

SACRAMENTO AREA ELECTRICAL WORKERS TRUST FUNDS

P.O. Box 5057, San Jose, CA 95150 ❖ 1120 South Bascom Avenue, San Jose, CA 95128 ❖ (408) 288-4400 ❖ (800) 541-8059

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 the above expense was incurred for:

- SELF
 SPOUSE
 QUALIFIED DEPENDENT

A copy of the receipt or cancelled check must accompany this request.

DATE

SOCIAL SECURITY NUMBER

PRINT NAME

PARTICIPANT'S SIGNATURE

LOCAL OFFICE LOCATED AT:
2840 EL CENTRO ROAD, SUITE 114
SACRAMENTO, CA 95833
Ph 916-923-0666 fax 916-923-2553