



ADMINISTRATIVE OFFICES

HEALTH & WELFARE, PENSION AND DEFINED CONTRIBUTION

3109 N. 24th Street, Suite 105 ♦ Phoenix, AZ 85016

Office: 602.956.1950 ♦ Toll-Free: 877.429.7473 ♦ Fax: 602.956.3016

www.azpipe.org

401(K) DEFINED CONTRIBUTION PENSION APPLICATION FOR DISTRIBUTION

(page 1 of 5)

Please submit copies of the following documents with your application for benefits:

- Birth Certificate for you and your spouse, if married (see below for alternative documents*)
- Certified Copy of Marriage Certificate
- Copy of current driver's license or current state I.D. (with photo) for you and your spouse.
- If you have ever been divorced or legally separated, please submit a complete copy of your Judgment(s) of Divorce and Qualified Domestic Relations Orders (including Separation Agreements, Property Settlement Agreements and any similar or related orders with any attachments).
- If your prior marriage has ended due to death, please submit a copy of the death certificate.
- Copy of your Social Security Disability Award (if you are applying for Disability Distribution)

ALTERNATIVE PROOF OF AGE DOCUMENTS (accepted when birth certificate is unavailable)

To be eligible for 401(k) benefits, you are required to provide proof of your age. The following is a list of the documents that may serve as proof of your age. You are required to furnish the best type of proof that is available. You do not have to furnish the original of any of these documents; you may submit a photocopy.

- A baptismal certificate or a statement as to the date of birth shown by a church record, certified by the custodian of such record.
- Notification of registration of birth in a public registry of vital statistics.
- Hospital birth record certified by a custodian of such record.
- A foreign church or government record.
- A signed statement by the physician or midwife who attended birth, as to the date of birth shown on their records.
- Naturalization record.
- Immigration papers.
- Military record.
- Passport.
- School record certified by the custodian of such record.
- Vaccination record certified by the custodian of such record.
- An insurance policy, which shows the age or date of birth.
- Marriage records showing date of birth or age (applications for marriage license or church record, certified by the custodian of such record; or marriage certificate).
- Document showing approval of Social Security Pension.
- Other evidence, such as signed statements from persons who have knowledge of the date of birth, voting records, poll-tax receipts, driver's license, etc.



ADMINISTRATIVE OFFICES

HEALTH & WELFARE, PENSION AND DEFINED CONTRIBUTION

3109 N. 24th Street, Suite 105 ♦ Phoenix, AZ 85016

Office: 602.956.1950 ♦ Toll-Free: 877.429.7473 ♦ Fax: 602.956.3016

www.azpipe.org

401(K) DEFINED CONTRIBUTION PENSION APPLICATION FOR DISTRIBUTION

(page 2 of 5)

INSTRUCTIONS:

1. Please print all information, we do **NOT** accept electronic signatures on the application.
2. Please answer all questions applicable and sign and date the application, as this will avoid delay in processing your application.
3. Mail or fax the application back the Trust Fund office:

ARIZONA PIPE TRADES DEFINED CONTRIBUTION PENSION TRUST FUND

3109 N 24th Street, Suite 105 Phoenix, AZ 85016

Fax: (602) 956-3016

PERSONAL DATA

Participant's Name: _____ SSN: _____

Address: _____

_____ Email Address: _____

Phone Number: _____ Date of Birth: _____

Last Employer: _____ Date last worked: _____

Reason for Distribution

- ☐ Retirement (at least age 55)
- ☐ Retirement (80 & out, under age 55)
- ☐ Disability (attach proof of Disability)
- ☐ Termination of Employment (i.e., 36 consecutive months of inactivity in Local 469)

Participant's Signature: _____ Date: _____



ADMINISTRATIVE OFFICES

HEALTH & WELFARE, PENSION AND DEFINED CONTRIBUTION

3109 N. 24th Street, Suite 105 ♦ Phoenix, AZ 85016

Office: 602.956.1950 ♦ Toll-Free: 877.429.7473 ♦ Fax: 602.956.3016

www.azpipe.org

ELECTION FORM (page 3 of 5)

