

Notification of Intention to Retire Form

Please complete and return this form once you have determined your actual retirement date. This form will be used to notify the various departments of your retirement. Return to:

IBEW 965, 1602 S. Park St. Rm # 220. Madison, WI 53715

or

UFI, 17700 W. Capitol Dr. Bld. # 3 Ste 6, Brookfield, WI 53045

Name: _____ Social Security Number: _____

Address _____

Home Phone: _____ Work Phone: _____

Spouse's Name _____

Spouse's Social Security Number: _____ Spouse's Date of Birth: _____

Home phone: () _____ Work phone: () _____

Last Day of Work: _____

Retirement date (first day of the month): _____

Please note: Your retirement date cannot be extended by using vacation days. Your actual last day worked will be your out-of-service date and your retirement date will be effective the first of the month **following** your last actual work day. Vacation that is not used is paid out when you leave employment and is not considered for pension eligible earnings or contribution to the 401(k) plan.

Additional notes:

1. Retiree medical and life insurance will be effective the first of the month following your out-of-service date.
2. Medical premiums will be deducted from your monthly pension check when you choose your monthly annuity option. If you choose to delay your pension election until a later date, you will be billed on a monthly basis.
3. Please select yes: _____ no: _____ if, by signing this agreement, you are allowing a representative of Union Financial Inc. (UFI) to discuss/gather and receive your retirement information (Pension, RIF, health, LTD, Life, 401(k)) from the companies (Alliant Energies/WP&L and JP Morgan) on your behalf. If nothing is selected, it is assumed UFI will gather the information for you.

Signature: _____ **Date:** _____