

U. A. LOCAL NO. 159 DEFINED CONTRIBUTION PLAN

4160 Dublin Blvd, Suite 400

Dublin, CA 94568 / Telephone: (866) 295-6402

APPLICATION FOR DISTRIBUTION

INSTRUCTIONS *Be sure to provide accurate information and all requested documents. Incorrect or incomplete information may delay payment.*

1. Please read and complete each section carefully.
2. Print all information.
3. Sign and date the Application.
4. Mail the completed Application and required attachments to the Trust Fund Office at the address above.
5. In addition to this form, please fill out the appropriate Vanguard application form.

PERSONAL DATA

Name _____
Last First Middle

Address _____
No. and Street

City State Zip Code

Soc. Sec. No. _____ Date of Birth _____ Phone # _____
(Attach Birth Certificate)

Marital Status:

☐ Single ☐ Married – Spouse Name _____ Date of Marriage _____

☐ Separated ☐ Divorced – Date of Divorce _____

If you were previously married, attach a complete copy of the Interlocutory and/or Final Judgment of Dissolution of Marriage, and any property settlement agreement, for each divorce, unless you provided these documents for another Application. Failure to provide these documents may delay receipt of your benefits

Date First Worked in Trade _____ Date Last Worked in Trade _____

Name of Last Employer in Trade _____

Are you currently employed? _____ YES _____ NO **If yes,**

Name of Current Employer _____

Position _____

Job Description _____

REASON FOR DISTRIBUTION

Check One:

- ☐ Retirement under the U. A. Local No. 159 Defined Benefit Plan
- ☐ Age 55 and Disabled (attach proof of disability)
- ☐ 12-Month Separation from Service
- ☐ 6-Month Separation from Service and no longer working in the Plumbing and Pipefitting Industry (available only once)
- ☐ Change of U. A. Local Union membership (only total lump sum for transfer to other Local Union's defined contribution plan)

EXPLANATION OF FORMS OF DISTRIBUTION: The Defined Contribution Plan offers the following forms of distribution:

Total Lump Sum Distribution: a single payment equal to the balance of your account. This is the only form of distribution available if you are electing a transfer to the Defined Contribution Plan of a U. A. Local Union to which you have transferred your membership.

Monthly Installments: Equal monthly payments of not less than \$100 over a fixed period of years, not to exceed 20 years or your life expectancy, whichever period of time is less.

Partial Lump Sum Distribution Followed by Monthly Installments: a single payment in the amount you specify, followed by monthly installments commencing immediately.

Partial Lump Sum Distribution (with Deferred Installments): a single payment in the amount you specify. Any election of a Partial Lump Sum Distribution without immediate installments will be followed by monthly installments beginning on April 1 of the calendar year following the year that you attain age 70½, unless you complete a new form, electing to receive additional lump sums or installments starting at some other time, or both.

ELECTION OF FORM OF DISTRIBUTION

Check One:

- ☐ Total Lump Sum Distribution
- ☐ Equal Monthly Installments (pick one):
 - a. _____ per month b. for _____ years
- ☐ Partial Lump Sum Distribution in the amount of \$_____, followed by monthly installments beginning immediately (pick one):
 - a. _____ per month b. for _____ years
- ☐ Partial Lump Sum Distribution in the amount of \$_____, with deferred installments.

DESIGNATION OF BENEFICIARY

(If You Are Electing Monthly Installments or a Partial Lump Sum Distribution)

You may designate any person or persons as beneficiary, to receive benefits unpaid after your death. You may change your designation at any time. If you are married and wish to name someone other than your spouse as your beneficiary, you must obtain the written consent of your spouse below. If you do not designate a beneficiary, benefits will be paid to the following persons: your surviving spouse, if any; your children; if any, natural or adopted; your father and/or mother, if either is living; your sisters and/or brothers, if any living; or your estate. To designate more than one beneficiary, attach copies of this page, signed on top.

To accept the default beneficiaries, put your initials here and skip the next item: _____

I hereby designate the following person to be the beneficiary of any benefits payable after my death under the option checked above, revoking all prior designations.

Beneficiary's Name _____

Beneficiary's Address _____
No. and Street City State Zip

Beneficiary's Soc. Sec. No. _____

If you want to designate more than one person as beneficiary, please use one copy of this page for each beneficiary, and enter total number of beneficiaries and this beneficiary's share, and initial each copy:

Number of beneficiaries: _____ Percentage payable to this beneficiary: _____

CONSENT OF SPOUSE (Required Only If Non-Spouse Beneficiary Is Named Above)

14. I understand that I may have a legal interest in these benefits and that my spouse may not name anyone other than me as beneficiary, unless I give my consent by signing below. I understand that I may not withdraw my consent to the election of a form of benefit once my spouse has received the first check under the form elected above; and I hereby consent to that election. I understand that I may withdraw my consent to the designation of beneficiary for any benefits which have not been paid, and that any withdrawal of my consent must be in writing and delivered to the Trust Fund Office. I hereby consent to the designation(s) of beneficiary made above.

Spouse's Signature: _____ Date _____

Attach Notary's Certificate for spousal consent here, unless signature of spouse is witnessed by a Plan representative who signs below:

Plan Rep. Signature: _____ Date _____

NOTICE OF WITHHOLDING FEDERAL AND STATE TAX

Payments from the Defined Contribution Plan are subject to Federal and State income tax withholding. If your distribution is eligible to be rolled over to an IRA or another qualified plan, 20% federal withholding is mandatory if you do not roll it over. In most cases, lump sum distributions and installments for less than ten years are eligible to be rolled over, or subject to mandatory federal withholding. Please read the Plan's *Notice Regarding Plan Payments and Rollovers*; you may also wish to consult a tax adviser. To elect to roll a distribution over, complete the Plan's Rollover Election form. If your distribution is not eligible to be rolled over, you may elect whether or not to have taxes withheld by completing a form to be provided by the Trust Fund Office.

VERIFICATION AND SIGNATURE BY PARTICIPANT

I hereby certify, under penalty of perjury, that all of the above statements on this Application and all of the statements on the attached pages and documents are true, correct and complete, to the best of my knowledge. I understand that a false statement may disqualify me for this distribution and that the Trustees have the right to recover any payments made to me because of a false statement. I hereby request a distribution from my Defined Contribution Plan account in the form of benefit checked above, and designate the beneficiary named above (if applicable). I have read the above Explanation of Forms of Distribution and the Plan's *Notice Regarding Plan Payments and Rollovers*.

Employee' s Signature: _____ Date _____