

IBEW LOCAL 242 & 294 SUPPLEMENTAL PENSION PLANS INVESTMENT CHANGE FORM

Name: _____ Social Security Number (last 4): __ __ __ __

Home Local: 242 294 (circle one) DOB : ____/____/____

Contributing Employers make contributions to the Supplemental Pension Plan based on the Collective Bargaining Agreement. You have the option to elect “self-directed”(Part B and C) and/or “trustee-directed” (Part D and E) investments of these Supplemental Pension contributions.

After your initial election, you may transfer money between “self-directed” and “trustee-directed” at quarterly intervals. You also may quarterly elect allocation of your future contributions. This form needs to be **received** by the Fund Office by the last day of each calendar quarter for transfers to or from self-directed accounts (March 31, June 30, September 30, and December 31). Following receipt of this form, transfers from self-directed to trustee-directed will generally occur within 5 business days from the end of the quarter and transfers from trustee-directed to self-directed will generally occur within 21 days following the end of the quarter.

EXISTING BALANCE CHANGE

Please transfer all or a portion of my existing Supplemental Pension Fund balance as directed below (must equal 100%):

Self-directed _____ %
Trustee-directed _____ %
Lump Sum Transfer \$ _____

FUTURE CONTRIBUTION CHANGE

Please transfer all or a portion of my future contributions as directed below (must equal 100%):

Self-directed _____ %
Trustee-directed _____ %

Signature: _____

Date: _____

Please contact the Fund Office with any questions: 218-724-8883 or 877-908-3863