees in writing that you are no longer so employed. *Note that you are responsible for advising the Trustees in writing of any employment which exceeds 40 or more hours in any calendar month.* If you fail to notify the Trustees and they become aware that you are employed in the manner described above, they may act on the basis of a "rebuttable presumption" that you have completed 40 or more hours of service for that month and suspend payment of your benefits for that month. If you work as an instructor in an apprenticeship program recognized by NECA and the IBEW, or as an electrical inspector for a governmental authority, where such instructors or electrical inspectors are not contributed upon, your monthly benefit will not be suspended due to such work.

If your monthly benefit has been suspended and you re-retire, you will have two options: to resume your monthly benefit for the number of months remaining in the payment period you originally selected, or, upon your written election and consent of your spouse, to receive a lump-sum payment of your entire account balance. Any contributions made to the Plan on your behalf during the period of suspension will be added to your account balance.

If you have any questions about the effect of re-employment on your monthly NEAP benefit, we urge you to contact this office before taking any action which might jeopardize your monthly benefit.

From time to time, we may request information to verify your employment status, or we may request that you certify that you are unemployed in the electrical industry.

If your monthly benefit is suspended pursuant to Section 15.1 of the *Plan of Benefits for NEAP* and you wish to appeal the suspension, you may use the Plan's "Claim Procedure", which is described in the Summary Plan Description.

NEAP Normal Benefit Application

Incomplete or inaccurate information may delay the processing of your NEAP Normal Benefit Application.

I hereby apply for a withdrawal from the National Electrical Annuity Plan. All the information provided in this application is true to the best of my knowledge and belief. I understand that if I make a willfully false or fraudulent statement material to this application, or at any time in the application process, or furnish fraudulent information or proof material to this claim, benefits paid solely on account of my false statement will be denied, suspended or discontinued, and that the Trustees shall have the right to recover any payments made to me because of a false statement. Further, I understand that any false or fraudulent statement made during the application process may subject me to sanctions or prosecution under Federal and State law.

Date Signed

| | | | | | | | | | |
|-------|--|---|-----|--|---|------|--|--|--|
| | | / | | | / | | | | |
| Month | | | Day | | | Year | | | |

Participant's Signature

If you are not able to sign, place an (X) mark on the signature line in the presence of a disinterested party. The witness must sign below and include his or her Social Security Number.

Signature of Witness _____

Social Security Number of Witness

| | | | | | | | | | | | |
|--|--|--|--|---|--|--|---|--|--|--|--|
| | | | | - | | | - | | | | |
|--|--|--|--|---|--|--|---|--|--|--|--|



Required Documents

NEAP has designed a list to help ensure that you have enclosed all necessary documents with your benefit application. **Any missing or incomplete documents may delay the processing of your NEAP normal benefit application.**

Copies or originals must be submitted.

Please enclose:

- Copy of Participant's Social Security Card
- Copy of Participant's Birth Certificate/Proof of Age

If you are presently married and your individual account balance is equal to or over \$5,000.00:

- Copy of Spouse's Social Security Card
- Copy of Spouse's Birth Certificate/Proof of Age
- Copy of Marriage Certificate
- If there is a difference between the last name on your Spouse's Birth Certificate and your Marriage Certificate, please submit proof of any name change along with a notarized statement indicating a reason for the change.

If you have been previously married:

- Entire copy of all divorce decrees, Qualified Domestic Relations Orders (QDROs), separation papers and death certificates.

If participant or spouse has ever used a different name:

- If you have ever used a different name, please provide supporting documentation. (example: adoption papers or court order)

Please review your benefit application to make sure you have filled out all pages completely and accurately.

