

SACRAMENTO AREA ELECTRICAL WORKERS TRUST FUNDS

PO BOX 5057 SAN JOSE, CA 95150; 1120 Bascom Avenue, San Jose, CA 95128

SUPPLEMENTAL RETIREMENT TRANSFER REQUEST FOR REIMBURSEMENT

I hereby request reimbursement from my individual account in the Sacramento Area Electrical Workers Supplemental Retirement program and my current status is:

- ACTIVE
 RETIRED

By my signature below, I certify that the above expense was for:

- SELF
 SPOUSE
 QUALIFIED DEPENDENT

A COPY OF THE RECEIPT OR CANCELLED CHECK MUST ACCOMPANY THIS REQUEST

DATE

SOCIAL SECURITY NUMBER

PRINT NAME

STREET ADDRESS

CITY

STATE

SIGNATURE

FOR INFORMATION PLEASE CONTACT: Joan Gibbons at 408-288-4442 or
Karlene Maffei at 916-923-0666

UNITED ADMINISTRATIVE SERVICES
1120 SOUTH BASCOM AVENUE
SAN JOSE, CA 95128; (fax) 408-288-4578
ATTN: JOAN GIBBONS