

**WITHDRAWAL APPLICATION  
IBEW LOCAL #294  
SUPPLEMENTAL UNEMPLOYMENT FUND**

I AM ELECTING TO WITHDRAW FROM MY IBEW LOCAL #294  
SUPPLEMENTAL UNEMPLOYMENT FUND.

DATE \_\_\_\_\_ PHONE # \_\_\_\_\_

NAME \_\_\_\_\_ SS# \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY, STATE, ZIP \_\_\_\_\_

DATE OF SEPARATION \_\_\_\_\_

**UPON YOUR SEPARATION FROM SERVICE FROM THE ELECTRICAL INDUSTRY AND FUTURE EMPLOYMENT WITH EMPLOYERS OBLIGATED TO CONTRIBUTE TO THIS FUND, YOU MAY ELECT EITHER TO HAVE YOUR ACCOUNT PAID TO YOU OR YOU MAY ELECT TO USE YOUR ACCOUNT TO SUPPLEMENT YOUR *RETIREE COVERAGE* UNDER THE ELECTRICAL WORKERS HEALTH AND WELFARE FUND.**

*AS REQUIRED BY LAW, ALL APPLICABLE STATE AND FEDERAL TAXES WILL BE WITHHELD FROM THIS BENEFIT. COMPLETE TA W4 FORM FOR TAX WITHHOLDING (W4 can be found at: <https://www.irs.gov/pub/irs-pdf/fw4.pdf>).*

**PLEASE SELECT YOUR ELECTION BELOW:**

\_\_\_\_ CASH PAYOUT

\_\_\_\_ SUPPLEMENT RETIREE HEALTH & WELFARE COVERAGE

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_