____ **Option 1:** Monthly installment, payable for ____ (s) years (5,10, or 20) or \$____ NET monthly. I understand that an additional 20% must be withheld for federal taxes and that if I am not yet age 59 ½, may have to pay an additional tax of 10% of the amount distributed. [JH form code: 0524]

____ **Option 2: 100%** Lump Sum Distribution.

Please note: The amount of this distribution is estimated to be \$_____ as of the date you requested the application. The actual amount of the distribution will be determined when it is processed by John Hancock and could be different, depending on market fluctuations and administrative fees. I understand that an additional 20% must be withheld for federal taxes and that if I am not yet age 59 ½, may have to pay an additional tax of 10% of the amount distributed. [JH Form Code: 0508]

____ **Option 3: \$_____ (NET)** Partial Lump Sum Distribution. I understand that an additional 20% must be withheld for federal taxes and that if I am not yet age 59 ½, may have to pay an additional tax of 10% of the amount distributed. [JH form code: 0514]

____ **Option 4:** I elect to roll over my distribution to an IRA or other qualified retirement plan.
[JH form code: 0508]

____ **Option 5: \$_____** Partial Rollover Distribution. I would like to have only part of my payment directly rolled over (at least \$500.00) to the IRA or qualified retirement plan.
[JH form code: 0508]

Marital Status

☐ Single (never married) ☐ Married ☐ Divorced ☐ Widowed

If you are divorced or legally separated, please submit a complete copy of your judgment(s) of Divorce and Qualified Domestic Relations Orders (including Separation Agreements, Property Settlement Agreements and any similar or related orders with any attachments).

Spouse's Name: _____ SSN: _____

Address: _____

Phone Number: _____ Email Address: _____

Date of Birth: _____ Date of Marriage: _____

Spouse's Signature: _____ Date: _____

Participant's Signature: _____ Date: _____



ADMINISTRATIVE OFFICES

HEALTH & WELFARE, PENSION AND DEFINED CONTRIBUTION

3109 N. 24th Street, Suite 105 ♦ Phoenix, AZ 85016

Office: 602.956.1950 ♦ Toll-Free: 877.429.7473 ♦ Fax: 602.956.3016

www.azpipe.org

SPOUSAL CONSENT FORM (page 4 of 5)

PARTICIPANT'S STATEMENT

I _____ have selected to receive my annuity benefits in a Lump-sum or partial lump sum payment, rollover payment or Monthly Installment payments. I understand that accepting this form of payment means that no benefits will be paid to my spouse after my death unless benefits are payable under other sections of the Plan.

(Choose one)

___ I hereby swear that I am not legally married at this time.

___ I hereby swear that I am unable to locate my spouse.

___ I hereby swear that the person co-signing this document below is my legal spouse.

Date _____ Participant Signature _____

State of _____

County of _____

On this _____ day of _____, 20____, the foregoing statement was acknowledged before me by _____.

Notary public

My Commission Expires

SPOUSE'S STATEMENT

I _____ swear that I am the legal spouse of the employee described above. I hereby consent to my spouse' election of the Lump-Sum or partial Lump-sum payment, rollover payment or Monthly Installment payments. I understand that as a result, I will not be paid a benefit from the Plan after my spouse's death unless benefits are payable under other sections of the Plan.

Date _____ Spouse's Signature _____

State of _____

County of _____

On this _____ day of _____, 20____, the foregoing statement was acknowledged before me by _____.

Notary public

My Commission Expires



ADMINISTRATIVE OFFICES

HEALTH & WELFARE, PENSION AND DEFINED CONTRIBUTION

3109 N. 24th Street, Suite 105 ♦ Phoenix, AZ 85016

Office: 602.956.1950 ♦ Toll-Free: 877.429.7473 ♦ Fax: 602.956.3016

www.azpipe.org

LUMP SUM DISTRIBUTION ELECTION FORM (page 5 of 5)

If you qualify to withdraw your accumulated balance of the Defined Contribution account, you may either receive your payment as monthly installments, a lump sum, partial lump sum, or as an “eligible rollover distribution.” Please indicate whether you elect a Direct Rollover of your Distribution, any portion of your Distribution not directly rolled over will be subject to taxation.

