

**IBEW Local #347  
Retirement and 401(k) Plan  
Statement of Retirement**

Effective \_\_\_\_\_, I \_\_\_\_\_ am  
notifying the IBEW Local #347 Retirement and 401 (K) Plan of my Retirement, as defined by the  
Plan Document.

I understand that "Retirement" means a voluntary and immediate cessation of  
Employment with any and all Employers, intended to be permanent, upon having reached or  
surpassed Early Retirement Age or Normal Retirement Age.

I also understand that pursuant to Page 14 of the Summary Plan Description, the  
Trustees have the right to recover any benefit payments made in reliance on any willfully false  
or fraudulent statement, information or proof submitted by a Participant.

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\_\_\_\_\_  
Participant's Signature

\_\_\_\_\_  
Participant's Name (Print)

\_\_\_\_\_  
Date