

**UTILITY WORKERS' LOCAL 223 DEFERRED COMPENSATION PLAN  
APPLICATION FORM**

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**SECTION I**

TO: Board of Trustees

I hereby apply for: (Please check one of the following benefits.)

- Retirement Benefits
- Disability Benefits (submit medical proof of Total and Permanent Disability)
- Separation Benefits
- Benefits payable as a result of the death of a Participant

from the Utility Workers' Local 223 Deferred Compensation Plan

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**SECTION II – PARTICIPANT'S PERSONAL INFORMATION:**

Name \_\_\_\_\_  
(First) (Middle) (Last)

Social Security Number \_\_\_\_\_ Email Address: \_\_\_\_\_

Home Address \_\_\_\_\_ Phone Number \_\_\_\_\_  
(Street)

\_\_\_\_\_  
(City) (State) (Zip)

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

It will be necessary that you submit proof of date of birth, such as a copy of your Birth Certificate, for both you and your spouse and a copy of your marriage.

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**SECTION III – STATEMENT OF MARITAL STATUS**

I certify that my marital status is (please indicate your marital status):

- Single – never married
- Single – my spouse is deceased (Attach copy of death certificate)
- Single – divorced\*
- Married

**\*If you have ever been divorced, you must attach a copy of any or all Judgment(s) of Divorce with all attachments including any Qualified Domestic Relations Order and mail them to the Fund Office.**

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**SECTION IV – FORM OF BENEFIT**

Your account balance as of \_\_\_\_\_ is \$ \_\_\_\_\_.

I hereby acknowledge receipt of the IMPORTANT TAX NOTICE REGARDING THE UTILITY WORKERS' UNION OF AMERICA DEFERRED COMPENSATION FUND, which explains my right to choose how my Plan benefit will be distributed and taxed.

***UNMARRIED PARTICIPANTS***

A direct rollover to my Individual Retirement Account (IRA) or the Plan named in Section VI.

\$ \_\_\_\_\_ paid in a direct rollover to my Individual Retirement Account (IRA) or the Retirement Plan named in Section VI AND to have the remainder of my Plan benefit paid directly to me. I understand that 20% of the amount to be paid directly to me must be withheld for federal taxes.

Paid directly to me in a Lump Sum Distribution. I understand that 20% of my benefit must be withheld for federal taxes.

**DECLARATION OF MARITAL STATUS**

(To be completed to declare that you have never been married) Complete in front of Notary

I, \_\_\_\_\_ am not currently nor have I ever been married.

**Signature of Participant** \_\_\_\_\_ **Date** \_\_\_\_\_

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_

Notary Public \_\_\_\_\_ County, \_\_\_\_\_ State \_\_\_\_\_

My Commission expires \_\_\_\_\_

***MARRIED PARTICIPANT***

Normal Form which is a 50% Joint and Survivor Annuity purchased with the value of my accrued benefit account from an insurance company authorized to do business in the State of Michigan. I choose to have a monthly benefit payable to me which is \$ \_\_\_\_\_ per month, then a survivor benefit payable to my spouse of \$ \_\_\_\_\_ per month which is equal to 50% of the benefit I will receive during my lifetime.

I reject the normal form of benefit (spousal/alternate payee consent required) and elect to receive the value of my accrued benefit account in a Lump Sum Cash Payment. I understand that 20% of my benefit must be withheld for federal taxes. (Section V - Spousal Consent must be completed)

A direct rollover to my Individual Retirement Account (IRA) or the Retirement Plan named in Section VI. (Section V - Spousal Consent must be completed)

\$ \_\_\_\_\_ paid in a direct rollover to my Individual Retirement Account (IRA) or the Retirement Plan named in Section VI AND to have the remainder of my Plan benefit paid directly to me. I understand that 20% of the amount to be paid directly to me must be withheld for federal taxes. (Section V – Spousal Consent must be completed)

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**SECTION V – SPOUSAL CONSENT (If applicable)**

I am the legal spouse of \_\_\_\_\_. I understand that my spouse wishes to reject the normal form of benefit (a Joint and Survivor Annuity) and, instead, to receive the entire value of the accrued benefit account in a Lump Sum Cash Payment. I understand that the rejection of the normal form and the election of the Lump Sum Cash Payment requires my consent and that my consent, once given, cannot be revoked by me.

**Date** \_\_\_\_\_ **Signature of Spouse** \_\_\_\_\_

Witnessed by:

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Authorized Plan Representative

Notary Public\*

\*NOTICE TO NOTARIES

If you are serving as witness to the signature of the Spouse identified above, you should realize that Federal Law (i.e., the Retirement Equity Act of 1984) requires that, unless the above "Consent" is executed in the presence of an authorized Plan Representative, it must be executed in the presence of a Notary Public.

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**SECTION VI – DIRECT ROLLOVER INSTRUCTIONS:**

If you want to elect a rollover, please check the appropriate box(es):

Payment to:                      My IRA                                      My eligible Retirement Plan

**Name and address of IRA financial institution or Retirement Plan to whom the rollover check should be issued:**

Name/Custodian of your IRA or Retirement Plan: \_\_\_\_\_

Address of the Custodian: \_\_\_\_\_

Your IRA Account Number: \_\_\_\_\_

(If you are a non-spouse beneficiary, you're Inheritance IRA Account Number)

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**SECTION VII – CERTIFICATION:**

*To be completed by the Participant:*

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 License or Certificate. I also understand that if I am divorced, I must submit a copy or copies of my Divorce Decree(s), and if I am widowed, I must submit a copy of my late-spouse's Death Certificate.

**Date** \_\_\_\_\_ **Signature of Participant** \_\_\_\_\_

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Please return completed form to:

**UTILITY WORKERS' LOCAL 223 DEFERRED COMPENSATION PLAN**  
**6525 Centurion Drive**  
**Lansing, MI 48917-9275**