

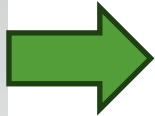
Central Midwest Regional Council of Carpenters Trust Funds

How to properly complete the Defined Contribution Pension Fund
Benefit Distribution Application

Defined Contribution Pension Fund Benefit Distribution Application – Page 2

DISTRIBUTION ELECTION FORM **Central Midwest Regional Council of Carpenters** **Defined Contribution Pension Plan**

Fill out on top
of each page.

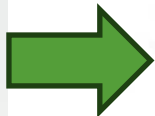


PARTICIPANT'S NAME	SOCIAL SECURITY NO.
John Doe	123-45-6789

I have read the "*Special Tax Notice Regarding Plan Payments,*" and I hereby make the following request for distribution:

REQUIRED INFORMATION

Fill out
completely.



STREET ADDRESS	CITY, STATE, ZIP CODE
123 Street	Troy, MI 48098
PARTICIPANT'S DATE OF BIRTH	SPOUSE'S DATE OF BIRTH
01 / 01 / 1960	01 / 01 / 1960

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Select only ONE (1) payment election.

If Option A or B are selected, a check will be mailed, and it is the responsibility of the participant to deliver it to the financial institution.

Option C is a lump sum payment.

All payments are sent via check, contact John Hancock to set up direct deposit.

I. PAYMENT ELECTION

Important Tax Withholding Information

For an eligible rollover distribution that is not rolled over to a retirement plan or IRA, such as a partial or lump sum paid to you or installments paid over 9 or less years, you are subject to mandatory 20% federal income tax withholding and any state tax withholding, if applicable. You can choose a rate greater than 20% for federal withholding by completing the attached **FORM W-4R WITHHOLDING CERTIFICATE**. You may not choose a rate less than 20%. For nonperiodic payments, such as installments paid over 10 or more years, you are subject to 10% federal income tax withholding, in addition to any applicable state tax withholding, unless you choose to have a different federal tax rate applied to your payment by completing the attached **FORM W-4R WITHHOLDING CERTIFICATE**. The distribution may also be subject to an additional 10% early withdrawal penalty if you are under age 59½.

Elect One:

- A. Payment Rolled Over to an IRA or Retirement Plan** - I elect to have my vested account distributed in cash, and payable to an Individual Retirement Account ("IRA") or retirement plan.
- B. Payment with Partial Rollover to an IRA or Retirement Plan** - I elect to have my vested account distributed in cash. I further elect to have _____% (if you fail to specify a percentage to be rolled over, you will automatically have 100% rolled over) of my vested account payable to an IRA or retirement plan and have the balance (if any) paid directly to me.
- C. Payment Paid to Me** - I elect to have my vested account distributed in cash and paid to me.
- D. Installments** - My vested account balance exceeds \$1,000, and I elect to have my vested account distributed to me in quarterly installments over _____ (10 or less) years. I understand that the period selected may be reduced to comply with federal tax law.

Defined Contribution Pension Fund Benefit Distribution Application – Page 2

Complete only if Option A or B was selected on previous page. Skip if other options selected.

It is the participant's responsibility to deliver the mailed rollover checks to the financial institution.

For tax questions, please contact a Tax Professional.

II. PAYEE INFORMATION FOR IRA OR RETIREMENT PLAN (Complete this section ONLY if you elected an option to roll over all or a portion of your distribution to an IRA or retirement plan.) If you choose to roll over all or a portion of your distribution to an IRA or retirement plan, a check in the designated amount will be mailed to you and it will be your responsibility to deliver it to the financial institution or retirement plan.

Generally, you have the option to roll over your distribution to an IRA or retirement plan. Refer to the enclosed *Special Tax Notice* regarding these rollover options and their tax consequences. You may also want to contact a financial advisor. You cannot split your rollover election and choose a retirement plan and an IRA.

Payee Information

My rollover should be made payable to (check one and complete below):

IRA

Retirement Plan

Name of IRA Financial Institution or Retirement Plan

Roth IRA Conversion – At the time of distribution, the IRS allows you to convert your non-Roth money to Roth and roll it over to a Roth IRA. You may elect this option by checking the Roth IRA Conversion box below, and the rollover check will be made payable to the financial institution named above. Any amounts converted to Roth are taxable and treated as income on your tax return for the year of the conversion. No amount will be withheld from the rollover for payment of these taxes. This option is not permitted if you elected to roll over your distribution to a retirement plan.