Lump Sum Distributions are subject to a mandatory 20% Federal Income Tax withholding and if you are not yet age 59 ½, you may have to pay an additional tax of 10% of the amount distributed.

PLEASE CHECK BELOW TO INDICATE YOUR CHOICE OF DISTRIBUTION:

- _____ **MONTHLY INSTALLMENTS** I elect to have my payments made directly to me in fixed monthly installments.
- _____ **PARTIAL LUMP SUM** I do not want to rollover my payments to an IRA or other qualified retirement plan. Pay me a partial amount of my benefits, after withholding 20% for federal income taxes as required by law.
- _____ **LUMP SUM** I do not want to rollover my payments to an IRA or other qualified retirement plan. Pay me the full amount of my benefits, after withholding 20% for federal income taxes as required by law.
- _____ **ROLLOVER** I want to rollover my full payment directly to an IRA or other qualified retirement plan that accepts rollovers.
- _____ **PARTIAL ROLLOVER** I would like to have only part of my payment directly rolled over. Please rollover \$ _____ (at least \$500.00) to the IRA of qualified retirement plan.

Participant's Signature: _____ **Date:** _____

I certify that the below named recipient of the Direct Rollover Distribution is an Individual Retirement Account, an Individual Retirement Annuity (both referred to as “IRA”) or a Qualified Retirement Plan that accepts rollovers. I understand that payment of my Distribution to the IRA or the Trustee of a Qualified Retirement Plan will release the Trustees of Arizona Pipe Trades Defined Contribution 401 (k) Pension Plan from any further obligations or responsibilities with respect to my annuity account.

*** DIRECT ROLLOVER INSTRUCTIONS:**

If you have elected a direct rollover of all or part of your benefit, please complete the section below:

Company Name of Custodian of your IRA: _____

Your IRA Account Number: _____

Address of the Custodian of IRA: _____

Participant's Signature: _____ **Date:** _____



ADMINISTRATIVE OFFICES

HEALTH & WELFARE, PENSION AND DEFINED CONTRIBUTION

3109 N. 24th Street, Suite 105 ♦ Phoenix, AZ 85016

Office: 602.956.1950 ♦ Toll-Free: 877.429.7473 ♦ Fax: 602.956.3016

www.azpipe.org

Please review the information and tax rules before submitting your application.

Page (1 of 5)

- I. Rollovers**
- II. Distributions**
- III. Surviving spouses, alternate payees, and other beneficiaries**
- IV. John Hancock information**

I. Rollover information.

You can choose a direct rollover of all or any portion of your payment that is eligible as described above. If you choose a direct rollover, the distribution is paid directly from the plan to an IRA or another employer plan that accepts rollovers. If you choose a direct rollover, you are not taxed on a payment until you take it out of the IRA of the new employer plan.

Direct rollover to an IRA: You can open an IRA (Individual Retirement Annuities) to receive the direct rollover. If you chose to have your payments made directly to an IRA, contact an IRA sponsor (usually a financial institution) to find out how to have your payment made in a direct rollover to an IRA at that institution. If you are unsure of how to invest your money, you can temporarily establish an IRA to receive the payment. However, in choosing an IRA, you may wish to consider whether the IRA you choose will allow you to move all or part of your payment to another IRA later, without penalties or other limitations.

See IRS publication 590; Individual Retirement Arrangements, for more information on IRAs (including limits on how often you can rollover between IRAs).

Direct Rollover of a Series of Payments: If you receive eligible rollover distributions that are paid in a series for less than ten (10) years, your choice to make or not make a direct rollover for a payment will apply to all later payments in the series until you change your election. You are free to change your election for any later payment in the series.

