



DISTRIBUTION ELECTION FORM IBEW NECA Conduit 401k Plan

PARTICIPANT'S NAME	SOCIAL SECURITY NO.

I have read the "Special Tax Notice Regarding Plan Payments," and I hereby make the following request for distribution:

I. PAYMENT ELECTION

NOTE: If you have a balance in the Money Purchase Portion, you also have the option to receive your distribution in the form of an annuity. Contact the Fund Office for more information.

Elect One:

- A. Payment Rolled Over to an IRA or Retirement Plan** - I elect to have my vested account distributed in cash, and payable to an Individual Retirement Account ("IRA") or retirement plan.
- B. Payment with Partial Rollover to an IRA or Retirement Plan** - I elect to have my vested account distributed in cash. I further elect to have _____% (if you fail to specify a percentage to be rolled over, you will automatically have 100% rolled over) of my vested account payable to an IRA or retirement plan and have the balance (if any) paid directly to me. I understand that, with respect to the taxable amount paid to me (if any), I may be subject to mandatory 20% federal income tax withholding and any state tax withholding, if applicable. I also understand that if I am under age 59½, an additional 10% penalty tax may also apply.
- C. Payment Paid to Me** - I elect to have my vested account distributed in cash and paid to me. I understand that, with respect to the taxable portion of my distribution, I may be subject to mandatory 20% federal income tax withholding and any state tax withholding, if applicable. I also understand that if I am under age 59½, an additional 10% penalty tax may also apply.
- D. Installments** - My vested account balance exceeds \$5,000, and I elect to have my vested account distributed to me in (select one): [] monthly / [] quarterly / [] semi-annual / [] annual installments over (select one): [] my life expectancy / [] my and my beneficiary's joint life expectancy. I understand that I will be subject to the optional federal income tax withholding rules, and I must complete a **TAX WITHHOLDING ELECTION FORM**. I also understand that if I am under age 59½, an additional 10% penalty tax may also apply. If I elected to have the installments paid over my and my beneficiary's joint life expectancy, the calculation will be based on my life expectancy and the life expectancy of a beneficiary who is ten years younger.
- E. Installments** - My vested account balance exceeds \$5,000, and I elect to have my vested account distributed to me in (select one): [] monthly / [] quarterly / [] semi-annual / [] annual installments over (select one): [] 5 / [] 10 / [] 15 / [] 20 years. I understand that the period selected may be reduced to comply with federal tax law. I also understand that if I am under age 59½, an additional 10% penalty tax may also apply. Installments paid over 9 or less years are subject to mandatory 20% federal income tax withholding and any state tax withholding, if applicable. Installments made over 10 or more years are subject to optional federal income tax withholding rules, and a **TAX WITHHOLDING ELECTION FORM** must be completed.
- F. Installments** - My vested account balance exceeds \$5,000, and I elect to have my vested account distributed to me in (select one): [] monthly / [] quarterly / [] semi-annual / [] annual installments in the amount of \$_____. I understand that I may be subject to mandatory 20% federal income tax withholding and any state tax withholding, if applicable. I also understand that if I am under age 59½, an additional 10% penalty tax may also apply.

DISTRIBUTION ELECTION FORM
IBEW NECA Conduit 401k Plan

PARTICIPANT'S NAME	SOCIAL SECURITY NO.

NOTE: If your vested account is \$1,000 or less, and you fail to make an election above, distribution of your vested account will automatically be made to you in a single sum payment subject to mandatory 20% federal income tax withholding and any state tax withholding, if applicable. If your vested account exceeds \$1,000 but is less than or equal to \$5,000, and you fail to make an election above, your vested account will be rolled over to an IRA selected by the Plan Administrator.

II. PAYEE INFORMATION FOR IRA OR RETIREMENT PLAN (Complete this section ONLY if you elected an option to roll over all or a portion of your distribution to an IRA or retirement plan.) If you choose to roll over all or a portion of your distribution to an IRA or retirement plan, a check in the designated amount will be mailed to you and it will be your responsibility to deliver it to the financial institution or retirement plan.

Generally, you have the option to roll over your distribution to an IRA, Roth IRA, or retirement plan. Refer to the enclosed *Special Tax Notice* regarding these rollover options and their tax consequences. You may also want to contact a financial advisor. If you want to roll over your distribution to a Roth IRA (Roth conversion), check the Roth IRA box below and fill in the IRA information. If you elect this option, you will be subject to taxes. However, no amount will be withheld from the rollover for payment of these taxes.

Payee Information: My rollover should be made payable to (check one and complete below):

IRA

Roth IRA

Retirement Plan

Name of IRA Financial Institution or Retirement Plan

III. SIGNATURE

Under penalty of perjury, I certify that there is no pending domestic relations order or court approved domestic relations order which has, or will, assign all or a part of my vested benefit to my spouse, former spouse, child or other dependent. I understand that a false statement by me may result in legal damages for which I will be fully responsible.

