

Northern California Tile Industry Trust Funds

Health & Welfare • Vacation & Holiday • Defined Benefit Pension • Defined Contribution Pension



NORTHERN CALIFORNIA TILE INDUSTRY DEFINED CONTRIBUTION PLAN

INSTRUCTIONS FOR COMPLETING YOUR APPLICATION

1. General Instructions

- a. Read each question *carefully*.
- b. **PRINT** all information.
- a. Answer **all** questions. This will avoid delay in having your application processed. It is important that you be as accurate as possible in your replies. Incorrect or incomplete information will delay payment of your Annuity benefit.
- c. BE SURE TO SIGN AND DATE YOUR APPLICATION.

2. Certification of Marital/Single Status Form

- a. Complete all requested information.
- b. Must be signed **by the Participant** in the presence of a Notary Public.
- c. Return with complete copies of Judgments of Divorce/Dissolution, QDROs, Legal Separation Agreements, etc., with ALL attachments.
- d. Death certificates for any previous spouses.

3. Election of Payment Options Form

- a. Complete all requested information.
- b. Select only **ONE** form of payment option.
- c. Be sure to complete the State Tax Withholding section

4. Spousal Consent To Participant's Election to Waive Payment In The Form of a Qualified Joint and Survivor Annuity Form

- a. Complete all requested information.
- b. Must be signed **BY YOUR SPOUSE** in the presence of a Notary Public.

5. Participant Signature Form and Waiver of 30-Day Notice

- a. Must be signed and dated by the Participant.

6. Participant Acknowledgment Form and California State Income Tax Withholding

- a. Must be signed and dated by the Participant.

Please submit the following documents with your application for benefits:

- Birth Certificate for you and your spouse. See below for alternative documents.
- Marriage Certificate.
- Copy of current driver's license or current state I.D. (with photo) for you and your spouse.



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- If you have ever been divorced or legally separated, please submit a complete copy of your Judgment(s) of Divorce/Dissolution and Qualified Domestic Relations Orders (including Separation Agreements, Property Settlement Agreements, and any similar or related orders with any attachments).
- If you have ever served in the military or other uniformed services of the United States, please submit copies of your induction and discharge papers and the Credit for Uniformed Service for the United States Form.

PROOF OF AGE

In order to be eligible for retirement 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. Some of these documents are better proof than others. The list is arranged starting with the best type of proof, and going down to the less desirable types of proof. You are required to furnish the best type of proof that is available to you. You do not have to furnish the original of any of these documents; you may submit a photocopy.

1. A birth certificate.
2. A baptismal certificate or a statement as to the date of birth shown by a church record certified by the custodian of such record.
3. Notification of registration of birth in a public registry of vital statistics.
4. Hospital birth record, certified by a custodian of such record.
5. A foreign church or government record.
6. A signed statement by the physician or midwife who was in attendance at birth, as to the date of birth shown on their records.
7. Naturalization record.
8. Immigration papers.
9. Military record.
10. Passport.
11. School record, certified by the custodian of such record.
12. Vaccination record, certified by the custodian of such record.
13. An insurance policy which shows the age or date of birth.
14. 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).
15. Document showing approval of Social Security Pension.
16. 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.

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CHECKLIST OF ITEMS TO SUBMIT WITH YOUR APPLICATION

Please utilize the checklist below to ensure that you have completed your application fully. This will expedite the application process. Missing documents and incomplete application forms will delay the processing of your application. Items that are in **bold** MUST be signed in front of a Notary Public (*date of both signatures must match*).

- Annuity Application
- Certification of Marital Status**
- Election of Payment Options
- Spousal Consent to Participant Election to Waive Payment in the Form of a Qualified Joint and Survivor Annuity**
- Withholding Certificate for Monthly Annuity Payments, IRS Form W-4P (if applicable)
- Participant Acknowledgement
- California State Income Tax Withholding
- Waiver of 30-Day Notice Requirement [Consent To Early Release of Benefits]**
- Mandatory Distribution Acknowledgment Form (if applicable)
- Mandatory Distribution Notice of Withholding Form (if applicable)
- Copy of your birth certificate
- Copy of your spouse's birth certificate
- Copy of your marriage license
- Copy of your photo ID
- Copy of your spouse's photo ID
- Copy of any and all previous divorce decrees, Qualified Domestic Relations Orders, Separation Agreements, etc.
- Copy of your Social Security Disability Award letter (if applying for Disability Retirement)

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DEFINED CONTRIBUTION PENSION APPLICATION

Participant Name: _____
(First, MI, Last)