The following types of payments cannot be rolled over:

- Payments spread over long periods of 10 years or more. You cannot rollover a payment if it is a part of series of equal (or almost equal) payments that are made at least once a year and that will last for:
 - Your lifetime (or your life expectancy), or
 - Your beneficiary's lifetime (or life expectancies), or
 - A period of ten (10) years or more.
- You cannot rollover to a Roth IRA, a Simple IRA, or a Coverdell Education Savings Account.
- Required minimum payments. Beginning in the year you reach age 70 ½ a certain portion of your payment cannot be rolled over because it is a "required minimum payment" that must be paid to you.



ADMINISTRATIVE OFFICES

HEALTH & WELFARE, PENSION AND DEFINED CONTRIBUTION

3109 N. 24th Street, Suite 105 ♦ Phoenix, AZ 85016

Office: 602.956.1950 ♦ Toll-Free: 877.429.7473 ♦ Fax: 602.956.3016

www.azpipe.org

Page (2 of 5)

II. Distributions.

Mandatory Withholding: If any portion of the account is distributed to you instead of a rollover, the plan is required by law to withhold 20% of the amount. This amount is sent to the IRS as income tax withholding.

For example, if your eligible rollover distribution is \$10,000, only \$8,000 will be paid to you because the plan must withhold \$2,000 as income tax. However, when you prepare your income tax return for the year, you will report the full \$10,000 as a payment from the plan. You will report the \$2,000 as tax withheld and it will be credited against any income tax you may owe for that year.

Voluntary Withholding: If any portion of your payments is not an eligible rollover distribution (financial hardships) but is taxable, the mandatory withholding rules described above do not apply. In this case, you may elect not to have withholding apply to that portion. To elect out of withholding, ask the plan administrator for the election form and related information.

Sixty-Day Rollover Option: If you have an eligible rollover distribution paid to you, you can still decide to rollover all or part of it to an IRA or another employer plan that accepts rollovers. If you decide to rollover, you must make the rollover within 60 days after you receive the payment. The portion of your payment that is rolled over will not be taxed until you take it out if the IRA or the employer plan.

You can rollover up to 100% of the eligible rollover distribution, including an amount equal to the 20% that was withheld. If you choose to rollover 100%, you must find other money within the 60-day period to contribute to the IRA or the employer plan to replace the 20% that was withheld. On the other hand, if you rollover only 80% that you received, you will be taxed on the 20% that was withheld.

Example: Your eligible rollover distribution is \$10,000, and you choose to have it paid to you. You will receive \$8,000 and \$2,000 will be sent to the IRS as income tax withholding. Within 60 days after receiving the \$8,000, you may rollover the entire \$10,000 to an IRA or employer plan. To do this, you rollover the \$8,000 you received from the plan, and you will have to find the \$2,000 from other sources (savings, loan, etc.). In this case, the entire \$10,000 is not taxed until you take it out of the IRA or employer plan. If you rollover the entire \$10,000 when you file your income tax return you may get a refund of the \$2,000 withheld. On the other hand, if you rollover only \$8,000, the \$2,000 you did not rollover is taxed in the year it was withheld. When you file your income tax return you may get a refund of part of the \$2,000 withheld.



ADMINISTRATIVE OFFICES

HEALTH & WELFARE, PENSION AND DEFINED CONTRIBUTION

3109 N. 24th Street, Suite 105 ♦ Phoenix, AZ 85016

Office: 602.956.1950 ♦ Toll-Free: 877.429.7473 ♦ Fax: 602.956.3016

www.azpipe.org

Page (3 of 5)

There may be an additional 10% tax applied by the IRS if you are under 59 ½. If you receive a payment before you reach age 59 ½ and you do not roll it over, then, in addition to the regular 20% federal tax, you may have to pay an extra tax equal to 10% of the taxable portion of the payment. The additional 10% tax does not apply to your payment if it is

- paid to you because you separate from service with your employer during or after the year you reach 55
- paid because you retire due to disability
- paid to you as equal (or almost equal) payments over your life or life expectancy (or you and your beneficiary's life or life expectancies)
- used to pay certain medical expenses.

See IRS form 5329 for more information on the additional 10% tax.