Roth IRA Conversion – I elect to convert my non-Roth account to a Roth IRA. I understand that the amount converted to Roth is subject to taxes and will be treated as income for the year of the conversion and that no amount will be withheld from my distribution for payment of these taxes.

Defined Contribution Pension Fund Benefit Distribution Application – Page 2

Must be completed regardless of payment election.



III. MARITAL STATUS
I am legally married YES NO
If you checked "Yes," your spouse must complete the attached **SPOUSAL CONSENT FORM.**

Defined Contribution Pension Fund Benefit Distribution Application – Page 3

IV. SIGNATURE

Under penalty of perjury, I certify that there is no pending domestic relations order or court approved domestic relations order which has, or will, assign all or a part of my vested benefit to my spouse, former spouse, child or other dependent. I understand that a false statement by me may result in legal damages for which I will be fully responsible.

I understand that I have the option to have this distribution directly deposited into my bank account by accessing myplan.johnhancock.com to set up my banking information or to confirm existing banking information on file, if applicable. I also understand that any distribution checks will be mailed to the address on my account as of the date the payment is processed. I further understand that the address of record is used for all tax reporting purposes.

Under penalties of perjury, I certify that:

1. The Social Security number / taxpayer identification number I provided on this form is my correct taxpayer identification number.
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. citizen or other U.S. person, including a U.S. resident alien (as defined in the IRS Form W-9 instructions).

Certification Instructions

You must check the box below if you have been notified by the IRS that you are currently subject to backup withholding because you failed to report all interest and dividends on your tax return.

I am subject to backup withholding as a result of a failure to report all interest and dividends.

Since the Plan is an account held in the United States, you are not required to provide a code indicating that you are exempt from FATCA reporting.

Note: The IRS does not require your consent to any provision of this document other than the certification required to avoid backup withholding.

Signature of Participant: _____ Date: _____

TO BE COMPLETED BY PLAN ADMINISTRATOR

The request for the above Participant is: APPROVED NOT APPROVED

If approved, the Custodian is hereby authorized to process the request.

Plan Administrator: _____ Date: _____

Date form received by Plan Administrator: _____

LEAVE BLANK

Read above statement and ONLY check if applicable.



Sign and date, electronic signatures are not accepted.



Defined Contribution Pension Fund Benefit Distribution Application – Spousal Content Form

If legally married, must be completed by spouse.

Form must be notarized; do not sign until in front of a notary. Dates of spouse's signature and notary must match.

SPOUSAL CONSENT (To be completed by the spouse of the Participant)

I understand that my spouse (the Participant named above) has requested a distribution from the Plan in the amount requested on the attached Withdrawal/Distribution Form and that this amount may not be repaid to the Plan.

As the spouse of the Participant, I hereby consent to the distribution. In the event that my spouse (the Participant) dies before I do, I hereby voluntarily and irrevocably agree to waive any and all claim to any Plan benefits otherwise payable to me to the extent of the amount distributed.

Spouse's Name (Print)

Signature of Spouse
(Must be signed and dated in presence of Notary)

Date

WITNESSED BY (To be completed by Notary Public)

NOTARY PUBLIC

State of _____, County of _____, ss.

On this, the ____ day of _____, 20__, before me personally appeared _____ known (or satisfactorily proven) to me to be the person who executed the foregoing Spousal Certification and acknowledged that he or she executed the same as his or her free act and deed. In witness whereof, I hereunto set my hand and official seal.

Signature of Notary Public

(SEAL)

My Commission Expires: ____/____/____

Defined Contribution Pension Fund Benefit Distribution Application – Withholding Certificate for Nonperiodic Payments and Eligible Rollover Distributions (W-4R Tax Form)

Must be completed by all participants, regardless of payment election.

If under the age of 59 ½, the tax rate is 30%, if over the age of 59 ½, the tax rate is 20%.

For tax questions, please contact a Tax Professional.

Form W-4R
 Department of the Treasury
 Internal Revenue Service

Withholding Certificate for Nonperiodic Payments and Eligible Rollover Distributions
 Give Form W-4R to the payer of your retirement payments.