SSN: _____ Date of Birth: _____

Address: _____

Home Telephone Number: _____ Alternate Telephone Number: _____

Date you Plan to Retire: _____ Last Day of Employment: _____

REASON FOR DISTRIBUTION

- Normal Retirement (Age 62+)
- Early Retirement (Ages 55-62)
- Disability Retirement. I am totally and permanently disabled and have established entitlement to a Social Security Disability Benefit. **Please attach a copy of your Award letter from Social Security**
- No Contributions for Three (3) Consecutive Plan Years
- Required Minimum Distribution (Ages 70 1/2 +)

Signature: _____ Date: _____

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CERTIFICATION OF MARITAL/SINGLE STATUS

Federal Law requires the Trustees to confirm whether a previous spouse is entitled to any portion of your Annuity benefits. As such, it is necessary that we request the following certification and supporting documentation. **Failure to complete this form fully, including signing it in front of a notary public, and providing ALL documentation requested, will result in a delay of the processing of your application.**

Participant Name: _____ SSN: _____

Marital Status: Married Never Married Divorced Divorced & Remarried
 Legally Separated Widowed

SPOUSE INFORMATION

Spouse Name: _____ SSN: _____
Date of Birth: _____ Date of Marriage: _____

PRIOR SPOUSE INFORMATION

Prior Spouse Name: (if none, please indicate NONE): _____
Date of Marriage: _____ Date of Separation: _____
Date Marriage Ended: _____

Marriage terminated due to: _____
(Death, divorce, other (please specify))

Address of Prior Spouse (if living): _____

**IF YOU HAVE MORE THAN ONE PRIOR MARRIAGE, PLEASE ATTACH A SEPARATE SHEET OF PAPER
PROVIDING THE INFORMATION REQUESTED ABOVE FOR EACH ADDITIONAL MARRIAGE.**

Please provide complete copies of ALL marriage certificates, divorce decrees, separation agreements, Qualified Domestic Relations Orders and any other accompanying documents related to the termination of your previous marriage(s). If any previous spouses have passed away, please provide a copy of the death certificate(s). If you do not have these documents, you should contact the county in which the death occurred in order to obtain certified copies.

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Certification of Marital Status Continued

I HEREBY CERTIFY THAT ALL OF THE INFORMATION PROVIDED ON THIS FORM IS COMPLETE AND ACCURATE.

Signature: _____ Date: _____

TO BE COMPLETED BY NOTARY PUBLIC

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 _____ County of _____

On _____, before me, _____
(insert name and title of the office)

Personally appeared _____, 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 capacity (ies), and 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 of Notary Public

My Commission expires: _____

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EXPLANATION OF BENEFIT PAYMENT

GENERAL BENEFIT OPTIONS

These below payment options are applicable to contributions made to this Plan for hours worked under a Collective Bargaining Agreement between one or more employers and the Union after January 1, 1993, and any income thereon.

1. **Lump Sum Distribution.** Under this option, you will receive a single payment equal to the balance of your account. This distribution may be subject to special federal and state taxes unless you roll the distribution into another qualified account or meet certain qualifications; please read the explanation of the tax rules for lump sum distributions and consult a tax adviser.
2. **Equal Monthly Installments.** Under this option, your account will be paid out in equal monthly installments over a period not to exceed 15 years.
3. **Mandatory Distribution** If you are age 70 1/2 or older, then you must elect this option. Under this option, you will receive an annual distribution in April of each year in an amount to be calculated by the Internal Revenue Code pursuant to Section 401(a)(9). This distribution may be subject to federal and state taxes unless you roll the distribution into another qualified account or meet certain qualifications; please read the explanation of the tax rules for lump sum distributions and consult a tax adviser.
4. **Partial Lump Sum Distribution.** Under this option, you will receive a single payment of a portion of your total balance within the limitations as specified in the Plan Document. Please contact the Plan Administration Office for further information.

SPECIAL BENEFIT OPTIONS

These below benefit payment options only apply to the following portions of your account: (1) any amounts brought into this Plan as a result of the merger with the BAC Local No. 29 Defined Contribution Pension Plan effective as of March 31, 2004; (2) any amounts brought into this Plan as a result of the transfer from the BAC Local No. 12 Defined Contribution Plan effective as of December 31, 1997; and (3) any amounts attributable to contributions made to this Plan for hours worked under a Collective Bargaining Agreement between one or more employers and the Union before January 1, 1993.

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If you had an active account in the BAC Local 12 Defined Contribution Plan on December 31, 1997, then with respect to your account balance in that Plan on that date, you may elect to receive benefits in any of the forms of benefit provided in that Plan on that date, in addition to the forms of benefit provided below.

