



WESTERN WASHINGTON PAINTERS PENSION TRUST

Re: Western Washington Painters Defined Contribution Pension Plan
Retirement Benefit Application Enclosed

Dear Participant:

Thank you for requesting the enclosed application for benefits under the above Plan. Please complete all pages of the application and provide as much information as possible. In addition, the following items are needed in order to begin processing your file:

1. A copy of your birth certificate AND a copy of your photo ID with your signature. If you do not have a copy of your birth certificate, we will accept two items from the list found on page 2 of the application.
2. If you are married, a copy of your spouse's birth certificate AND a copy of your spouse's photo ID with signature. If you do not have a copy of your spouse's birth certificate, we will accept two items from the list found on page 2 of the application.
3. If you are married, a copy of your marriage certificate.
4. A copy of your final divorce decree if you were previously married.
5. If you are applying for disability benefits, please complete the enclosed disability questionnaire. Upon receipt of your completed application and questionnaire, two medical questionnaires will be sent to you by the Trust Office. You must ensure the questionnaires are provided to at least TWO physicians. The Trustees will not review a file with less than two doctors' statements.

IMPORTANT: If you have been awarded Social Security Benefits you should attach a copy of your award letter from the Social Security Administration. An award of Social Security Disability Benefits is automatic proof of Disability under the Plan.

If you are applying for disability benefits, and have not received a green application, or if you did not receive the *Disability Retirement Benefits Application Questionnaire* with your green application, **please contact our office immediately.**

A self-addressed envelope is provided for your convenience. If you have any questions or if we can be of further assistance, please contact this office.

Sincerely,

WESTERN WASHINGTON PAINTERS DEFINED CONTRIBUTION PENSION PLAN
BeneSys Administrators
Administrative Agent



WESTERN WASHINGTON PAINTERS PENSION TRUST

SPECIAL TAX NOTICE REGARDING PLAN PAYMENTS

YOUR ROLLOVER OPTIONS

You are receiving this notice because all or a portion of a payment you are receiving from the Western Washington Painters Defined Contribution Pension Plan (the "Plan") is eligible to be rolled over to an IRA or an employer plan. This notice is intended to help you decide whether to do such a rollover.

This notice describes the rollover rules that apply to payments from the Plan that are not from a designated Roth account (a type of account with special tax rules in some employer plans).

Rules that apply to most payments from a plan are described in the "General Information About Rollovers" section. Special rules that only apply in certain circumstances are described in the "Special Rules and Options" section.

GENERAL INFORMATION ABOUT ROLLOVERS

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 59 ½ and do not do a rollover, you will also have to pay a 10% additional income tax on early distributions (unless an exception applies). However, if you do a rollover, you will not have to pay tax until you receive payments later and the 10% additional income tax will not apply if those payments are made after you are age 59 ½ (or if an exception applies).

Where may I roll over the payment?

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

How do I do a rollover?

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

If you do a direct rollover, the Plan will make the payment directly to your IRA or an employer plan. You should contact the IRA sponsor or the administrator of the employer plan for information on how to do a direct rollover.

If you do not do a direct rollover, you may still do a rollover by making a deposit into an IRA or eligible employer plan that will accept it. You will have 60 days after you receive the payment to make the deposit. 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 and property received other than employer stock). 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 income tax on early distributions if you are under age 59 ½ (unless an exception applies).

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 70 ½ (or after death)
- Corrective distributions of contributions that exceed tax law limitations
- Loans treated as deemed distributions (for example, loans in default due to missed payments before your employment ends)
- The Plan administrator or the payer can tell you what portion of a payment is eligible for rollover.

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 59 ½, you will have to pay the 10% additional income tax on early distributions for any payment from the Plan (including amounts withheld for income tax) that you do not roll over, unless one of the exceptions listed below applies. This tax is in addition to the regular income tax on the payment not rolled over.

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

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

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 59 ½, 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. However, there are a few differences for payments from an IRA, including:

- There is no exception for payments after separation from service that are made after age 55.
- The exception for qualified domestic relations orders (QDROs) does not apply (although a special rule applies under which, as part of a divorce or separation agreement, a tax-free transfer may be made directly to an IRA of a spouse or former spouse).
- The exception for payments made at least annually in equal or close to equal amounts over a specified period applies without regard to whether you have had a separation from service.

- There are additional exceptions for (1) payments for qualified higher education expenses, (2) payments up to \$10,000 used in a qualified first-time home purchase, and (3) payments 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?

This notice does not describe any State or local income tax rules (including withholding rules).

SPECIAL RULES AND OPTIONS

If you miss the 60-day rollover deadline

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

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 and will be taxed (including the 10% additional income tax on early distributions, unless an exception applies) unless you do a 60-day rollover in the amount of the loan offset to an IRA or employer plan.

If you were born on or before January 1, 1936

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

If you roll over a payment from the Plan to a Roth IRA, a special rule applies under which the amount of the payment rolled over (reduced by any after-tax amounts) will be taxed. However, the 10% additional income tax on early distributions will not apply (unless you take the amount rolled over out of the Roth IRA within 5 years, counting from January 1 of the year of the rollover).

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 59 ½ (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)*.

If you are not a plan participant

Payments after death of the participant. If you receive a distribution after the participant's death that you do not roll over, the distribution will generally be taxed in the same manner described elsewhere in this notice. However, the 10% additional income tax on early distributions and the special rules for public safety officers do 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.

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 59 ½ 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 70 ½.

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. However, if 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 70 ½.

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.

