



# Northern California Tile Industry Trust Funds

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

## NORTHERN CALIFORNIA TILE INDUSTRY DEFINED CONTRIBUTION PLAN

### MANDATORY DISTRIBUTION OF SMALL ACCOUNT BALANCES APPLICATION

If you are mailing via Certified or Registered mail, please mail to the following address:

7180 Koll Center Parkway, Suite 200, Pleasanton, CA 94566

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

- Your Driver's License or State-Issued Photo Identification with signature

### MANDATORY DISTRIBUTION OF SMALL ACCOUNT BALANCES APPLICATION

I hereby make application for benefits from the Northern California Tile Industry Defined Contribution Plan ("Plan") and certify that the information in this application is correct:

NAME OF PARTICIPANT: \_\_\_\_\_ LAST 4 DIGITS OF SSN: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

PHONE: \_\_\_\_\_

Last Day Worked or Separation \_\_\_\_\_ Last Employer \_\_\_\_\_

---

#### ELECTION

##### A. CASH DISTRIBUTION

I request that my full distribution be paid to me directly, less any applicable withholding described in the Special Tax Notice received with this form.

*(For direct deposit, please also complete the enclosed Electronic Funds Transfer (EFT) form)*

---

Participant's Signature

---

Date

7180 Koll Center Parkway, Suite 200 Pleasanton, CA 94566

P.O. Box 1607 San Ramon, CA 94583

Phone 925.208.9995 • Toll Free 888.208.0250 • Facsimile 925.462-0108

[www.bac3tilebenefits.org](http://www.bac3tilebenefits.org) • [staff@bac3tilebenefits.org](mailto:staff@bac3tilebenefits.org)

**B. DIRECT ROLLOVER**

I request that my full eligible rollover distribution be distributed as a direct rollover to an Individual Retirement Account (IRA) or Qualified Retirement Plan.

Name of the IRA Trustee/Custodian or Qualified Retirement Plan:

*(Please have the Depository Trustee/Plan complete the below portion of the form)*

---

Participant's Signature

---

Date

***THE PORTION IS TO BE COMPLETED BY THE DEPOSITORY TRUSTEE/PLAN IF A DIRECT  
ROLLOVER IS ELECTED***

In accordance with the above authorization of the Depositor, we agree to deposit the forthcoming rollover amount from Northern California Tile Industry Defined Contribution Plan, a Qualified Retirement Plan, in the following account:

Type of Account: \_\_\_\_\_

Account No.: \_\_\_\_\_

Name of Trustee/Fund: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone: \_\_\_\_\_

---

Authorized Signature of IRA Rollover Trustee/Plan

---

Date

## **DIRECT DEPOSIT AUTHORIZATION FOR ONE TIME DISTRIBUTION**

Name \_\_\_\_\_

SSN \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

I, the undersigned, hereby authorize the Board of Trustees of the Northern California Tile Industry Defined Contribution Plan to deposit amounts due to me under the Plan in my account at the Financial Institution named below.

---

**Participant Signature**

---

**Date**

---

Please either attach a voided check or have the Financial Institution complete  
below

---

### **AGREEMENT OF FINANCIAL INSTITUTION**

The Financial Institution named below agrees to accept for direct deposit in the account specified below, benefit checks payable by the Northern California Tile Industry Defined Contribution Plan. The Financial Institution agrees to refund to the Plan, the amount of any pension benefit checks deposited in the Payee's account which represents pension benefits paid after the death of the Payee, provided that the amount of the deposits remain in the account at the time the request for a refund is received from the Plan.

**Name of Financial Institution**

---

**Can you accept "Automated Clearing House" transactions?**  Yes  No

**Bank ABA No.** \_\_\_\_\_

**Account No.** \_\_\_\_\_

**Type of Account:**  **Checking/Share Draft**  **Savings**

**Branch** \_\_\_\_\_ **Phone#** \_\_\_\_\_

**Address** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip code** \_\_\_\_\_

---

**Signature of Authorized Representative** \_\_\_\_\_ **Title** \_\_\_\_\_ **Date** \_\_\_\_\_