1. **50% Joint and Survivor Annuity.** Under this option, an actuarially reduced monthly "joint" benefit will be paid to you and your spouse during your life, followed by a monthly "survivor" benefit paid to your surviving spouse for life equal to 50% of the "joint" benefit. **If you are married, you will automatically receive the 50% joint and survivor annuity unless you select a different option with the written consent of your spouse.**
2. **75% Joint and Survivor Annuity.** Under this option, an actuarially reduced monthly "joint" benefit will be paid to you and your spouse during your life, followed by a monthly "survivor" benefit paid to your surviving spouse for life equal to 75% of the "joint" benefit. **If you are married, you may elect this option only with your spouse's consent.**
3. **Single Life Annuity.** Under this option, the Plan will purchase an Annuity for you, which pays a monthly benefit to you for life. The amount you receive will depend on the balance of your account and on current annuity rates. **If you are married, you may elect this option and/or designate a person other than your spouse as beneficiary only with your spouse's consent.**

Please refer to the enclosed Special Tax Notice Regarding Plan Payments.

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ELECTION OF PAYMENT OPTIONS

I agree to be bound by the rules and regulations of the Defined Contribution Plan. I understand that in choosing to receive monthly installments, I must personally endorse each benefit check. I hereby request distribution of my Defined Contribution Plan account in the form of distribution checked below. I have read the foregoing Explanation of Forms of Distribution and understand the effect of electing the form of distribution I have chosen below.

Election of Payment Options

Check One: **Lump Sum Distribution**

- Age 70 1/2 Mandatory Distribution in April of each year.**
- Equal Monthly Installments in the gross amount of \$_____.**
- Partial Lump Sum Distribution in the gross amount of \$_____.**
- Single Life Annuity**
- 50% Joint and Survivor Annuity**
- 75% Joint and Survivor Annuity**

Direct Rollover- Check ONE (Only applicable to Lump Sum Distribution)

IRA or Qualified Plan (complete the following information)

Name of IRA or Qualified Plan: _____

Account Number: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____ Contact: _____

Authorized Signature of IRA Rollover Trustee/Fund _____

Participant Signature: _____ Date: _____

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SPOUSAL CONSENT TO PARTICIPANT ELECTION TO WAIVE PAYMENT IN THE FORM OF A QUALIFIED JOINT AND SURVIVOR ANNUITY

(Only applicable to married Participants electing a benefit option OTHER than the 50% Joint and Survivor Annuity)

I have read the foregoing Explanation of Forms of Distribution and I understand that I have the right under law to receive a 50% Joint and Survivor Annuity which will pay benefits to me for my lifetime, and that my spouse may not elect any other form of benefit, or name anyone other than me as beneficiary, unless I give my consent by signing below. I understand that I can withdraw my consent to this form of benefit and this beneficiary only until my spouse received the first check from the Defined Contribution Plan, and that any withdrawal of my consent must be in writing and delivered to the Plan Administration Office prior to payment of the first check.

If Consenting, Check Both Boxes

I hereby consent to my spouse's election of payment option.

Spouse Name

SSN

Spouse Signature (must be notarized)

Date

TO BE COMPLETED BY NOTARY PUBLIC

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 _____ County of _____

On _____, before me, _____
(insert name and title of the office)

Personally appeared _____, 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 capacity (ies), and 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 of Notary Public

My Commission expires: _____

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WAIVER OF 30-DAY NOTICE REQUIREMENT

(Only applicable to married Participants electing a benefit option OTHER than the 50% Joint and Survivor Annuity)

I, _____, acknowledge that I have been informed that federal law prohibits the Fund from paying benefits to me until at least 30 days after my spouse and I have received a written explanation of the 50 % Husband and Wife form, including my right to waive that form with the written consent of my spouse, the effect of such a waiver and the right my spouse and I each have to revoke that waiver and consent. I have also been informed that I may waive that 30-day notice period and instead elect a 7-day notice period, which will permit the Fund to commence payment of benefits to me no less than 7 days after my spouse and I received the written explanation, provided my spouse also consents in writing to waiver of the 30-day notice period.

I elect to waive the 30 day notice period.

