

# Spousal Consent

Use blue or black ink only.

If you have any questions regarding the completion of this form, please call the Voice Response System at 1-877-715-4015.

**International Union of Operating Engineers Local No. 132 Annuity and Savings Fund**

**457847-01**

## Participant Information

_____	_____	_____	_____
Last Name	First Name	MI	Social Security Number
_____			_____
Address - Number & Street			E-Mail Address
_____	_____	_____	_____
City	State	Zip Code	
( _____ )	_____		
Daytime Phone			

**Spousal Consent is required on your request. Complete section(s) below as needed.**

**Distribution Reason - Complete this section if you are requesting a distribution.**

Severance of Employment - Date: \_\_\_\_\_  Disability - Date: \_\_\_\_\_

In-Service  Minimum Distribution (Age 70 1/2)

You must check one:

**Full Distribution**

OR

**Partial Distribution** Amount \$ \_\_\_\_\_  Net Amount

OR

**Hardship Distribution** Amount \$ \_\_\_\_\_  Net Amount

**Hardship Reason - Choose one if Hardship Distribution is checked in the Distribution Reason section above.**

**Medical Care** - as defined in the Internal Revenue Code of 1986, as amended, on behalf of myself, my spouse, or my dependents for whom I can claim an exemption on my federal tax return

**Principal Residence** - costs directly related to the purchase of my principal residence (not including mortgage payments)

**Eviction and/or Foreclosure** - need to prevent eviction from principal residence and/or foreclosure on the mortgage of my principal residence (depending on Plan provisions)

**Tuition** - payment of tuition for the next 12 months of post secondary school education for myself, my spouse, my children or dependants

**Other** - facts and circumstances allowed by the Plan and approved by the Plan Administrator



