



# B.A.C. Trust Funds

B.A.C. Local No. 3 Pension Plan  
B.A.C. Local No. 3 Defined Contribution Pension Plan  
B.A.C. Local No. 3 Health & Welfare Trust Fund  
B.A.C. Local No. 3 Vacation Plan

## B.A.C LOCAL 3 DEFINED CONTRIBUTION PENSION PLAN

### INSTRUCTIONS

- Please read and complete each question.
- PRINT or TYPE all information.
- Answer all applicable questions. This will avoid delay in the processing of your application.
- Sign and date the application.
- Include the following documents with your application:
  1. Birth Certificate for you and your spouse.
  2. Marriage Certificate.
  3. Copy of your current driver's license or current State ID (with photo) for yourself and your spouse.
  4. 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).
  5. Death Certificates (if spouse is deceased or if applying for death benefit)
- Mail the completed application in the envelope provided.

B.A.C. Local No. 3 Defined Contribution Pension Plan

P O Box 1607

San Ramon, CA 94583

Please keep in mind that application processing is between 4 to 6 weeks depending on receipt of your application during a Valuation period.



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## B.A.C LOCAL 3 DEFINED CONTRIBUTION PENSION PLAN

### **PARTICIPANT INFORMATION**

1. Name: \_\_\_\_\_
2. Address: \_\_\_\_\_
3. Telephone number: \_\_\_\_\_
4. Social Security Number: \_\_\_\_\_
5. Date of Birth: \_\_\_\_\_
6. Last Employer with this Plan: \_\_\_\_\_
7. Last day Worked in Local No. 3 Jurisdiction: \_\_\_\_\_

### **DISTRIBUTION TYPE**

PLEASE Check ONE: ☐ ☒

☐

**Retirement**

Effective Date of Retirement: \_\_\_\_\_

☐

**Disability**

- Ceased employment in the Industry
- Must include a copy of the Social Security Disability Award

☐

**Qualified Birth & Adoption** – Maximum of \$5,000.00 and must be within 12 months of birth/adoption

- Adopted child cannot be the child of the child of the employee's spouse & must be under the age of 18 or physically or mentally incapable of self- support of the birth/adoption.

☐

**Termination**

- Account must have credited with less than \$10,000.00 Employer contributions
- No hours have been credited for thirty-six (36) months
- Have not been employed in the Masonry Industry for thirty-six (36) months

Current Employer: \_\_\_\_\_

Current Job Duties: \_\_\_\_\_

☐

**Partial Distribution Following Separation from Service**

A Participant who ceases working under a Collective Bargaining Agreement between the parties for reasons other than death, retirement or permanent disability shall be entitled to receive a One-Time partial lump sum distribution up to 50% of his or her total account balance if no hours have been credited to him or her for eighty-four (84) months

- The Participant has not been employed in the Masonry Industry within the jurisdiction of the Union for a non-contributing Employer.
- Must include copies of the **W-2 and 1040 for the last seven (7) years** which will support your statement that you have not engaged in work in the Masonry, Terrazzo and Marble Construction Industry.
- Must sign a Declaration of Status Letter.

Participant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Spouse Signature: \_\_\_\_\_ Date: \_\_\_\_\_



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## PARTIAL DISTRIBUTION FOLLOWING SEPERATION FROM SERVICE

I, \_\_\_\_\_, have not been employed in the Mason industry  
(Participant Name)  
within the jurisdiction of Bricklayers Local Union No. 3 for at least eighty-four (84) months. I understand that  
a false statement may disqualify me from benefits, and that the Trustees shall have the right to recovery any  
payment made to me because of a false statement.

Participant Signature: \_\_\_\_\_ Date: \_\_\_\_\_



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B.A.C. Local No. 3 Vacation Plan

## DISTRIBUTION OPTIONS

Please Check ONE: ☐ ☒

- ☐ 50% Joint & Survivor Annuity - Standard form of payment for married participants.  
Must have been married for at least one (1) year.
- ☐ 75% Joint & Survivor Annuity – Optional Form
- ☐ Annual Partial Lump Sum (retirement ONLY) \$ \_\_\_\_\_ (gross amount)
- ☐ Monthly Installment Please Specify Period: \_\_\_\_\_ years
- ☐ Lump Sum (Refer to the Special Tax Notice enclosed)
- ☐ Partial Lump Sum (Refer to the Special Tax Notice enclosed) \$ \_\_\_\_\_ (gross amount)
- ☐ Direct Rollover- Check ONE: ☐ ☒

☐ 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 \_\_\_\_\_

## Value of your Individual Account at Distribution

If you retire at any time other than on a Valuation Date (July 1, October 1, January 1, or April 1), your benefits will be calculated based on the value of your Individual Account as of the previous Valuation Date plus any additional employer contributions received since that date, less administrative charges. You may defer the distribution of your entire account until after the next Valuation to receive your pro-rata share of the earnings through the Valuation Date just prior to distribution.