Signature: _____ Date: _____

TO BE COMPLETED BY NOTARY PUBLIC

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 _____ County of _____

On _____, before me, _____
(insert name and title of the office)

Personally appeared _____, 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 capacity (ies), and 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 of Notary Public

My Commission expires: _____

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SPOUSAL CONSENT TO WAIVER OF 30-DAY NOTICE REQUIREMENT

(Only applicable to married Participants electing a benefit option OTHER than the 50% Joint and Survivor Annuity)

I am the legal spouse of _____. I acknowledge that I have been informed that my spouse wishes to waive the requirement that we receive, at least 30 days before the Fund pays benefits to my spouse, a written explanation of the 50 % Husband and Wife form, including my spouse's right to waive the 50% Husband and Wife form with my written consent, the effect of such a waiver and the right my spouse and I each have to revoke that waiver and consent, and to elect instead a 7-day notice period as permitted by federal law. I consent to the election of my spouse to waive the 30-day notice period.

Spouse Signature (must be notarized)

Date

TO BE COMPLETED BY NOTARY PUBLIC

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 _____ County of _____

On _____, before me, _____
(insert name and title of the office)

Personally appeared _____, 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 capacity (ies), and 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

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PARTICIPANT ACKNOWLEDGEMENT

(If you are electing the Mandatory Distribution Option, please complete the Mandatory Distribution Election – Acknowledgment Form on page 14 instead.)

Please read and Initial

I certify under penalty of perjury that the information provided is correct.

FEDERAL INCOME TAX WITHHOLDING. I understand that all payments I receive from the Plan are taxable income and that the lump sum option is eligible for rollover to an IRA or to another qualified retirement plan and will be subject to **mandatory 20%** federal income tax withholding if not rolled over. I also understand that if I receive distribution **prior to age 55, I may have to pay a 10% tax penalty in addition to regular income tax. I acknowledge receipt of the "Special Tax Notice"** which explains these rules.

I further understand that **the Plan does not provide tax advice** and that I should consult my own tax advisor.

I certify that I have the right to receive benefits in the form of a Joint and Survivor Annuity if I am married or a single life annuity if I am single. I have the right to waive such annuity payments, provided that if I am married, my spouse consents in writing to the waiver. I understand the terms of the annuity and the financial effect of a waiver; and I may revoke any waiver in effect at any time before benefit payments begin.

Signature: _____ Date: _____

CALIFORNIA STATE INCOME TAX WITHHOLDING

(If you are electing the Mandatory Distribution Option, please complete the Mandatory Distribution Election - Notice of Withholding Form on page 15 instead).

Please Elect One:

- Please withhold State income tax from my distribution at the rate of 10% of the amount withheld in Federal Income Tax.
- Please withhold \$_____ from my distribution in California State income Tax
- Please DO NOT withhold any State income tax from my distribution.

Signature: _____ Date: _____

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MANDATORY DISTRIBUTION ELECTION - ACKNOWLEDGMENT

I, _____, elect to receive the Mandatory Distribution benefit option equal to my Required Minimum Distribution in April of each year. I understand that the amount of the annual distribution will be recalculated annually by dividing my account balance at the end of the preceding year by the applicable factor (based on my age) pursuant to the Internal Revenue Code Section 401(a)(9) and the Regulations issued thereunder. I further acknowledge and accept that the amount I receive will change every year based on the annual recalculation of my distribution amount. I will inform the Plan Office regarding any change in my marital status. I further understand that **the Plan does not provide tax advice** and that I should consult my own tax advisor. I certify under penalty of perjury that the information provided is correct.

Signature: _____ Date: _____

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MANDATORY DISTRIBUTION ELECTION – NOTICE OF WITHHOLDING

The non-periodic payment that you will receive from the Plan is subject to Federal and California State income tax withholding unless you elect not to have withholding apply. Use this form to notify the Plan Office if you do or do not want taxes withheld.

You do have the option to elect no withholding; however **EVEN IF NO WITHHOLDING IS ELECTED, YOU MAY BE LIABLE FOR PAYMENTS OF FEDERAL AND STATE INCOME TAX ON THE TAXABLE PORTION OF YOUR PAYMENT.** You also may be subject to tax penalties under the estimated tax rules if your payments of estimated tax and withholding, if any, are not adequate; it is suggested that you contact your tax adviser.

WITHHOLDING ELECTION

Federal Taxes

- I do **not** want Federal Income Tax withheld from my payment
- Please withhold Federal Income Tax from my payment as follows:
 - At the standard rate of 10% of the gross payment amount
 - Please withhold a flat amount of: _____
(Enter \$ or %)

State Taxes

- I do **not** want California State Income Tax withheld from my payment
- Please withhold California State Income Tax from my payment as follows:
 - At the standard rate of 1% of the gross payment amount
 - Please withhold a flat amount of: _____
(Enter \$ or %)

I understand my responsibilities as stated above.

Signature: _____ Date: _____