

SOLANO-NAPA COUNTIES ELECTRICAL WORKERS PROFIT SHARING PLAN

P.O. Box 1306, San Ramon, CA 94583

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
- 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 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. If you never served, please indicate so in a brief, written statement.

PROOF OF AGE

In order to be eligible for retirement benefits, you are required to produce 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 documents. 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.

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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APPLICATION FOR BENEFITS

GENERAL INFORMATION

If you are a participant in the Solano-Napa Counties Electrical Workers Profit Sharing Plan, you may receive a benefit distribution at any of the following times:

- **Retirement.** You have reached age 55 and have permanently withdrawn from covered employment or from work of any kind for wages or profit in the electrical industry in the United States.
- **Total and Permanent Disability.** Regardless of your age, if you are disabled and receiving a permanent Social Security Disability Benefit.
- **Termination of Service.** Regardless of your age, if:
 - You completely withdraw from employment or self-employment in the electrical industry in the United States and from any work for any contributing employer for 18 consecutive months;
 - Your Individual Account balance is less than \$10,000.00; and
 - You provide a statement that you do not intend to return to any employment in the electrical industry.

(If you return to covered employment within 5 years of your distribution due to termination of service, you will not again be entitled to payment under this provision.)

- **Termination of Employment/Out of Industry for at least Sixty Consecutive Months.** A Participant who has not worked in Covered Employment for at least sixty consecutive months and has had a complete withdrawal from any employment or self-employment in the Electrical Industry in the State of California for at least sixty consecutive months and who signs a statement under penalty of perjury that he or she does not intend to return to work in the Electrical Industry is entitled to a distribution from his or her Individual Account with the Plan.
- **Age 59 ½ and working in Covered Employment.** Effective as of January 1, 2023, a Participant who has attained age 59 ½ who is still working in Covered Employment is permitted to take a partial or full distribution from his or her Profit Sharing Account in the Plan.

If you are the beneficiary or legal spouse of a participant who has died, the participant's account will be distributed as follows:

- **Death**

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- If the participant dies before retiring, the money in his or her Individual Account will be paid to the designated beneficiary in one of the payment forms allowed by the Plan, unless the legal spouse is entitled to receive a pre-retirement survivor pension.
- If the participant dies after commencement of benefits, any uncommitted cash balance remaining in the Individual Account will be paid to the participant's surviving legal spouse or designated beneficiary according to the benefit election of the participant (and the participant's legal spouse, where required). The distribution will be through one of the payment forms allowed by the Plan.
- If the participant dies while receiving benefit payments under an annuity agreement, the survivor benefit payable under the annuity agreement will be distributed as set forth in the annuity contract to the participant's designated beneficiary, unless the participant's legal spouse is entitled to receive a survivor benefit in the form of a Husband-and-Wife Pension. In that event, the survivor benefit will be paid to the surviving legal spouse.
- **Pre-retirement Survivor Pension.** If the participant is legally married throughout the one-year period prior to death and dies before commencement of benefits, the Individual Account will be paid to his or her surviving spouse as a pre-retirement survivor pension unless the participant previously rejected this form of death benefit with the spouse's written consent. The spouse's written consent must be witnessed by a notary public or authorized Plan representative.

A participant must apply for benefits in writing, using the forms contained in this application packet. Upon approval of the Plan's Board of Trustees and satisfaction of all eligibility requirements, a benefit will first be payable for the first month after the month in which the application is accepted as complete.

If a participant elects any form of benefit other than a direct rollover to an eligible retirement plan, as defined in the Plan, the application for benefits will not be accepted as complete until:

- All of the assets in the Directed Investment Account have been placed by the Participant in the cash equivalent investment option; and
- The Participant submits to the Fund Manager an Authorization to Transfer Balance Form (page 17 of this packet). This form authorizes the Fund Manager to transfer the balance of the Directed Investment Account to the Administrative Account for distribution and terminates the Participant's authority for self-direct investment.

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Participant Information

Name: _____ Social Security: _____

Address: _____

Home Phone #: _____ Cell Phone #: _____

Date of Birth: _____ Email address: _____

Last Employer: _____ Last Date Worked: _____

Retirement Effective Date: _____

Reason for Distribution

Retirement. You have reached age 55 and have permanently withdrawn from covered employment or from work of any kind for wages or profit in the electrical industry in the United States.

Total and Permanent Disability. Regardless of your age, if you are disabled and receiving a permanent Social Security Disability Benefit.

Termination of Service. Regardless of your age, if:

- You completely withdraw from employment or self-employment in the electrical industry in the United States and from any work for any contributing employer for 18 consecutive months;
- Your Individual Account balance is less than \$10,000.00; and
- You provide a statement that you do not intend to return to any employment in the electrical industry.

(If you return to covered employment within 5 years of your distribution due to termination of service, you will not again be entitled to payment under this provision.)

Termination of Employment/ Out of Industry for at least Sixty Consecutive Months.

A Participant who has not worked in Covered Employment for at least sixty consecutive months and has had a complete withdrawal from any employment or self-employment in the Electrical Industry in the State of California for at least sixty consecutive months and who signs a statement under penalty of perjury that he or she does not intend to return to work in the Electrical Industry is entitled to a distribution from his or her Individual Account with the Plan.

Age 59 ½ and working in Covered Employment. Effective as of January 1, 2023, a Participant who has attained age 59 ½ who is still working in Covered Employment is permitted to take a partial or full distribution from his or her Profit Sharing Account in the Plan.

Participant Signature

Date

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DECLARATION OF MARITAL STATUS

PARTICIPANT: _____

SOCIAL SECURITY: _____

MARITAL STATUS: _____ Married _____ Single (never married)
_____ Divorced _____ Widowed _____ Other

A. Current Spouse Information

Name: _____ Social Security: _____

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.

B. Prior Spouse Information

Name: (if none, indicate none): _____

Date of Marriage: _____ Date of Separation: _____

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

Complete Address (if living): _____

If you have had more than one marriage please attach a separate sheet of paper providing the information requested in Part B above for each such marriage.

I declare under penalty of perjury that the above information is true and correct.

Dated: _____
Participant Name (please print)

Participant signature (must be notarized)

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THIS SECTION TO BE COMPLETED BY NOTARY PUBLIC:

ACKNOWLEDGMENT

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 officer)

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 authorized capacity(ies), and that 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 _____ that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature _____ (Seal)

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HUSBAND AND WIFE BENEFIT ELECTION/REJECTION AND BENEFICIARY DESIGNATION FORM

You are about to make an important decision concerning your right to receive pension benefits through your spouse's employment. An explanation of the Husband-and-Wife Pension follows. If, after reading the explanation and asking whatever questions you may have, you elect to waive this form of benefit, then you must sign the form where indicated before a Notary Public or an authorized Plan representative and submit the form to the Trust Fund Office.

Please read this form carefully; failure to do so can result in the inadvertent loss of significant rights.

1. What is a Husband and Wife Pension?

The Solano-Napa Counties Electrical Workers Profit Sharing Plan pays retirement benefits in the form of a Husband and Wife Pension unless you and your spouse agree to choose a different payment form. The Husband and Wife Pension gives a retired member a monthly retirement payment for the remainder of his or her life. This is called an "annuity;" the Husband and Wife Pension is also known as a Qualified Joint and Survivor Annuity (QJSA).

Under the Husband and Wife Pension payment form, after your spouse dies, each month you will be paid an amount equal to 50% or 100% of the amount of the monthly benefit of the retirement benefit that was paid to your spouse while your spouse was living (the percentage paid depends on the benefit you have selected). The benefit paid to you after your spouse dies is called a "survivor annuity" or a "survivor benefit."

Example

Member John Doe and John's spouse, Paula, receive payments from the plan under the Husband and Wife Pension payment form. Beginning after John retires, John's Individual Account balance, adjusted for his spouse's age on the date when benefits commence, allows him to receive \$600.00 each month from the Plan. John then dies. The Plan will pay Paula \$300.00 a month for the remainder of Paula's life.

2. When will a Husband and Wife Pension not be paid?

You and your spouse may elect not to receive the Husband and Wife Pension and to select another form of benefit by executing this form. The other forms of benefit are a monthly benefit for the life of your spouse only, called a Single Life Annuity, a lump sum payment of the Individual Account balance, an eligible rollover to an eligible retirement Plan, or a combination of the various forms of payment.

A Husband and Wife Pension will not be paid if your spouse and you are not married to each other when pension payments begin. You must also be married to each other at least one (1) years at the time of your spouse's death for the survivor benefit to be paid.

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If you die before pension benefits begin, the election of a Husband and Wife Pension will be cancelled and your spouse will receive a monthly benefit for life without reduction for the Husband and Wife Pension option. In certain circumstances described below, divorce will also prevent payment of a Husband and Wife Pension.

3. How can you change the way benefits are paid?

You and your spouse will receive benefits from the Plan in the Husband and Wife Pension payment form unless your spouse chooses a different payment form and you agree to the choice. If you agree to change the way the Plan's retirement benefits are paid by executing and submitting this consent form, you give up your right to the Husband and Wife Pension payments.

4. Can you be required to give up the right to the Husband and Wife Pension benefit?

No. Your choice must be voluntary. It is a personal decision whether you want to waive the right to the Husband and Wife Pension payment form. Waiver of that right must be signed by you and the signature must be notarized. The benefit options available under the Plan will equal the value of the Individual Account when the application for benefits is approved.

5. What other benefit forms can be chosen?

Single Life Annuity. If you and your spouse agree, your spouse may elect a Single Life Annuity form of benefit. If so, your spouse will receive a monthly benefit for the remainder of your spouse's life only, and no survivor annuity will be paid to you following your spouse's death. Depending on the annuity contract selected, your spouse may elect for a survivor benefit to be paid to a designated beneficiary. Unless you are the designated beneficiary, you will not receive the survivor benefit.

The amount of your spouse's monthly benefit will be larger than the monthly benefit under a Husband and Wife Pension for the same individual. How great a difference there is depends on age and other factors at the time of retirement.

Example of a Single Life Annuity Payment Form

John and Paula Doe agree not to receive retirement benefits in the Husband and Wife Pension payment form and decide instead to receive increased payments only during John's lifetime. After John retires, John will receive more than \$600.00 each month from the Plan until John's death; how much more will depend on their respective ages and other actuarial factors. Paula will not receive any payments from the Plan after Pat's death.

Lump Sum Payment. You and your spouse may elect to receive the benefit as a single payment equal to the amount of your Individual Account.

Also, if at the time a monthly benefit becomes payable to a member or surviving spouse, the Individual Account balance is less than \$5,000.00, the Plan will pay the benefit in a lump sum. This occurs without any action required by your spouse or you. When a lump sum is payable, no other benefit will be paid.

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Eligible Rollover to an Eligible Retirement Plan. All or a portion of the Individual Account may be transferred directly to a traditional individual retirement account (IRA) or another tax-qualified retirement plan.

Combination of benefits. You and your spouse may choose to receive a portion of your benefit as an annuity and the remainder as a lump sum, a rollover, or combination of both.

6. How is a beneficiary designated for the Pre-Retirement Survivor Pension?

If you and your spouse are married at least one year at the time of your spouse's death, you are automatically designated as your spouse's beneficiary, unless you consent to waive that designation on this form. But if your spouse and you agree, your spouse can name someone other than you to receive all or a part of the survivor benefits from the Plan after you die. This payment option is available only if the Husband and Wife Pension is not selected.

The person your spouse selects to receive all or part of the survivor's benefit is called a "beneficiary." If you agree to let your spouse elect a Single Life Annuity and name someone else as the beneficiary for all of the survivor benefits, you will not receive any payments from the Plan after your spouse dies.

7. Can your spouse make future changes if you sign this consent form?

If you sign this consent form, you agree that benefits under the Plan will be paid in the form stated in the consent. You also agree to any beneficiary designation contained in the consent. Generally, your spouse cannot change the payment form or the beneficiary unless you agree to the change by signing a new agreement. However, your spouse can change to the Husband and Wife Pension payment form without obtaining your agreement.

8. Can you change your mind after you sign this consent form?

You can revoke this consent form without the consent of your spouse at any time prior to the commencement of benefits. The number of revocations is not limited. Once benefits commence, however, you cannot change the consent. If you change your mind, you must notify the Trust Fund Office in writing. The revocation must indicate the date of your consent and state specifically that you revoke your consent.

9. What happens to this consent form if you become divorced?

If you are divorced from your spouse before pension benefits begin, the election of a Husband and Wife Pension will be cancelled and your spouse will receive a monthly benefit for life without reduction for the Husband and Wife Pension option. However, if you become divorced, you might be able to obtain a Qualified Domestic Relations Order (QDRO) that will give you rights to receive retirement benefits even if you sign this consent form. If you are thinking about separating or getting a divorce, you should obtain legal advice on your rights to benefits from the Plan.

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If, in the case of divorce, a court awards you a portion of your spouse's benefit according to a QDRO, you will receive your benefit directly and not as a survivor benefit under the Husband and Wife Pension.

If you and your spouse become divorced after payment of the pension begins, an election for the Husband and Wife Pension will remain in effect. Upon your spouse's death, you will receive a survivor benefit unless a different arrangement has been approved under a QDRO. Any alternative arrangement directed under a QDRO must be consistent with the terms of any annuity contract purchased to pay the benefits divided by the QDRO.

If a Single Life Annuity is selected, no payment will be made to any designated beneficiary who has died before your spouse. Except as otherwise provided in a QDRO, if you consent to payment in the form of a Single Life Annuity, and you are the designated beneficiary for any death benefit, payment will not be made to you after a divorce unless your current spouse reaffirms in writing to the Trust Fund Office your designation as beneficiary.

If your spouse was previously married and the former spouse is entitled to a portion of the benefit according to a QDRO, the monthly amount received by your spouse and any surviving benefit to which you may be entitled may be reduced accordingly.

10. What should you know about signing this consent form?

This is an extremely important decision. You should consider carefully whether you want to sign this consent form.

Before signing, be sure that you understand what retirement benefits you may get and what benefits you will no longer be able to receive. The Plan will provide notice to a Plan participant of the right to a Husband and Wife Pension and of the right to waive this benefit. The notice will be provided at least thirty (30) days before the end of the period in which the election is required. Your spouse should have received information on the types of retirement benefits available from the Plan. If you have not seen this information, you should request it and read it before you sign this consent form.

For additional information, you should contact the Trust Fund Office, Solano-Napa Counties Electrical Workers Pension Trust Fund, at the following address and telephone number:

Mail:
P.O. Box 1306
San Ramon, CA 94583

Phone:
(866) 544-9880

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**CONSENT TO HUSBAND AND WIFE ELECTION/REJECTION AND
BENEFICIARY DESIGNATION**

I, _____, declare under penalty of perjury that I am the spouse of
(Spouse's Name)

_____. I understand that I have the right to have the Solano-Napa
(Participant's Name)

Counties Electrical Workers Profit Sharing Plan pay my spouse's benefits in the Husband and Wife Pension payment form and I agree to give up that right. I understand that by signing this consent form, I will not be entitled to receive the survivor benefit after my spouse dies that I could have received under the Husband and Wife Pension payment form.

I understand that I will only qualify for a death benefit under the Single Life Annuity if I am the designated beneficiary.

(Initial) I agree that my spouse can receive retirement benefits in the form of a Single Life (Initial) Annuity, Lump Sum Payment or Rollover to an Eligible Retirement Plan.

(Initial) If I waive my right to a Husband and Wife 50% Joint Annuity to allow my spouse to receive a cash distribution from the Plan (whether a roll over to an IRA or directly to him) I understand the Plan will have no further benefit obligation to me after the distribution and that my spouse can (but is not obligated to) designate me as the beneficiary of his IRA and I would receive the balance of his IRA account upon his death.

(Initial) I also agree to my spouse's designation of the following persons as beneficiary(ies) who will receive survivor benefits from the Plan after my spouse dies:

Name	Address	Percentage %
_____	_____	_____ %
_____	_____	_____ %
_____	_____	_____ %

I understand that I am not required to sign this consent form if I do not want to waive the Husband and Wife Pension. I am signing this consent form voluntarily.

I understand that my spouse cannot choose a different form of retirement benefits or a different beneficiary unless I agree to the change, except as described above.

I understand that if I do not sign this consent form, then my spouse and I will receive payments from the Plan in the Husband and Wife Pension payment form.

YOUR SPOUSE'S SIGNATURE UPON THIS FORM MUST BE NOTARIZED

Date

Spouse's Signature

Participant's Name (please print)

Spouse's Name (please print)

Participant's Social Security No.

Spouse's Social Security No.

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THIS SECTION TO BE COMPLETED BY NOTARY PUBLIC:

ACKNOWLEDGMENT

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 officer)

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 authorized capacity(ies), and that 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 _____ that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature _____ (Seal)

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ACKNOWLEDGE & ELECTION FORM

I hereby acknowledge that I have received the Special Tax Notice Regarding Plan Payments advising me of the mandatory 20% Federal Income Tax withholding requirements and my direct rollover options.

I understand that I may choose to receive a portion of my benefits as an annuity and the remainder in a lump sum, rollover, or a combination of both.

I understand that if I am **single** and my Individual Account balance is greater than \$5,000.00, the normal form of payment (unless I elect otherwise) is a single life annuity.

I understand that if I am **legally married** through the one-year period prior to my retirement, and my Individual Account balance is greater than \$5,000.00, the required form of benefit is an annuity in the form of a 50% Husband and Wife Pension, unless my spouse and I elect otherwise on the form included in this packet.

I elect the option marked below (choose one):

Lump Sum Payment. I understand the amount is subject to 20% mandatory Federal Income Tax withholding.

All of my Account balance

Partial Lump Sum in the amount of \$ _____

Life Annuity. I am single, or have obtained the written, notarized consent of my spouse, and my Individual Account balance is greater than \$5,000.00. I elect to receive my benefit as a single life annuity purchased from an insurance company and providing benefits for the duration of my life (or the joint lives of a designated beneficiary and myself).

50% Husband and Wife Pension. I have been legally married throughout the one-year period prior to my retirement and my Individual Account is greater than \$5,000.00. I elect to receive my benefit in a 50% joint and survivor annuity providing a fixed monthly payment for my lifetime. After my death, my spouse will receive a lifetime monthly benefit of 50% of the amount we were receiving before my death.

100% Husband and Wife Pension. I have been legally married throughout the one-year period prior to my retirement and my Individual Account is greater than \$5,000.00. I elect to receive my benefit in a 100% joint and survivor annuity providing a fixed monthly payment for my lifetime. After my death, my spouse will receive a lifetime monthly benefit of 100% of the amount we were receiving before my death.

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Eligible Rollover to an Eligible Retirement Plan. I elect to transfer directly all or a portion of my Individual Account to a traditional retirement account (IRA) or another tax-qualified retirement plan. I elect a direct rollover, as indicated below:

I elect to have a direct rollover of _____ (insert amount to be rolled over in dollars or as a percentage of your Individual Account balance).

I elect to receive _____ (insert portion to be received- not rolled over – in \$ or as a percentage). (Any amount received will be subject to mandatory Federal Income Tax withholding).

Complete the following if the Rollover is to an IRA:

Name of IRA: _____

Address of IRA firm: _____

Account Number: _____

Account Name: _____

Contact at IRA firm: _____

Telephone number: _____

Complete the following if the Rollover is to another qualified plan:

Name of Plan: _____

Plan Sponsor: _____

Plan Tax ID Number: _____

Trustee's Name: _____

Trustee's Address: _____

I represent that the foregoing information is true and correct and, if selecting a direct rollover, that the IRA or other qualified Plan is eligible and will accept a direct rollover.

Social Security Number

Participant's Name (please print)

Date

Participant's Signature

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ELECTION FOR INCOME TAX WITHHOLDING

1. Federal Taxes. At least 20% will be withheld from the gross distribution for **Federal Income Taxes**. If you want more withheld please specify the percentage of the gross distribution that you want withheld for Federal Income Taxes: _____ %

2. State Taxes. Please check one of the following, (a), (b), or (c):

(a) _____ Withhold **California Income Taxes** at 10% of Federal Income Taxes or,

(b) _____ Do not withhold anything for California Income Taxes or,

(c) _____ Withhold California Income Taxes from my distribution as follows:

_____ % or \$ _____

Participant's name (please print): _____

Address: _____

Participant's signature: _____

Dated this _____ day of _____, 20____ at _____, California.

If you are married, your spouse's signature is required.

Spouse's name (please print): _____

Spouse's signature: _____

THIS SPACE FOR TRUST FUND USE ONLY

Amount available in Participant's Individual Account \$ _____

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CERTIFICATION OF TERMINATED STATUS

By executing this form, I certify that I have permanently withdrawn from covered employment or from employment of any kind for wages or profit in the Electrical Industry in the United States in any capacity and for any employer required to contribute to the Solano-Napa Counties Electrical Workers Profit Sharing Plan. I have not received a prior payment due to termination.

I do not intend to return to work in the Electrical Industry.

My last day of work was: _____

My last employer was: _____

I represent that the foregoing information is true and correct.

Social Security Number _____

Participant's name (please print) _____

Date _____

Participant's signature (**must be notarized**) _____

THIS SECTION TO BE COMPLETED BY NOTARY PUBLIC:

ACKNOWLEDGMENT

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 officer)

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 authorized capacity(ies), and that 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 _____ that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature _____ (**Seal**)

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AUTHORIZATION TO TRANSFER BALANCE

By executing this form, I authorize the Trust Fund Office to transfer the balance of my Directed Investment Account to the Administrative Account for distribution pursuant to this application for benefits. I hereby terminate my authority to self-direct investment of my Plan account balance.

Social Security Number

Participant's name (please print)

Date

Participant's signature

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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 (**must be notarized**)

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State of _____ County of _____

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

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 authorized capacity(ies), and that 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 _____ that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature _____ (**Seal**)

SOLANO-NAPA COUNTIES ELECTRICAL WORKERS PROFIT SHARING PLAN

P.O. Box 1306, San Ramon, CA 94583

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 (**must be notarized**)

THIS SECTION TO BE COMPLETED BY NOTARY PUBLIC:

ACKNOWLEDGMENT

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 officer)

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 authorized capacity(ies), and that 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 _____ that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature _____ (**Seal**)

**Withholding Certificate for Nonperiodic Payments and
Eligible Rollover Distributions****2023**

Give Form W-4R to the payer of your retirement payments.

1a First name and middle initial

Last name

1b Social security number

Address

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**%****Sign
Here****Your signature** (This form is not valid unless you sign it.)**Date****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 an 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.

2023 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	
<i>Total income over—</i>	<i>Tax rate for every dollar more</i>	<i>Total income over—</i>	<i>Tax rate for every dollar more</i>	<i>Total income over—</i>	<i>Tax rate for every dollar more</i>
\$0	0%	\$0	0%	\$0	0%
13,850	10%	27,700	10%	20,800	10%
24,850	12%	49,700	12%	36,500	12%
58,575	22%	117,150	22%	80,650	22%
109,225	24%	218,450	24%	116,150	24%
195,950	32%	391,900	32%	202,900	32%
245,100	35%	490,200	35%	252,050	35%
591,975*	37%	721,450	37%	598,900	37%

*If married filing separately, use \$360,725 instead for this 37% rate.

General Instructions (continued)

Nonperiodic payments—10% withholding. Your payer must withhold at a default 10% rate from the taxable amount of nonperiodic payments **unless** you enter a different rate on line 2. Distributions from an IRA that are payable on demand are treated as nonperiodic payments. Note that the default rate of withholding may not be appropriate for your tax situation. You may choose to have no federal income tax withheld by entering “-0-” on line 2. See the specific instructions below for more information. Generally, you are not permitted to elect to have federal income tax withheld at a rate of less than 10% (including “-0-”) on any payments to be delivered outside the United States and its territories.

Note: If you don't give Form W-4R to your payer, you don't provide an SSN, or the IRS notifies the payer that you gave an incorrect SSN, then the payer must withhold 10% of the payment for federal income tax and can't honor requests to have a lower (or no) amount withheld. Generally, for payments that began before 2023, your current withholding election (or your default rate) remains in effect unless you submit a Form W-4R.

Eligible rollover distributions—20% withholding.

Distributions you receive from qualified retirement plans (for example, 401(k) plans and section 457(b) plans maintained by a governmental employer) or tax-sheltered annuities that are eligible to be rolled over to an IRA or qualified plan are subject to a 20% default rate of withholding on the taxable amount of the distribution. You can't choose withholding at a rate of less than 20% (including “-0-”). Note that the default rate of withholding may be too low for your tax situation. You may choose to enter a rate higher than 20% on line 2. Don't give Form W-4R to your payer unless you want more than 20% withheld.

Note that the following payments are **not** eligible rollover distributions: (a) qualifying “hardship” distributions, and (b) distributions required by federal law, such as required minimum distributions. See Pub. 505 for details. See also *Nonperiodic payments—10% withholding* above.

Payments to nonresident aliens and foreign estates. Do not use Form W-4R. See Pub. 515, Withholding of Tax on Nonresident Aliens and Foreign Entities, and Pub. 519, U.S. Tax Guide for Aliens, for more information.

Tax relief for victims of terrorist attacks. If your disability payments for injuries incurred as a direct result of a terrorist attack are not taxable, enter “-0-” on line 2. See Pub. 3920, Tax Relief for Victims of Terrorist Attacks, for more details.

Specific Instructions

Line 1b

For an estate, enter the estate's employer identification number (EIN) in the area reserved for “Social security number.”

Line 2

More withholding. If you want more than the default rate withheld from your payment, you may enter a higher rate on line 2.

Less withholding (nonperiodic payments only). If permitted, you may enter a lower rate on line 2 (including “-0-”) if you want less than the 10% default rate withheld from your payment. If you have already paid, or plan to pay, your tax on this payment through other withholding or estimated tax payments, you may want to enter “-0-”.

Suggestion for determining withholding. Consider using the Marginal Rate Tables on page 1 to help you select the appropriate withholding rate for this payment or distribution. The tables are most accurate if the appropriate amount of tax on all other sources of income, deductions, and credits has been paid through other withholding or estimated tax payments. If the appropriate amount of tax on those sources of income has not been paid through other withholding or estimated tax payments, you can pay that tax through withholding on this payment by entering a rate that is greater than the rate in the Marginal Rate Tables.

The marginal tax rate is the rate of tax on each additional dollar of income you receive above a particular amount of income. You can use the table for your filing status as a guide to find a rate of withholding for amounts above the total income level in the table.

To determine the appropriate rate of withholding from the table, do the following. Step 1: Find the rate that corresponds with your total income not including the payment. Step 2: Add your total income and the taxable amount of the payment and find the corresponding rate.

If these two rates are the same, enter that rate on line 2. (See *Example 1* below.)

If the two rates differ, multiply (a) the amount in the lower rate bracket by the rate for that bracket, and (b) the amount in the higher rate bracket by the rate for that bracket. Add these two numbers; this is the expected tax for this payment. To get the rate to have withheld, divide this amount by the taxable amount of the payment. Round up to the next whole number and enter that rate on line 2. (See *Example 2* below.)

If you prefer a simpler approach (but one that may lead to overwithholding), find the rate that corresponds to your total income including the payment and enter that rate on line 2.

Examples. Assume the following facts for *Examples 1* and *2*. Your filing status is single. You expect the taxable amount of your payment to be \$20,000. Appropriate amounts have been withheld for all other sources of income and any deductions or credits.

Example 1. You expect your total income to be \$60,000 without the payment. Step 1: Because your total income without the payment, \$60,000, is greater than \$58,575 but less than \$109,225, the corresponding rate is 22%. Step 2: Because your total income with the payment, \$80,000, is greater than \$58,575 but less than \$109,225, the corresponding rate is 22%. Because these two rates are the same, enter “22” on line 2.

Example 2. You expect your total income to be \$42,500 without the payment. Step 1: Because your total income without the payment, \$42,500, is greater than \$24,850 but less than \$58,575, the corresponding rate is 12%. Step 2: Because your total income with the payment, \$62,500, is greater than \$58,575 but less than \$109,225, the corresponding rate is 22%. The two rates differ. \$16,075 of the \$20,000 payment is in the lower bracket (\$58,575 less your total income of \$42,500 without the payment), and \$3,925 is in the higher bracket (\$20,000 less the \$16,075 that is in the lower bracket). Multiply \$16,075 by 12% to get \$1,929. Multiply \$3,925 by 22% to get \$863.50. The sum of these two amounts is \$2,792.50. This is the estimated tax on your payment. This amount corresponds to 14% of the \$20,000 payment (\$2,792.50 divided by \$20,000). Enter “14” on line 2.

Privacy Act and Paperwork Reduction Act Notice. We ask for the information on this form to carry out the Internal Revenue laws of the United States. You are required to provide this information only if you want to (a) request additional federal income tax withholding from your nonperiodic payment(s) or eligible rollover distribution(s); (b) choose not to have federal income tax withheld from your nonperiodic payment(s), when permitted; or (c) change a previous Form W-4R (or a previous Form W-4P that you completed with respect to your nonperiodic payments or eligible rollover distributions). To do any of the aforementioned, you are required by sections 3405(e) and 6109 and their regulations to provide the information requested on this form. Failure to provide this information may result in inaccurate withholding on your payment(s). Failure to provide a properly completed form will result in your payment(s) being subject to the default rate; providing fraudulent information may subject you to penalties.

Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation, and to cities, states, the District of Columbia, and U.S.

commonwealths and territories for use in administering their tax laws. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by section 6103.

The average time and expenses required to complete and file this form will vary depending on individual circumstances. For estimated averages, see the instructions for your income tax return.

If you have suggestions for making this form simpler, we would be happy to hear from you. See the instructions for your income tax return.



SOLANO AND NAPA COUNTIES
ELECTRICAL WORKERS BENEFIT FUNDS



YOUR ROLLOVER OPTIONS

You are receiving this notice because all or a portion of a payment you are receiving from the 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 (and is patterned on an IRS Sample Notice).

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 below.

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 (age 55 if you terminated your Covered Employment on or after age 55) and do not do a rollover, you will also have to pay a 10% additional income tax on early distributions (generally distributions made before age 59½ 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 (and premature state tax penalty) will not apply if those payments are made after you are age 59½ (or if an exception applies).

2. What types of retirement accounts and plans may accept my rollover?

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.

a. 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.

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

P.O. Box 1306 • San Ramon, CA 94583

Phone: 925-208-9980 • Toll Free: 866-544-9880 • Fax: 925-362-8564

www.ibew180benefitfunds.org • staff@ibew180benefitfunds.org

b. 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. 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, which is 2.5% in California) on early distributions if you are under age 59½ (unless an exception applies).

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 (if you were born before July 1, 1949), after age 72 (if you were born after June 30, 1949), or after death;
- Hardship distributions;
- 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 Office 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 applies to the part of the distribution that you must include in income and 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 of up to \$5,000 made to you from a defined contribution plan if the payment is a qualified birth or adoption distribution;
- Payments up to the amount of your deductible medical expenses (without regard to whether you itemize deductions for the taxable year)
- 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; and
- Payments excepted from the additional income tax by federal legislation relating to certain emergencies and disasters.

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:

- The exception for payments made after you separate from service if you will be at least age 55 in the year of the separation does not apply.
- 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).
- 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.

Additional exceptions apply for payments from an IRA, including:

- (1) payments for qualified higher education expenses, (2) payments up to \$10,000 used in a qualified first-time home purchase, and (3) payments for health insurance premiums after you have received unemployment compensation for 12 consecutive weeks (or would have been eligible to receive unemployment compensation but for self-employed status).

Will I owe State income taxes? Yes, most likely.

This IRS-mandated Notice, which is patterned on an IRS Sample Notice, is not intended to address state taxes if you are under age 59-1/2 (and age 55 if you are terminated on or after age 55). The following information is provided for your assistance. If you reside in California, you will owe taxes on a distribution, including the premature tax distribution penalty of 2.5%. 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.

B. SPECIAL RULES AND OPTIONS

1. 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. Under certain circumstances, you may claim eligibility for a waiver of the 60-day rollover deadline by making a written self-certification. Otherwise, to apply for a waiver from the IRS, 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-A, *Contributions to Individual Retirement Arrangements (IRAs)*.

2. If you have an outstanding loan that is being offset

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. Generally, you may roll over all or any portion of the offset amount. Any offset amount that is not rolled over will be taxed (including the 10% additional income tax on early distributions, unless an exception applies, as well as the state premature tax penalty, if applicable). You may roll over offset amounts to an IRA or an employer plan (if the terms of the employer plan permit the plan to receive Plan loan offset rollovers).

How long you have to complete the rollover depends on what kind of Plan loan offset you have. If you have a qualified plan loan offset, you will have until your tax return due date (including extensions) for the tax year during which the offset occurs to complete your rollover. A qualified plan loan offset occurs when a Plan loan in good standing is offset because your Plan terminates, or because you sever from employment. If your Plan loan offset occurs for any other reason, then you have 60 days from the date the offset occurs to complete your rollover.

3. 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*.

4. If you roll over your payment to a Roth IRA

If you roll over a payment from the Plan to a Roth IRA, a special rule applies under which the amount of the payment rolled over 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).

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-A, *Contributions to Individual Retirement Arrangements (IRAs)* and IRS Publication 590-B, *Distributions from Individual Retirement Arrangements (IRAs)*. **You cannot roll over a payment from the Plan to a designated Roth account in an employer plan.**

5. If you are not a Plan Participant

a. Payments after the Participant's death. 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. But, the 10% additional 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 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 (if the Participant was born before July 1, 1949, or age 72 (if the Participant was born after June 30, 1949)).

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 and the same tax treatment that 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). However, payments under the QDRO will not be subject to the 10% additional income tax on early distributions.

6. 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*.

7. 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 federal income taxes. However, you may do a 60-day rollover. Unless you elect otherwise, a mandatory cashout of more than \$1,000 will be directly rolled over to an IRA chosen by the Plan administrator or the payor. A mandatory cashout 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*. You also may have special rollover rights if you were affected by a federally declared disaster (or similar event), or if you received a distribution on account of a disaster. For more information on special rollover rights related to disaster relief, see the IRS website at www.irs.gov.

C. FOR MORE INFORMATION

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 Office (but the Plan Office does not provide tax advice). Also, you can find more detailed information on the federal tax treatment of payments from plans in: IRS Publication 575, *Pension and Annuity Income*; IRS Publication 590-A *Contributions to Individual Retirement Arrangements (IRAs)*; IRS Publication 590-B, *Distributions from Individual Retirement Arrangements (IRSSs)*; 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, or by calling 1-800-TAX-FORM.