I understand that a fee of \$50.00 will be charged to my account for the processing of this distribution. However, if I elected to receive installment payments, I understand that each installment payment will be subject to a fee of \$2.00. I understand that I have the option to have this distribution directly deposited into my bank account by accessing myplan.johnhancock.com to set up my banking information or to confirm existing banking information on file, if applicable. I also understand that any distribution checks will be mailed to the address on my account as of the date the payment is processed. I further understand that the address of record is used for all tax reporting purposes.

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PARTICIPANT'S NAME	SOCIAL SECURITY NO.

Under penalties of perjury, I certify that:

1. The Social Security number / taxpayer identification number I provided on this form is my correct taxpayer identification number.
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. citizen or other U.S. person, including a U.S. resident alien (as defined in the IRS Form W-9 instructions).

Certification Instructions

You must check the box below if you have been notified by the IRS that you are currently subject to backup withholding because you failed to report all interest and dividends on your tax return.

I am subject to backup withholding as a result of a failure to report all interest and dividends.

Since the Plan is an account held in the United States, you are not required to provide a code indicating that you are exempt from FATCA reporting.

Note: The IRS does not require your consent to any provision of this document other than the certification required to avoid backup withholding.

Signature of Participant: _____ Date: _____

TO BE COMPLETED BY PLAN ADMINISTRATOR

The request for the above Participant is: APPROVED NOT APPROVED

If approved, the Custodian is hereby authorized to process the request.

Plan Administrator: _____ Date: _____

Date form received by Plan Administrator: _____

Please return this form to: IBEW-NECA Conduit 401(k) Plan, 2120 Hubbard Ave., Decatur, IL 62526-2871



TAX WITHHOLDING ELECTION FORM
IBEW NECA Conduit 401k Plan

Table with 2 columns: PAYEE'S NAME, SOCIAL SECURITY NO.

NOTE: Do not complete this form if you elect to have your vested account paid to you in a lump sum, unless it is a required minimum distribution. Refer to your Election Form to determine whether this form is required.

Use this form to elect to have no federal income tax withheld from your distribution (excluding eligible rollover distributions) or to have additional amounts of tax withheld from your distribution. Whether or not you elect to have federal income tax withheld, you are liable for payment of federal income tax on the taxable portion of your distribution.

- Periodic Payments - If you do not return this form or fail to provide all required information and you elect annuity or installment payments for a period of 10 or more years, federal and any applicable state income tax will be withheld from the taxable portion of your payments as if you were a married individual claiming three withholding allowances.
Nonperiodic Payments (for Required Minimum Distributions and IRA Account Holders) - If you do not return this form and elect a lump sum distribution, 10% federal and any applicable state income tax will be withheld from the taxable portion of your distribution.

Your tax withholding election will remain in effect until you cancel it. You may change or cancel your election at any time by requesting a new form by contacting John Hancock. You may obtain additional instructions and worksheets to assist you in completing this form by requesting the official IRS Form W-4P at 1-800-TAX-FORM or on the Internet at www.irs.ustreas.gov. You may want to seek the advice of a professional tax advisor prior to completing this form.

I. ELECTION FOR WITHHOLDING

Elect One:

- A. I do not elect to have federal or state income tax withheld from my distribution payments. (Skip Section II and sign Section III.)
B. I elect to have federal and/or state income tax withheld from my distribution payments. (Complete Option A or B in Section II and sign Section III.)

II. TAX WITHHOLDING (Complete Option A if you want withholding based on marital status and allowances or Option B if you want withholding based on a flat dollar amount.)

Elect One:

- A. WITHHOLDING BASED ON MARITAL STATUS AND ALLOWANCES - Withhold federal and applicable state income tax based on my marital status and number of allowances as indicated below. I understand that my marital status and number of allowances will be used to determine the amount of federal and applicable state income tax withheld from my payment and that if the amount of my payment is such that no tax withholding is required based on my election, no withholding will occur unless I indicate an additional dollar amount to be withheld.

**TAX WITHHOLDING ELECTION FORM
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PAYEE'S NAME	SOCIAL SECURITY NO.

Marital Status: Single Married Married, but withhold at higher Single rate

Total number of allowances: _____

Additional amount, if any, to be withheld for federal income tax: \$ _____

Flat dollar amount to be withheld for state income tax: \$ _____

Note: If your state requires state income tax withholding and you elect federal withholding, the required state amount will be withheld unless you request a dollar amount that is greater than the amount required by law. If your state does not have state income tax, no state tax will be withheld.

B. WITHHOLDING BASED ON A FLAT DOLLAR AMOUNT - Withhold federal and state income tax as indicated below.

Amount to be withheld for federal income tax: \$ _____

Amount to be withheld for state income tax: \$ _____

Note: If your state requires state income tax withholding and you elect federal withholding, the required state amount will be withheld unless you request a dollar amount that is greater than the amount required by law. If your state does not have state income tax, no state tax will be withheld.

III. SIGNATURE

I certify that the information provided on this form is correct.

Your Signature: _____ Date: _____

Please return this form to: IBEW-NECA Conduit 401(k) Plan, 2120 Hubbard Ave., Decatur, IL 62526-2871