INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS LOCAL 773 PENSION PLAN (the "Plan")

REQUEST FOR TERMINATION ESTIMATE

You may request a termination estimate if you are under age 50 and no pension contributions have been made on your behalf during the past 24 months.

The estimate will provide you with the amount of the cash value (commuted value) payable to you if you decide to terminate your membership in the Plan, as well as your monthly pension which is payable to you starting at age 60 (or as early as age 50, with reduction) if you decide to stay in the Plan. An Application for Termination Benefits will be included with the package indicating your payment options should you decide to terminate your membership in the Plan and receive the cash value of your pension based on the Plan's current funding level.

The termination benefit will be calculated in accordance with the Plan Text and the Plan's transfer ratio in effect at the time your request is received.

By completing	the information belov	v, you are requesting a	termination estimate b	e provided to you.				
Name:								
Address:	STREET							
	CITY	PRO'	VINCE	POSTAL CODE				
Email address:		F	Phone Number:					
Date of Birth:	Attach proof of age (birth certificate, passport or driver's license)							
Marital Status: Spouse's Name:								
and belief. I un	derstand that the info	tion is true, accurate an ormation provided by me or the purpose of provid	e on this Request for ${\mathsf I}$	Гermination				
 Member's Signa	ture	 Date						
Complete this	form and forward i	it along with the requi	ed documentation to) :				
	d ocal 773, Employees rvice Road East	Benefit Services						
For Office Use	e 🗆 Pr	roof of age provided	☐ Statement of mari	tal status provided				
Date of Last Co.	ntribution	— Date	Termination Request Re	eceived				

IBEW Local Union 773 Pension Plan

Registration #0349464

STATEMENT OF MARITAL STATUS

Name	e of Member	.							
Social Insurance Number:		Last Name		First Name	Initial				
DEFI	NITION OF	SPOUSE							
		he Plan, "Spou Member who:	se" of a Member on a	ny date means	a person of the opposite	e sex to the Member or the			
<i>(i)</i>	is marrie	is married to the Member, or							
(ii)	is not married to the Member but is living with the Member in a conjugal relationship								
	(a) c	(a) continuously for a period at least three years, or							
			relationship of some permanence if they are the natural or adoptive parents of a child, both as ned in the Family Law Act, R.S.O. 1990, ch. F.3;						
		the purposes of ad apart from th		hall be deemed	I not to be the Spouse o	f a Member if the person is			
MAR	ITAL STATI	JS – Check onl	y one						
	I do have a Spouse as defined above								
	I have a Spouse as defined above, but we are living separate and apart								
	I do not ha	not have a Spouse as defined above							
SPOL	JSE DATA				最为很大的"加度"的"一"。				
Name	of Spouse				,				
		Last	Name		First Name	Initial			
Spouse's Date of Birth					8				
		Day	Month	Year					
ASSI	GNMENT O	F PENSION - (Check only one						
As of	the date of t	his statement, l	certify that:						
		my pension en reakdown.	titlement under this P	lan has been a	ssigned by agreement o	r court order as a result of a			
		e applicable agr			assigned as a result of a	a marriage breakdown. A eviously to this Plan's			
Signat	ture of Mem	ber		Date					
Signat	ure of Witne	ess		Name	of Witness (Please Prin	t)			

IMPORTANT: If you have a Spouse as defined above and you do not choose one of the Joint & Survivor Pension options when you retire, a Spousal Waiver of Joint & Survivor Pension must be completed.