OMB No. 1545-0074
2025

a nam _____ **ame** _____ **1b** Social security number _____

City or town, state, and ZIP code _____

Your withholding rate is determined by the type of payment you will receive.

- For nonperiodic payments, the default withholding rate is 10%. You can choose to have a different rate by entering a rate between 0% and 100% on line 2. Generally, you can't choose less than 10% for payments to be delivered outside the United States and its territories.
- For an eligible rollover distribution, the default withholding rate is 20%. You can choose a rate greater than 20% by entering the rate on line 2. You may not choose a rate less than 20%. See page 2 for more information.

2	Complete this line if you would like a rate of withholding that is different from the default withholding rate. See the instructions on page 2 and the Marginal Rate Tables below for additional information. Enter the rate as a whole number (no decimals)	2	%
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Sign Here _____ **Date** _____
 Your signature (This form is not valid unless you sign it.)

General Instructions
 Section references are to the Internal Revenue Code.
Future developments. For the latest information about any future developments related to Form W-4R, such as legislation enacted after it was published, go to www.irs.gov/FormW4R.
Purpose of form. Complete Form W-4R to have payers withhold the correct amount of federal income tax from your nonperiodic payment or eligible rollover distribution from your employer retirement plan, annuity (including a commercial annuity), or individual retirement arrangement (IRA). See page 2 for the rules and options that are available for each type of payment. Don't use Form W-4R for periodic payments (payments made in installments at regular intervals over a period of more than 1 year) from these plans or arrangements. Instead, use Form W-4P, Withholding Certificate for Periodic Pension or Annuity Payments. For more information on withholding, see Pub. 505, Tax Withholding and Estimated Tax.
Caution: If you have too little tax withheld, you will generally owe tax when you file your tax return and may owe a penalty unless you make timely payments of estimated tax. If too much tax is withheld, you will generally be due a refund when you file your tax return. Your withholding choice (or an election not to have withholding on a nonperiodic payment) will generally apply to any future payment from the same plan or IRA. Submit a new Form W-4R if you want to change your election.

2025 Marginal Rate Tables

You may use these tables to help you select the appropriate withholding rate for this payment or distribution. Add your income from all sources and use the column that matches your filing status to find the corresponding rate of withholding. See page 2 for more information on how to use this table.

Single or Married filing separately		Married filing jointly or Qualifying surviving spouse		Head of household	
Total income over—	Tax rate for every dollar more	Total income over—	Tax rate for every dollar more	Total income over—	Tax rate for every dollar more
\$0	0%	\$0	0%	\$0	0%
15,000	10%	30,000	10%	22,500	10%
26,925	12%	53,850	12%	39,500	12%
63,475	22%	126,950	22%	87,350	22%
118,350	24%	236,700	24%	125,850	24%
212,300	32%	424,600	32%	219,800	32%
265,525	35%	531,050	35%	273,000	35%
641,350*	37%	781,600	37%	648,850	37%

* If married filing separately, use \$390,800 instead for this 37% rate.

For Privacy Act and Paperwork Reduction Act Notice, see page 3. Cat. No. 75085T Form W-4R (2025)

Defined Contribution Pension Fund Benefit Distribution Application – Certification of Marital/Single Status

This form must be completed by the member, regardless of marital status and with every new application submitted.

If there are any previous marriages, they must be listed with the date of marriage and date of divorce or death. Provide complete copies of ALL documents required as listed here, if applicable.



Form must be notarized; do not sign until in front of a notary. Dates of participant signature and notary must match.

CERTIFICATION OF MARITAL/SINGLE STATUS

Federal Law requires the Trustees to confirm whether a previous spouse is entitled to any portion of your pension 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.**

Your Name: _____ SSN: _____

Current marital status: SINGLE, NEVER MARRIED
 SINGLE, PREVIOUSLY MARRIED*
 MARRIED, NO PREVIOUS MARRIAGES
 MARRIED, WITH PREVIOUS MARRIAGE(S)*

*If you have had previous marriages, please list the names of your ex-spouses, the date(s) of marriage and date(s) of divorce (if any of your previous marriages ended due to the death of your spouse at the time, please list the date of death):

<u>Ex-spouse's Name</u>	<u>Date of Marriage</u>	<u>Date of Divorce/Death</u>
_____	_____	_____
_____	_____	_____

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 appropriate court through which the proceedings occurred in order to obtain certified copies. For additional ex-spouses, please use the back of this form.