Special tax treatment: If your eligible rollover distribution is not rolled over, it will be taxed in the year you receive it. However, if it qualifies as a "lump sum distribution", it may be eligible for special tax treatment. A lump sum distribution is a payment, within one year of your entire balance under the plan (and certain other similar plans of the employer) that is payable to you because you have reached age 59 ½ or separated from service with your employer (or, in the case of a self-employed individual, because you reached 59 ½ or have become disabled). For a payment to qualify as a lump sum distribution, you must have been a participant in the plan for at least five (5) years.

Capital gain Treatment: If you were born before January 1, 1936: In addition, if you receive a lump sum distribution and you were born before January 1, 1936, you may elect to have the part of your payment that is attributable to your pre- 1974 participation in the plan (if any) taxed as long-term capital gain at a rate of 20%. There are other limits on the special tax treatment for lump sum distributions. For example, you can generally elect this special tax treatment only once in your lifetime, and the election applies to all lump sum distributions that you receive in the same year. If you have previously rolled over a payment from the plan (or certain other similar plans of the employer), you cannot use this special tax treatment for later payments from the plan. If you rollover your payment to an IRA, you will not be able to use this special tax treatment for later payments from the IRA. Also, if you rollover only a portion of your payment to an IRA, this special tax treatment is not available for the rest of the payment. Additional restrictions are described in IR form 4972, which has more information on lump sum distributions and how you elect the special tax treatment.



ADMINISTRATIVE OFFICES

HEALTH & WELFARE, PENSION AND DEFINED CONTRIBUTION

3109 N. 24th Street, Suite 105 ♦ Phoenix, AZ 85016

Office: 602.956.1950 ♦ Toll-Free: 877.429.7473 ♦ Fax: 602.956.3016

www.azpipe.org

Page (4 of 5)

III: Surviving spouses, alternate payees, and other beneficiaries

In general, the rules summarized above that apply to employees, also apply to the surviving spouses of the employees and to former spouses of who are “alternate payees”. You are an alternate payee if your interest in the plan results from a “qualified domestic relations order” (QDRO) which is an order issued by the court, usually in connection with a divorce or legal separation. Some of the rules summarized above also apply to a deceased employee’s beneficiary who is not a spouse. However, there are some exceptions for payments to surviving spouses, alternate payees and other beneficiaries that should be mentioned.

If you are a surviving spouse, you may choose to have an eligible rollover distribution paid in a direct rollover to an IRA or paid to you. If you have the payment paid to you, you can keep it or roll it over yourself to an IRA, but you cannot roll it over to an employer plan.

If you are an alternate payee, you have the same choices as the employee. Thus, you can have the payment paid as a direct rollover or paid to you. If you have the payment paid to you, you can keep it or roll it over yourself to an IRA or to another employer plan that accepts rollovers.

If you are a beneficiary other than the surviving spouse, you cannot choose a direct rollover, and you cannot rollover the payment yourself.

If you are a surviving spouse, an alternate payee, or another beneficiary, your payment is not subject to the additional 10% tax described above.

IV: John Hancock and other important information.

John Hancock is the third-party retirement plan service used by Local 469 for your Defined Contribution Trust Fund also known as your 401(K).

1-833-38-UNION

(1-833-388-6466)

Myplan.JohnHancock.com

Use the above information to:

- View your account balance
- Request statements
- Help manage your account
- Learn more about your plan benefits



ADMINISTRATIVE OFFICES

HEALTH & WELFARE, PENSION AND DEFINED CONTRIBUTION

3109 N. 24th Street, Suite 105 ♦ Phoenix, AZ 85016

Office: 602.956.1950 ♦ Toll-Free: 877.429.7473 ♦ Fax: 602.956.3016

www.azpipe.org

Page (5 of 5)

Direct Deposit: If you would like to receive your distribution via direct deposit, you may do so by contacting John Hancock via the website or phone number above. Please keep in mind, John Hancock places a 10-day freeze on the account when any account information changes. Meaning, that freeze could delay your distribution time so keep the 10-day freeze in mind when you sign up for the direct deposit payment.

7 day waiting period: The Plan attorneys require the application is held in our office 7 business days from the date received, in case the participant changes their mind on the type of distribution or the distribution amount.