- ☐ Yes, I want to defer my distribution until after the next Valuation
- ☐ No, I do not want to defer my distribution until after the next Valuation.

Participant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Spouse Signature: \_\_\_\_\_ Date: \_\_\_\_\_



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## DECLARATION OF MARITAL STATUS

### **PARTICIPANT INFORMATION**

Participant's Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Marital Status: ☐ Married ☐ Single (Never Married) ☐ Divorced ☐ Widowed  
☐ Divorced & Re-Married

Beneficiary Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Beneficiary Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

### **SPOUSE INFORMATION**

Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Date of marriage: \_\_\_\_\_

If you have 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). All divorce documents are reviewed by the Plan's legal counsel.

### **PRIOR SPOUSE INFORMATION**

Name: (if none, please indicate NONE): \_\_\_\_\_

Date of prior marriage: \_\_\_\_\_ Date marriage ended: \_\_\_\_\_

Marriage terminated due to: \_\_\_\_\_  
(Death/divorce/other (please specify))

Current information about former spouse: \_\_\_\_\_

Name and complete address (if living): \_\_\_\_\_

**IF YOU HAVE HAD MORE THAN ONE MARRIAGE, PLEASE ATTACH A SEPARATE SHEET OF PAPER PROVIDING THE INFORMATION REQUESTED IN ITEM B ABOVE FOR EACH SUCH MARRIAGE.**

See Next Page



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Page 2

## Declaration of Marital Status

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

Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**(Must Be Notarized)**

### 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: \_\_\_\_\_

### Plan Administrator Acknowledgment

I affirm that any signature of a Participant's spouse in this section has been witnessed either by me or by a Notary Public.

\_\_\_\_\_  
Plan Administrator (Print Name)

\_\_\_\_\_  
Plan Administrator Signature

\_\_\_\_\_  
Date



# B.A.C. Trust Funds

## SPOUSAL CONSENT

### THIS FORM MUST BE NOTARIZED

I declare under penalty of perjury that \_\_\_\_\_ is my spouse.  
(Participant's Name)

I hereby consent to my spouse's election to receive our benefits through the B.A.C. Local no. 3 Defined Contribution Pension Plan in a form other than the 50% Joint & Survivor Annuity. I understand that if my spouse predeceases me, I will not receive the survivor annuity I would otherwise receive as required by law.

Spouse's signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Must be notarized)

Participant's Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Spouse's Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

### 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: \_\_\_\_\_

### Plan Administrator Acknowledgment

I affirm that any signature of a Participant's spouse in this section has been witnessed either by me or by a Notary Public.

\_\_\_\_\_  
Plan Administrator (Print Name)

\_\_\_\_\_  
Plan Administrator Signature

\_\_\_\_\_  
Date



# B.A.C. Trust Funds

## WAIVER OF 30 DAY NOTICE REQUIREMENT

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.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Participant Signature

### 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: \_\_\_\_\_

### Plan Administrator Acknowledgment

I affirm that any signature of a Participant's spouse in this section has been witnessed either by me or by a Notary Public.

\_\_\_\_\_  
Plan Administrator (Print Name)

\_\_\_\_\_  
Plan Administrator Signature

\_\_\_\_\_  
Date





# B.A.C. Trust Funds

## SPOUSAL CONSENT TO WAIVER OF 30 DAY NOTICE REQUIREMENT

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.

\_\_\_\_\_

Date

\_\_\_\_\_

Spouse Signature

### 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: \_\_\_\_\_

### Plan Administrator Acknowledgment

I affirm that any signature of a Participant's spouse in this section has been witnessed either by me or by a Notary Public.

\_\_\_\_\_

Plan Administrator (Print Name)

\_\_\_\_\_

Plan Administrator Signature

\_\_\_\_\_

Date



# B.A.C. Trust Funds

## CALIFORNIA INCOME TAX WITHHOLDING ELECTION

Please Elect One: ☐ ☒:

- ☐ Please withhold California 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 income tax.
- ☐ Please DO NOT withhold any California income tax from my distribution.

