

**MICHIANA AREA ELECTRICAL WORKERS  
MONEY PURCHASE PLAN  
REQUEST FOR APPLICATION FORM**

TO: **Board of Trustees**  
**Michiana Area Electrical Workers Money Purchase Plan**  
6525 Centurion Drive, Lansing, MI 48917

I hereby request an Application Form so that I might apply for:

Normal Retirement Benefits  
Early Retirement Benefits  
Termination Benefits  
Disability Benefits  
Alternate Payee under a QDRO  
Death Benefits

to be effective \_\_\_\_\_ 1, \_\_\_\_\_.  
(Month) (Year)

**IMPORTANT INFORMATION:** Under the terms of the Plan and the Internal Revenue Service requirements, a participant must have intended to permanently stop working in covered service with any contributing employer to receive a Termination or Early Retirement distribution from the Plan. To determine if this requirement has been met, you must have no contributions from covered service for at least three (3) consecutive payroll reporting calendar months immediately before your requested effective date listed below. Your Application will be sent to Empower for processing after your separation from service has been verified.

When you reach Normal Retirement age of 62, you can receive a distribution whether or not you continue to work in covered employment.

If you are totally and permanently disabled, please indicate the Date of your Disability: \_\_\_\_\_

***I hereby submit the following personal information (Please type or print):***

\_\_\_\_\_  
Your First Name Middle Last Name

\_\_\_\_\_  
Your Social Security Number

\_\_\_\_\_  
Your Street Address

\_\_\_\_\_  
City State Zip Code

**My personal information continued (Please type or print):**

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Your Date of Birth

Your Phone Number(s)

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Your E-mail Address (if any)

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Current Local Union No. (if any)

Initiation Date into that Local

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The last date worked or expected to work before retirement or termination\_\_\_\_\_.

If date is not completed, we will assume that you will continue to work through the month immediately preceding the effective date you indicated above.

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Please indicate your marital status, where applicable:

Single

Married, number of times \_\_\_\_\_

Divorced, number of times \_\_\_\_\_ or widowed \_\_\_\_\_

If currently married, please indicate the following:

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Spouse's First Name

Middle

Last

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Spouse's Social Security Number

Spouse's Date of Birth

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Date of Marriage

Month

Date

Year

## **CERTIFICATION**

I hereby certify that all of the information furnished by me on this Request for Application Form is, to the best of my belief and knowledge, true and complete. I understand that this completed Request Form will be attached to and become part of my Application for Benefits Form and that when I do submit such Application, **I must also submit acceptable proof of my age and, if I am then married, proof of my spouse's age, as well as a photocopy of my Marriage License or Certificate. I also understand that if I am divorced, I must submit a copy of my Judgment(s) of Divorce or Divorce Decree(s) with all attachments, and, if I am widowed, I must submit a copy of my deceased spouse's Death Certificate.**

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Signature of Participant

Date