



WESTERN WASHINGTON PAINTERS PENSION TRUST

APPLICATION FOR RETIREMENT BENEFITS Pursuant to Qualified Domestic Relations Order

Participant's Name: _____ Social Security # _____

Alternate Payee's Name: _____

Alternate Payee's Social Security # _____ Birthdate: _____

Alternate Payee's Address _____

Alternate Payee's Phone Number: _____

Beneficiary's Name *: _____ Social Security # _____

Beneficiary's Address: _____

Relationship: _____

*** NOTE:** A beneficiary designation is only applicable if the Qualified Domestic Relations Order awards benefits to a surviving beneficiary in the event of the Alternate Payee's death.

I certify that the above information is true and correct. I hereby acknowledge that commencement of Retirement Benefits payable to me are subject to the provisions outlined in the Qualified Domestic Relations Order, and in accordance with the rules governing the Plan.

Alternate Payee's Signature

Date

Subscribed and sworn to before me this _____ day of _____, 20____

_____, Notary Public in and for the State of _____

residing in _____. My commission expires on _____

**YOU MUST ALSO SUBMIT A PHOTOCOPY OF YOUR BIRTH CERTIFICATE & PHOTO ID, AND
DOCUMENTATION OF ANY NAME CHANGES FROM YOUR BIRTH NAME TO YOUR CURRENT NAME**



WESTERN WASHINGTON PAINTERS PENSION TRUST

PART 1 QDRO RETIREMENT BENEFITS AVAILABLE

A. SINGLE LIFE ANNUITY:

You may choose to receive a monthly annuity, payable for your life. Upon your death, all benefit payments would stop.

If you want an annuity option, please check which option you want. The Trust Office will contact the insurance company to find out the monthly benefit payable. You will then be notified of the amount.

B. LUMP SUM OPTION:

Your benefit will be paid as a lump sum distribution of your account balance when you terminate employment in the Painting Industry and retire. **IN NO EVENT WILL YOU BE PAID MORE THAN THE AMOUNT IN YOUR ACCOUNT BALANCE**

C. LEVEL MONTHLY PAYMENTS:

You are paid a monthly benefit for a pre-specified number of years (5, 10 or 15). The amount of your benefit depends on the number of years you receive the payments and the amount of your account balance when you retire. This is not a guaranteed benefit. Monthly payments will be made until the earlier of: a) your account balance is \$0.00; OR b) you have received the requested number of years (5, 10 or 15) of payments. Each month, your remaining account balance will be reduced by the amount of your monthly payment. Each quarter, your remaining account balance will receive earnings and expense allocations. You will receive whatever is remaining in your account with your last monthly benefit payment.

If you should die before you receive all of your monthly payments, the remaining payments would be paid to your surviving spouse or designated beneficiary. **IN NO EVENT WILL YOU BE PAID MORE THAN THE AMOUNT IN YOUR ACCOUNT BALANCE.**



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PART 2 SELECT A RETIREMENT BENEFIT OPTION

A. SINGLE LIFE ANNUITY OPTION:

- ☐ 1. You will receive a monthly benefit for your lifetime. Upon your death, all benefit payments will cease.

If you choose one of the above options, your benefit will be sold to an insurance company at competitive rates to give you the highest monthly benefit possible. You will be notified of the actual dollar value at a later date.

B. LUMP SUM OPTION:

- ☐ 2. You will receive a total distribution of your account balance.
No other benefit will be payable.

C. OTHER MONTHLY PAYMENT OPTIONS:

- ☐ 3. 5 Year Option - You will receive 60 monthly payments. The last payment will be a cashout of any remaining account balance.
- ☐ 4. 10 Year Option - You will receive 120 monthly payments. The last payment will be a cashout of any remaining account balance.
- ☐ 5. 15 Year Option - You will receive 180 monthly payments. The last payment will be a cashout of any remaining account balance.

The undersigned alternate payee agrees that retirement eligibility and payments are to be governed entirely by the provisions of the Plan, or as the Plan may hereafter be amended, and that the payment of any retirement installment and its acceptance by me shall not prevent the Trustees from recovering, or in any other way affect their right to recover, any payment to me in excess of the amount to which I am entitled under the provisions of the Plan. Nor shall the making of any retirement payment to me obligate the Trustees in any way to make any further payments in any amount whatsoever except as the same may be provided for by this Plan, as may from time to time be amended.



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SIGNATURE MUST BE WITNESSED BY A NOTARY

I choose to receive the type of pension benefit chosen on these forms:

Alternate Payee Signature _____ Date _____

Subscribed and sworn to before me this _____ day of _____

20_____ Notary Public in and for the State of _____ -

residing at _____.

My commission expires: _____.



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LUMP SUM DISTRIBUTION DESIGNATION FORM

Please select option A, B, or C below

- _____ A. The Trustees of the Western Washington Painters Defined Contribution Pension Plan are directed to make a payment to me, the Participant, less any applicable withholding described in the Special Tax Notice received with this election form and application.
- _____ B. The Trustees of the Western Washington Painters Defined Contribution Pension Plan are directed to mail my distribution to _____ (Name of Trustee/Fund) for deposit in accordance with the rollover provision.
- _____ C. The Trustees of the Western Washington Painters Defined Contribution Pension Plan are directed to mail \$ _____ (fill in amount) of my distribution to _____ (Name of Trustee/Fund) for deposit in accordance with the rollover provision. The remainder of the taxable portion less any applicable withholding described in the Special Tax Notice received with this election form will be paid directly to me, the Participant.

Alternate Payee Signature

Date

THE DEPOSITORY TRUSTEE/FUND MUST COMPLETE THE AGREEMENT

BELOW IF OPTION B OR C IS SELECTED

TO BE COMPLETED BY TRUSTEE OF ELIGIBLE RETIREMENT PLAN OR IRA AGREEMENT OF DEPOSITORY TRUSTEE

In accordance with the above authorization of the Depositor, we agree to deposit the forthcoming rollover amount from the Western Washington Painters Defined Contribution Pension Plan, a Qualified Retirement Plan, in the following account:

TYPE OF ACCOUNT: _____ ACCOUNT NO.: _____

NAME OF TRUSTEE/FUND: _____

MAILING ADDRESS: _____

TELEPHONE NO.: _____

Authorized Signature of IRA Rollover Trustee/Fund

Date