\_\_\_\_\_  
Participant Signature

\_\_\_\_\_  
Date



# B.A.C. Trust Funds

## Special Tax Notice

You are receiving this notice because all or a portion of a payment you are receiving from the B.A.C Local No. 3 Defined Contribution Pension Plan your ("Plan") is eligible to be rolled over to an Individual Retirement Account ("IRA") or an employer plan. This notice is intended to help you decide whether to do such a rollover.

This notice describes the rollover rules that apply to payments from the Plan that are not from a designated Roth account (a type of account with special tax rules in some employer plans). Rules that apply to most payments from a plan are described in the "General Information About Rollovers" section. Special rules that only apply in certain circumstances are described in the "Special Rules and Options" section.

### A. GENERAL INFORMATION ABOUT ROLLOVERS

#### 1. How can a rollover affect my taxes?

You will be taxed on a payment from the Plan if you do not roll it over. If you are under age 59½ and do not do a rollover, you will also have to pay a 10% additional income tax on early distributions (unless an exception applies). If, however, you do a rollover, you will not have to pay tax until you receive payments later and the 10% additional income tax will not apply if those payments are made after you are age 59½ (or if an exception applies).

#### 2. Where may I roll over the payment?

You may roll over the payment to either an IRA (an individual retirement account or individual retirement annuity) or an employer plan (a tax-qualified plan, section 403(b) plan, or governmental section 457(b) plan) that will accept the rollover. The rules of the IRA or employer plan that holds the rollover will determine your investment options, fees, and rights to payment from the IRA or employer plan (for example, no spousal consent rules apply to IRAs and IRAs may not provide loans). Further, the amount rolled over will become subject to the tax rules that apply to the IRA or employer plan.

#### 3. How do I do a rollover?

There are two ways to do a rollover. You can do either a direct rollover or a 60-day rollover.

If you do a direct rollover, the Plan will make the payment directly to your IRA or an employer plan. You should contact the IRA sponsor or the administrator of the employer plan for information on how to do a direct rollover. If you do not do a direct rollover, you may still do a rollover by making a deposit into an IRA or eligible employer plan that will accept it. You will have 60 days after you receive the payment to make the deposit.

b. If you do not do a direct rollover, the Plan is required to withhold 20% of the payment for federal income taxes (up to the amount of cash). This means that in order to roll over the entire payment in a 60-day rollover, you must use other funds to make up for the 20% withheld. If you do not roll over the entire amount of the payment, the portion not rolled over will be taxed and will be subject to the 10% additional federal income tax (and potential State tax penalties) on early distributions if you are under age 59½ (unless an exception applies).



## B.A.C. Trust Funds

### 4. How much may I roll over?

If you wish to do a rollover, you may roll over all or part of the amount eligible for rollover. Any payment from the Plan is eligible for rollover, except:

- Certain payments spread over a period of at least 10 years or over your life or life expectancy (or the lives or joint life expectancy of you and your beneficiary)
- Required minimum distributions after age 70½ (or after death)
- Corrective distributions of contributions that exceed tax law limitations
- Loans treated as deemed distributions (for example, loans in default due to missed payments before your employment ends)

The Plan administrator can tell you what portion of a payment is eligible for rollover.

### 5. If I don't do a rollover, will I have to pay the 10% additional income tax on early distributions?

If you are under age 59½, you will have to pay the 10% additional income tax on early distributions for any payment from the Plan (including amounts withheld for income tax) that you do not roll over, unless one of the exceptions listed below applies. This tax is in addition to the regular income tax on the payment not rolled over.

The 10% additional income tax does not apply to the following payments from the Plan:

- Payments made after you separate from service if you will be at least age 55 in the year of the separation
- Payments that start after you separate from service if paid at least annually in equal or close to equal amounts over your life or life expectancy (or the lives or joint life expectancy of you and your beneficiary)
- Payments made due to certain disabilities
- Payments after your death
- Corrective distributions of contributions that exceed tax law limitations
- Payments made directly to the government to satisfy a federal tax levy
- Payments made under a qualified domestic relations order (QDRO)
- Payments up to the amount of your deductible medical expenses
- Certain payments made while you are on active duty if you were a member of a reserve component called to duty after September 11, 2001 for more than 179 days.

### 6. If I do a rollover to an IRA, will the 10% additional income tax apply to early distributions from the IRA?

If you receive a payment from an IRA when you are under age 59½, you will have to pay the 10% additional income tax on early distributions from the IRA, unless an exception applies. In general, the exceptions to the 10% additional income tax for early distributions from an IRA are the same as the exceptions listed above for early distributions from a plan.

