
AUTHORIZATION TO REMOVE FROZEN ACCOUNT STATUS FORM

Local 46 IBEW Retirement Annuity Plan

Please complete the following information (type or print).

PARTICIPANT'S NAME	SOCIAL SECURITY NO.

NOTE: Your account was previously frozen due to receipt of notice of a pending domestic relations order or divorce, receipt of a divorce decree or domestic relations order, or issuance of a qualified domestic relations order package (if applicable). In order to remove the freeze from your account, you must complete Section I below and your spouse must complete Section II below. Your spouse's certification must be witnessed by a Plan Representative or notarized by a Notary Public. Please be advised that once a domestic relations order has been determined to be qualified and an account has been established for the alternate payee (e.g., your spouse, former spouse, child or other dependent) pursuant to the domestic relations order, the freeze on your account is automatically removed.

I. PARTICIPANT CERTIFICATION

I hereby certify that, as of the date hereof, I alone am entitled to receive my entire vested account ("account") under the Local 46 IBEW Retirement Annuity Plan (the "Plan") and that no other person has a right to any part of said account. I further certify that, as of the date hereof, there does not exist a **pending** domestic relations order pursuant to which any other party (e.g., my spouse, former spouse, child or other dependent) will be or has been assigned an interest in or a right to any part of my account under the Plan.

Signature of Participant: _____ Date: _____

II. SPOUSAL CERTIFICATION

As the spouse of the Participant named above, I hereby certify that, as of the date hereof, there does not exist a **pending** domestic relations order pursuant to which I will be or have been assigned an interest in my spouse's account under the Plan. I consent to the removal of the frozen status of my spouse's account under the Plan.

Signature of Spouse: _____ Date: _____

WITNESSED BY (To be completed by Plan Representative or Notary Public)

PLAN REPRESENTATIVE

Signature of Plan Representative Date

OR

NOTARY PUBLIC

State of _____, County of _____, ss.

On this, the ___ day of _____, 20___, before me personally appeared _____ known (or satisfactorily proven) to me to be the person who executed the foregoing Spousal Certification and acknowledged that he or she executed the same as his or her free act and deed. In witness whereof, I hereunto set my hand and official seal.

Signature of Notary Public (SEAL)

My Commission Expires: ___ / ___ / ___

To Be Completed By Plan Administrator

This Authorization To Remove Frozen Account Status is: APPROVED NOT APPROVED

Plan Administrator: _____ Date: _____

Return this form to: Trust Office, Local 46 IBEW, c/o Welfare and Pension, Administration Services, Inc., Seattle, WA 98124.