I hereby certify, subject to the penalty of perjury, that the above information is, to the best of my belief and knowledge, true and complete. ANY PERSON WHO SUPPLIES A FALSE CERTIFICATION IN CLAIMING A BENEFIT FORFEITS ANY RIGHT HE OR SHE MAY HAVE TO THE BENEFIT AND, UPON DISCOVERY, BECOMES LIABLE FOR FULL REPAYMENT OF ANY MONEY RECEIVED AS A CONSEQUENCE.

Your Signature

Your Social Security No.

Today's Date

Place Notary Stamp Here	Subscribed to and sworn to before me, This _____ day of _____, 20____.	Seal
	Signature of Notary _____	
	Notary Public, _____ County	
	State of _____	

My Commission expires _____

*Notice to Notaries: Federal Law (i.e., the Retirement Equity Act of 1984) requires that the above Form must be executed in the presence of an authorized Plan representative or a Notary Public. Accordingly, it is most important that you not only witness the actual signature identified above, but also examine their credentials to satisfy yourself that they are, in fact, the same persons as the ones identified.

A700 – CMRCC DC PLAN

Defined Contribution Pension Fund Benefit Distribution Application – Retirement Declaration

Fill out completely, sign, and send with application.

Last day of work before retirement is the last day worked in the union.

**CENTRAL MIDWEST REGIONAL COUNCIL OF CARPETNERS
DEFINED CONTRIBTION PLAN**

Retirement Declaration

This Retirement Declaration must be completed and submitted with your application for benefit before your application is processed. Please read the entire Retirement Declaration carefully before signing.

Federal law requires that you retire to be eligible for retirement benefits from the Central Midwest Regional Counsel of Carpenters Defined Contribution Pension Plan ("Plan"). This means you must sever employment with your employer and all employers required to make contributions to the Plan.

Participant's Retirement Declaration:

I, the undersigned Plan participant, hereby declare my intent to retire and sever employment with my employer and all employers required to make contributions to the Plan. By retiring, I declare that at this time, I do not intend to return to work, in any capacity, for my employer or any other employer required to make contributions to the Plan.

By signing this Retirement Declaration, I hereby acknowledge and understand the following:

- I am bound by all the Plan's rules and regulations.
- I am authorizing any employer for whom I have worked, any benefit fund in receipt of contributions made by any employer on my behalf or any local union affiliated therewith, to release any information concerning my work history and identity (including but not limited to: dates of employment; photo IDs; birthdate; Social Security Number; Union Identification Number; address information; and signature samples) to the Plan.

Please contact the Plan Office if you have questions regarding the Plan's Retirement requirements:

Central Midwest Regional Council of Carpenters
Defined Contribution Pension Plan
P.O. Box 1057
Troy, MI 48099-1057
(800) 700-6756

Participant Information:

Full Name (printed): _____

Social security Number: _____ Date of Birth: _____

Last Day of work before retirement: _____

Last Employer: _____

Participant's Signature

Date

Defined Contribution Pension Fund Benefit Distribution Application

With every completed application, these MUST be included:

1. Copy of member's driver's license (just the front)
2. Certification of Martial/Single Status
3. Retirement Declaration

If married or previously married:

1. Copy of spouse's driver's license (just the front)
2. Copy of marriage certificate or divorce decree(s)

Members may also submit a copy of their birth certificate or passports for identification.

Defined Contribution Pension Fund Benefit Distribution Application

The Defined Contribution Pension Fund Benefit Distribution Application is now complete. To ensure you have completed this correctly or if you have questions, please contact BeneSys for assistance –
800-700-6756

Application, form of identification, certificate of marital/single status, retirement declaration, and if applicable, marriage certificate/divorce decrees can be sent to BeneSys (not John Hancock) via:

Fax: 248-721-9678

Email: retire@cmrccbenefits.org

Or mail: CMRCC DC PO Box 1057, Troy, MI 48099-1057