There are, however, a few differences for payments from an IRA, including:

- There is no exception for payments after separation from service that are made after age 55.
- The exception for qualified domestic relations orders (QDROs) does not apply (although a special rule applies under which, as part of a divorce or separation agreement, a tax-free transfer may be made directly to an IRA of a spouse or former spouse).



# B.A.C. Trust Funds

- The exception for payments made at least annually in equal or close to equal amounts over a specified period applies without regard to whether you have had a separation from service.
- There are additional exceptions for (1) payments for qualified higher education expenses, (2) payments up to \$10,000 used in a qualified first-time home purchase, and (3) payments after you have received unemployment compensation for 12 consecutive weeks (or would have been eligible to receive unemployment compensation but for self-employed status).

## 7. Will I owe State income taxes?

Please note that state or local income tax is withheld only for those states where such withholding is mandatory. If you reside in a state that has a state income tax, and the state does not have a mandatory withholding rule, you will be responsible for any state income taxes due on the taxable portion of your distribution. You should also be aware that some states have not yet changed their laws to take into account the expanded rollover rules that became effective January 1, 2002. In certain situations a rollover now permitted under federal law may be subject to taxation under state law; however, once the rollover is taxed under state law, the state would not tax this amount again when later you receive it as a distribution.

Note: California assesses a 2.5% tax penalty for early distributions from a Retirement Plan.

## B. SPECIAL RULES AND OPTIONS

### If you miss the 60-day rollover deadline

Generally, the 60-day rollover deadline cannot be extended. The IRS has, however, the limited authority to waive the deadline under certain extraordinary circumstances, such as when external events prevented you from completing the rollover by the 60-day rollover deadline. To apply for a waiver, you must file a private letter ruling request with the IRS. Private letter ruling requests require the payment of a nonrefundable user fee. For more information, see IRS Publication 590, Individual Retirement Arrangements (IRAs).

### If you have an outstanding loan that is being offset

(This section of the IRS Notice does not apply inasmuch as the Plan does not offer Participant loans.) If you have an outstanding loan from the Plan, your Plan benefit may be offset by the amount of the loan, typically when your employment ends. The loan offset amount is treated as a distribution to you at the time of the offset and will be taxed (including the 10% additional income tax on early distributions, unless an exception applies) unless you do a 60-day rollover in the amount of the loan offset to an IRA or employer plan.

### If you were born on or before January 1, 1936

If you were born on or before January 1, 1936 and receive a lump sum distribution that you do not roll over, special rules for calculating the amount of the tax on the payment might apply to you. For more information, see IRS Publication 575, Pension and Annuity Income.

### If you roll over your payment to a Roth IRA



# B.A.C. Trust Funds

You can roll over a payment from the Plan made before January 1, 2010 to a Roth IRA only if your modified adjusted gross income is not more than \$100,000 for the year the payment is made to you and, if married, you file a joint return. These limitations do not apply to payments made to you from the Plan after 2009. If you wish to roll over the payment to a Roth IRA, but you are not eligible to do a rollover to a Roth IRA until after 2009, you can do a rollover to a traditional IRA and then, after 2009, elect to convert the traditional IRA into a Roth IRA.

If you roll over the payment to a Roth IRA, a special rule applies under which the amount of the payment rolled over (reduced by any after-tax amounts) will be taxed. However, the 10% additional income tax on early distributions will not apply (unless you take the amount rolled over out of the Roth IRA within 5 years, counting from January 1 of the year of the rollover). For payments from the Plan during 2010 that are rolled over to a Roth IRA, the taxable amount can be spread over a 2-year period starting in 2011.

If you roll over the payment to a Roth IRA, later payments from the Roth IRA that are qualified distributions will not be taxed (including earnings after the rollover). A qualified distribution from a Roth IRA is a payment made after you are age 59½ (or after your death or disability, or as a qualified first-time homebuyer distribution of up to \$10,000) and after you have had a Roth IRA for at least 5 years. In applying this 5-year rule, you count from January 1 of the year for which your first contribution was made to a Roth IRA. Payments from the Roth IRA that are not qualified distributions will be taxed to the extent of earnings after the rollover, including the 10% additional income tax on early distributions (unless an exception applies). You do not have to take required minimum distributions from a Roth IRA during your lifetime. For more information, see IRS Publication 590, Individual Retirement Arrangements (IRAs).

You cannot roll over a payment from the Plan to a designated Roth account in an employer plan.

## If you are not a Plan Participant

a. Payments after death of the Participant. If you receive a distribution after the Participant's death that you do not roll over, the distribution will generally be taxed in the same manner described elsewhere in this notice. However, the 10% additional income tax on early distributions does not apply, and the special rule described under the section "If you were born on or before January 1, 1936" applies only if the Participant was born on or before January 1, 1936.

1. If you are a surviving spouse. If you receive a payment from the Plan as the surviving spouse of a deceased Participant, you have the same rollover options that the Participant would have had, as described elsewhere in this notice. In addition, if you choose to do a rollover to an IRA, you may treat the IRA as your own or as an inherited IRA.

An IRA you treat as your own is treated like any other IRA of yours, so that payments made to you before you are age 59½ will be subject to the 10% additional income tax on early distributions (unless an exception applies) and required minimum distributions from your IRA do not have to start until after you are age 70½.

If you treat the IRA as an inherited IRA, payments from the IRA will not be subject to the 10% additional income tax on early distributions. If, however, the Participant had started taking required minimum distributions, you will have to receive required minimum distributions from the inherited IRA. If the Participant had not started taking





# B.A.C. Trust Funds

required minimum distributions from the Plan, you will not have to start receiving required minimum distributions from the inherited IRA until the year the Participant would have been age 70½.

2. If you are a surviving beneficiary other than a spouse. If you receive a payment from the Plan because of the Participant's death and you are a designated beneficiary other than a surviving spouse, the only rollover option you have is to do a direct rollover to an inherited IRA. Payments from the inherited IRA will not be subject to the 10% additional income tax on early distributions. You will have to receive required minimum distributions from the inherited IRA.

b. Payments under a qualified domestic relations order. If you are the spouse or former spouse of the Participant who receives a payment from the Plan under a qualified domestic relations order (QDRO), you generally have the same options the participant would have (for example, you may roll over the payment to your own IRA or an eligible employer plan that will accept it). Payments under the QDRO will not be subject to the 10% additional income tax on early distributions.

If you are a nonresident alien

If you are a nonresident alien and you do not do a direct rollover to a U.S. IRA or U.S. employer plan, instead of withholding 20%, the Plan is generally required to withhold 30% of the payment for federal income taxes. If the amount withheld exceeds the amount of tax you owe (as may happen if you do a 60-day rollover), you may request an income tax refund by filing Form 1040NR and attaching your Form 1042-S. See Form W-8BEN for claiming that you are entitled to a reduced rate of withholding under an income tax treaty. For more information, see also IRS Publication 519, U.S. Tax Guide for Aliens, and IRS Publication 515, Withholding of Tax on Nonresident Aliens and Foreign Entities.

Other special rules

If a payment is one in a series of payments for less than 10 years, your choice whether to make a direct rollover will apply to all later payments in the series (unless you make a different choice for later payments). If your payments for the year are less than \$200 (not including payments from a designated Roth account in the Plan), the Plan is not required to allow you to do a direct rollover and is not required to withhold for federal income taxes. However, you may do a 60-day rollover.

Unless you elect otherwise, a mandatory cash out of more than \$1,000 (not including payments from a designated Roth account in the Plan) will be directly rolled over to an IRA chosen by the Plan administrator or the payer. A mandatory cash out is a payment from a plan to a participant made before age 62 (or normal retirement age, if later) and without consent, where the participant's benefit does not exceed \$5,000 (not including any amounts held under the plan as a result of a prior rollover made to the plan). You may have special rollover rights if you recently served in the U.S. Armed Forces. For more information, see IRS Publication 3, Armed Forces' Tax Guide.

C. FOR MORE INFORMATION



B.A.C. Local No. 3 Pension Plan  
B.A.C. Local No. 3 Defined Contribution Pension Plan  
B.A.C. Local No. 3 Health & Welfare Trust Fund

# B.A.C. Trust Funds

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It is recommended that you consult with a professional tax advisor if you have questions before taking a payment from the Plan. You also may speak to the Plan Administrator. Also, you can find more detailed information on the federal tax treatment of payments from employer plans in: IRS Publication 575, Pension and Annuity Income; IRS Publication 590, Individual Retirement Arrangements (IRAs); and IRS Publication 571, Tax-Sheltered Annuity Plans (403(b) Plans). These publications are available from a local IRS office, on the web at [www.irs.gov](http://www.irs.gov), or by calling 1-800-TAX-FORM.