



IBEW Local No. 236

Health and Benefit Fund,
Annuity Fund, and Pension Fund

EDUCATION REIMBURSEMENT BENEFIT APPLICATION
IBEW LOCAL 236 ANNUITY FUND

Name of Participant SS#

D.O.B: Contact #:

Reimbursements are for the following educational expenses for the named student dependent:

Student D.O. B.:
Expected date of Graduation: Period (semester) covered:
University (educational institution):

Student/Dependent Signature: SS#

- 1. Tuition - include itemized bill from college
2. Books - receipts/invoices with description
3. School required activity fees (not room & board)
Amount of eligible expenses to be paid out
(This is the net amount to which 20% federal withholdings will be added)

Taxes (20% w/h tax) on subtotal

Total disbursements from Annuity account =

Choose only one of the following payment methods:

I wish to have this paid as an eligible rollover distribution, in the form of a two party check payable to me and the qualified IRA or other qualified investment Plan whose qualification letter is attached.

OR
Either of the following, both of which constitute a potential taxable benefit. I realize that 20% will be withheld and remitted for federal withholding taxes per IRS publication 15A. This disbursement may also incur an additional 10% tax at year end if the participant has not yet reached 59.5 years old or does not meet other exemption criteria.

I wish to have a two party check payable to the college and myself (for the full amount).

I wish to have this paid directly to me and have enclosed a paid receipt(s).

NOTE:

- Application must be completed in full, dated, and signed.
If applicable, spousal consent must be dated, signed, and photo ID on file.

This distribution constitutes a direct reduction against your balance and this amount will not be eligible for any allocations at the next Valuation Date. If you were to leave this amount in the Fund, it would be eligible for the allocation, which could be either positive or negative, based upon the results of operations through the end of the period. (Spousal approval required at onset of each benefit option)

Participant's signature Date

Spouse's consent (if applicable) Date

Return completed form to: IBEW Local 236 Annuity Fund; 3000 Troy-Schenectady Road; Schenectady, NY 12309

It is a Federal Crime to file a false application for benefits. In addition, if you file a false application for benefits, you may forfeit your coverage under the plan.

Processed by: Paid: Amount: Date: Ck:
Comments: Reviewed by: