

U.A. Local No. 467 Trust Funds

MAILING ADDRESS: P. O. BOX 5057, ZIP 95150-5057 • SAN JOSE, CALIF. • PHONE: (408) 288-4400

DEFINED CONTRIBUTION PLAN REQUEST FOR DISTRIBUTION

Name: _____

SSN: _____

Payee: (check one)

Retiree
Beneficiary
Ex-Spouse / Alternate Payee

Marital Status: (check one)

Married (If yes, please complete
the attached Spousal Waiver Form)
Unmarried

The Defined Contribution Plan of U.A. Local No. 467 provides that you may select the form of payment you prefer from the following choices:

- ☐ 1. Lump Sum – ENTIRE ACCOUNT.
- ☐ 2. A partial lump sum in the gross amount of \$ _____.
NOTE: You can **only** take two (2) Partial Lump Sums from January 1st to December 31st.
- ☐ 3. Installment payments in the gross amount of \$ _____ per month.
NOTE: You can **only** change your monthly amount two (2) times from January 1st to December 31st.
Also, your monthly gross amount must be at least \$300.00.
- ☐ 4. I wish to postpone payment until further notice, or until the date at which the IRS requires distribution of my Defined Contribution Plan (April 1 of the year following my attaining the age of 70½).

DIRECTIONS: If you elect the Installment payments, please indicate the monthly amount desired in the space provided above. **Please note that your signatures on this form must be notarized.**

Please be advised that all distributions (except for members over 70½) are subject to, and will be reduced by, a 20% Federal withholding tax and any additional withholdings requested by you, the member.

PLEASE NOTE THAT TO RECEIVE YOUR DISTRIBUTION BY THE FIRST OF THE FOLLOWING MONTH, YOUR REQUEST MUST BE RECEIVED NO LATER THAN THE TENTH (10th) OF THE CURRENT MONTH

Signature of Applicant_____
Date

PLEASE SEE NOTARIZATION NEXT PAGE

CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT**CIVIL CODE § 1189**

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California)

County of _____)

On _____ before me, _____,
*Date Here Insert Name and Title of the Officer*personally appeared _____
Name(s) of Signer(s)

who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature _____
Signature of Notary Public

Place Notary Seal Above

OPTIONAL

Though this section is optional, completing this information can deter alteration of the document or fraudulent reattachment of this form to an unintended document.

Description of Attached Document

Title or Type of Document: _____ Document Date: _____

Number of Pages: _____ Signer(s) Other Than Named Above: _____

Capacity(ies) Claimed by Signer(s)

Signer's Name: _____

☐ Corporate Officer - Title(s): _____☐ Partner – ☐ Limited ☐ General☐ Individual ☐ Attorney in Fact☐ Trustee ☐ Guardian or Conservator☐ Other: _____

Signer Is Representing: _____

Signer's Name: _____

☐ Corporate Officer - Title(s): _____☐ Partner – ☐ Limited ☐ General☐ Individual ☐ Attorney in Fact☐ Trustee ☐ Guardian or Conservator☐ Other: _____

Signer Is Representing: _____

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Spousal Waiver Form

Participant's Name: _____

SSN: _____

Spouse's Name: _____

SSN: _____

I understand that I have a community property or other interest in my spouse's pension benefits. I further understand that my spouse may not withdraw any funds from his/her U.A. Local 467 Defined Benefit Plan or Defined Contribution Plan Account unless I give my written permission and consent below.

I hereby consent to my spouse's election of the distribution indicated on the attached form.

Signature of Spouse

Date

TO BE COMPLETED BY PLAN REPRESENTATIVE

Signature of spouse witnessed this ____ day of _____, 20____ in the presence of:

Plan Representative Signature

Form of I.D. _____

Print Name

or

See Next Page for Notarization

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who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature _____
Signature of Notary Public

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Signer Is Representing: _____

Signer's Name: _____

☐ Corporate Officer - Title(s): _____☐ Partner – ☐ Limited ☐ General☐ Individual ☐ Attorney in Fact☐ Trustee ☐ Guardian or Conservator☐ Other: _____

Signer Is Representing: _____

U.A. LOCAL NO. 467 DEFINED CONTRIBUTION PENSION PLAN

**NOTICE TO PARTICIPANTS AND BENEFICIARIES CONCERNING
ELIGIBLE ROLLOVER DISTRIBUTIONS AND ELECTION FORM**

PLEASE READ THIS NOTICE AND THEN COMPLETE THE ELECTION FORM.

NAME: _____ SSN: _____

The U.A. Local No. 467 Defined Contribution Pension Plan provides that you are allowed to transfer all or part of an "eligible rollover distribution" directly from the Plan to an eligible employer plan or union pension plan or a traditional individual retirement arrangement ("IRA"). If you have received this form, you are about to receive one or more "eligible rollover distributions" described below. This notice and election form explains the Plan rules for electing to have your distribution(s) rolled over. Please also read the attached Notice Regarding Plan Payments and Rollovers.

An "eligible rollover distribution" generally means any distribution over \$200, or monthly payments totaling over \$200 in a single year which are paid out over a period shorter than ten years. Under the Defined Contribution Pension Plan, the only eligible rollover distributions are: 1) lump sum distributions, and 2) installment payments for a fixed period of less than ten years.

If you elect to have an eligible distribution rolled over directly, your entire distribution (or the portion you designate, if at least \$500) will be paid to the trustee(s) for the transferee plan or traditional IRA. You may not roll your distribution over to a Roth IRA, a SIMPLE IRA, or a Coverdell Education Savings Account. If you do not elect to roll your distribution over directly, your distribution will be paid directly to you, less a mandatory 20% withholding of federal income tax, and any optional withholding of state taxes that you elect.

To elect to have your distribution(s) rolled over, you must complete this form and return it to the Administration Office promptly. If you do not return this form to the Administration Office in a timely fashion, you will be deemed to have elected to have your distribution(s) made directly to you. PLEASE NOTE: If you will be receiving a series of eligible rollover distributions, this election will apply to the entire series. However, you are free to change your election for all future distributions by submitting a new election form.

TO BE COMPLETED BY ADMINISTRATION OFFICE:

You are about to receive the following eligible rollover distribution(s) (check one):

- ☐ a lump sum distribution in the amount of \$_____.
- ☐ monthly installment payments of \$_____ for _____ months.

RECIPIENT'S STATEMENT AND ROLLOVER ELECTION

TO BE COMPLETED BY PARTICIPANT OR BENEFICIARY:

Check one:

☐ I hereby elect to have the distribution(s) paid directly to me.
[If you make this election, sign below and do not complete the rest of this form.]

☐ I hereby elect to have the following amount of the distribution(s) rolled directly over to an eligible employer plan or to a traditional IRA (check one):

☐ All

☐ Portion of distribution: _____
(Must be \$500 or more)

I hereby affirm that the recipient of the direct rollover(s) that I have requested is a trustee of an eligible employer plan or union pension plan or a traditional IRA. The name and address of the person or institution to whom the direct rollover(s) should be made is:

Name of Trustee: _____

Name of Account: _____

Account Number: _____

Name of Bank or Institution: _____

Address to which Payment is to be sent: _____

Preferred type of transfer method: _____

Signature _____ Date _____