

NATIONAL ELECTRICAL ANNUITY PLAN NEAP



LUMP SUM BENEFIT APPLICATION

2400 Research Boulevard, Suite 500, Rockville, MD 20850-3266
Telephone (301) 556-4300

National Electrical Annuity Plan

Lump Sum 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.
5. Submit original application. Faxes and photocopies will not be accepted.

If you do not receive a letter within 30 days, you should contact the Plan's office.

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.neap.org.

Proof of Age

To be eligible for a pension, you are required to submit proof of age. Submitting one clear photocopy from the Primary Proof list (below on the left) satisfies the proof of age requirement. However, if you cannot submit one primary document, submitting two clear photocopies from the Secondary Proof list (below on the right) may satisfy the 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, and your individual account balance is equal to or over \$5,000.00 you are required to submit a copy of your marriage certificate.

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

O
R

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.

NEAP Lump Sum Benefit Application

Enter the NEAP participant's Social Security Number, full name, date of birth, current mailing address and telephone number.

Participant Social Security Number

			-						
--	--	--	---	--	--	--	--	--	--

Date of Birth

		/			/				
Month			Day			Year			

Single
 Married
 Divorced
 Widowed

Mr.
 Mrs.
 Ms.
 Miss
 Male
 Female

First Name

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Middle Name

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Last Name

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Mailing Address Line 1

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Mailing Address Line 2

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

City

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

State

--	--

Zip Code\Postal Code

					-			
--	--	--	--	--	---	--	--	--

Country of Citizenship

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Telephone Number

			-					
--	--	--	---	--	--	--	--	--

US Citizen Yes No

US Resident Yes No

If you have been previously married, please provide the information below. Note: If divorced, submit copies of all Divorce Decrees and Marital Settlement Agreements. Do not list your current spouse.

LIST ALL PREVIOUS SPOUSE(S)

Former Spouse(s) Name	Date Married	Date Marriage Ended	Reason (Divorce, Death, Etc.)

NEAP Lump Sum Benefit Application

Please provide information regarding your present or most recent NEAP employer, home local union number in the electrical industry and last day worked.

EmployerName: _____

Mailing Address Line 1

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Mailing Address Line 2

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

City																						State		

Zip Code

						-					
--	--	--	--	--	--	---	--	--	--	--	--

Home Local Union #

--	--	--	--	--

Initiation Date

		/			/				
Month			Day			Year			

IBEW Member

Yes No

Last Local Union # Worked

--	--	--	--	--

Last Day Worked

		/			/				
Month			Day			Year			

NEAP Lump Sum 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:

Below you will find an explanation of the four (4) benefit options which are available to you. If you are age 55 or older refer to the NEAP Summary Plan Description for a complete list of the options for a retirement benefit. You may allocate your entire account balance any way you choose----all to one benefit option or split among the options.

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. _____ Pay the amount on line one (1) 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.**

2. _____ Roll over the amount on line two (2) into a qualified Individual Retirement Arrangement (IRA), **in accordance with the "Individual Retirement Arrangement Rollover Authorization" form I have included in this application.**

3. _____ Roll over the amount on line three (3) into a qualified defined-contribution plan, **in accordance with the "Defined Contribution Plan Rollover Authorization" form I have included in this application.**

4. _____ **Annuity purchase.** Use the amount on line four (4) 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 four (4).

Name

Address Line 1

Address Line 2

City

State

Zip Code

Telephone Number

NEAP Lump Sum Benefit Application

SPOUSE OPTION FORM

(This section must be completed if your account balance exceeds \$5,000.00)

Instructions:

If the balance of your Individual Account exceeds **\$5,000.00**, federal law and the Plan of Benefits for NEAP require that your spouse consent to the selection of a form of benefit other than the Joint and Survivor Annuity Benefit. If you have selected another form of benefit, the following Consent must be signed by your spouse and notarized. If your spouse does not consent to another form of benefit, the law requires that the balance of your Individual Account be paid to you in the form of the Joint and Survivor Annuity Benefit.

SPOUSE'S CONSENT TO PARTICIPANT'S ELECTION OF BENEFITS IN A FORM OTHER THAN THE JOINT AND SURVIVOR ANNUITY BENEFIT

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

I understand that the Individual Account balance will be paid to my spouse in the form of the Joint and Survivor Annuity Benefit unless I sign this Consent. The Joint and Survivor Annuity Benefit would provide me with a benefit, commencing at the death of my spouse and continuing for the remainder of my life, equal to 50% of the benefit my spouse was receiving in the form of a life annuity at the time of his/her death. I have been provided with all of the information that I may have requested as to the economic effect of this Consent.

I understand that I have the right to revoke this Consent by filing a written notice of revocation with the Plan, so long as the Plan receives the notice on or before the date of the first distribution of benefits to my spouse.

- I **HEREBY WAIVE** my right to have my spouse's account paid in the form of a **joint and survivor annuity benefit** as described above and I consent to the option selected by my spouse on this application
- I **DO NOT WAIVE** my right to a joint and survivor annuity and request that you use his/her account balance to provide a **joint and survivor annuity benefit**.

Spouse's Social Security Number

____ - ____ - _____

Date of Marriage

____ / ____ / _____
Month Day Year

Spouse's Date of Birth

____ / ____ / _____
Month Day Year

Spouse's Signature



(Seal, Stamp or Certificate required)

County of: _____

State of: _____

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

Notary Name

Notary Signature

My commission expires:

____ / ____ / _____
Month Day Year

NEAP Lump Sum Benefit Application

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

Please check the appropriate box below. NEAP is a 401(a) defined contribution plan that will roll over your balance to a:

Traditional IRA Roth IRA

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.

NEAP Lump Sum Benefit Application

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.

NEAP Lump Sum Benefit Application

NEAP checks are mailed to your financial institution and are not electronically transferred. If you do not want to have your check mailed to your financial institution you do not have to complete the direct deposit form. The check will be mailed to the address listed on your application.

A Direct Deposit Authorization

I hereby authorize the National Electrical Annuity Plan (NEAP) to initiate credit entries to my account listed below, in the financial institution shown. In the event a credit is made to my account in error, I authorize NEAP to make a correcting entry, provided I am notified of the adjustment. This authorization is to remain in effect until NEAP has received written notification from me terminating it.

Please complete Section A. Take the form to your bank or financial institution with a request that they complete Section B.

Name (Please Print)

--	--	--

 -

--	--

 -

--	--	--	--	--	--

Participant Social Security Number

Signature

--	--

 /

--	--

 /

--	--	--	--	--

Date Signed

B To be completed by Financial Institution

Institution Name

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Mailing Address

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

City

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

State

--	--

Zip

--	--	--	--	--	--

Name of Account Holder (must be recipient or authorized POA, Conservator or Guardian)

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

ABA Routing Number

--	--	--	--	--	--	--	--	--	--	--	--

Account Number

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

- Checking
- Savings

Bank Representative Name

Telephone Number

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.

NEAP Lump Sum Benefit Application

Incomplete or inaccurate information may delay the processing of your NEAP Lump Sum 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.

Signature

Date Signed
[] [] / [] [] / [] [] [] []
Month Day Year

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 lump sum benefit application.**

Clear copies 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 Marriage Certificate

If you have been previously married:

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

If participant 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.