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

If you are a nonresident alien

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

Other special rules

If a payment is one in a series of payments for less than 10 years, your choice whether to make a direct rollover will apply to all later payments in the series (unless you make a different choice for later payments).

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*.

FOR MORE INFORMATION

You may wish to consult with the Plan administrator or payer, or a professional tax advisor, before taking a payment from the Plan. Also, you can find more detailed information on the federal tax treatment of payments from employer plans in: IRS Publication 575, *Pension and Annuity Income*; IRS Publication 590-A, *Contributions to Individual Retirement Arrangements (IRAs)*; IRS Publication 590-B, *Distributions from Individual Retirement Arrangements (IRAs)*; and IRS Publication 571, *Tax-Sheltered Annuity Plans (403(b) Plans)*. These publications are available from a local IRS office, on the web at www.irs.gov, or by calling 1-800-TAX-FORM.



WESTERN WASHINGTON PAINTERS PENSION TRUST

DEFINED CONTRIBUTION WITHDRAWAL APPLICATION FORM

Print all information required - be sure to sign and date this application:

PERSONAL DATA

1. Name _____
Last First Middle

Previous Name (if any) _____ Date Changed _____

2. Social Security # _____ 3. Phone # _____

4. Mailing Address _____
Street Number City State Zip Code

5. Local Union _____ 6. Gender: Male ☐ Female ☐ 7. Birthdate _____
(Attach Proof of Age, see Page 2)

8. Marital Status: **Please complete the enclosed CERTIFICATION OF MARITAL STATUS.**

I understand that if I have ever been divorced and/or widowed, I must also provide the Fund Office with a complete copy of all of my Judgments of Divorce and/or Qualified Domestic Relations Orders (including Separation Agreements, Property Settlement Agreements and any similar or related orders with any attachments) and/or the death certificate(s) of my late spouse(s) or ex-spouse(s).

9. Current Spouse Name _____
Last First Middle

10. Spouse Social Security # _____ Spouse's Birthdate _____

Date of Marriage _____ Gender: Male ☐ Female ☐
(Attach Copy of Marriage Certificate)

11. Beneficiary Name _____ Social Security # _____

Birthdate _____ Gender: Male ☐ Female ☐ Relationship _____

Address _____
Street Number City State Zip Code

If you are married and you have named a beneficiary above who is someone other than your spouse, then your spouse's signature is required consenting to this beneficiary designation.

I relinquish all rights to benefits to the designated beneficiary listed above.

Signature of Spouse _____
(indicates approval of the non-spouse beneficiary named above) (Date)

EMPLOYMENT DATA

12. Have you ever worked as a sole proprietor, partner, or corporate owner of a participating Employer?

Yes ☐ No ☐ If yes, explain below:

When: _____ For what Employer _____

13. I am still working Yes ☐ No ☐ Current job title: _____

14. Name of current or most recent employer: _____

15. The last day I worked in Covered Employment was or will be on _____
Month Day Year

16. I hereby request that my application be effective on the first day of _____
Month Year

NOTE: YOUR APPLICATION CANNOT BE PROCESSED WITHOUT THE NECESSARY AGE AND NAME CHANGE DOCUMENTATION DESCRIBED BELOW. PLEASE REVIEW THIS SECTION CAREFULLY.

AGE VERIFICATION

A copy of your and your spouse's or beneficiary's birth certificates, along with proof of your marriage, is required to process your application.

IMPORTANT: If the name on either your or your spouse's or beneficiary's birth certificate is different from your present names, you must also submit a copy of the court order, marriage certificate, affidavit, or other document to show the name change(s).

If you are unable to obtain a copy of either birth certificates, you must submit TWO ITEMS of the following documents for each person who does not have a birth certificate. Please note that the documents submitted must show a date of birth:

Baptismal Certificate

Citizenship or Naturalization Papers

Records or information obtained from the U.S. Census Department

Life Insurance policies taken out at least 10 years prior to your date of retirement

Social Security Information
(must show date of birth)

U.S. Armed Forces Records

School records established prior to your 21st birthday

Passport

Driver License

RETIREMENT/DISTRIBUTION TYPE

17. In accordance with the terms of the Western Washington Painters Defined Contribution Pension Plan, I am requesting a withdrawal of all or a portion of my account balance for the following reason (check one box only):

- ☐ **PRE-RETIREMENT DISTRIBUTION:** The amount you may withdraw is based on your account balance at the end of the Plan year, three Plan Years ago. You may withdraw the lesser of one-third of that amount or the amount over \$3,500.00. This option is available to you only once prior to retirement.
- ☐ **SMALL ACCOUNT DISTRIBUTION:** To be eligible, your account balance must be less than \$5,000 and you must not have worked in the Painting Industry for at least five (5) years. If your account balance is over \$5,000, your application will convert to either a one-time Pre-Retirement Withdrawal or Retirement status.
- ☐ **EARLY RETIREMENT:** To be eligible, you must be at least age 55 but not over age 65 and have terminated employment in any capacity with any Employer under this Plan.
- ☐ **NORMAL RETIREMENT:** To be eligible, you must be at least age 65 and have terminated employment for which Employer contributions are required under this Plan.
- ☐ **DISABILITY RETIREMENT:** To be eligible, you must submit proof of Total and Permanent Disability from two physicians which are satisfactory to the Board of Trustees and demonstrate a bodily injury, disease, or mental disorder, which, on the basis of medical evidence, proves that you are incapable of continuing in the employment of a Participating Employer in any job classification covered by the Collective Bargaining Agreement for the remainder of your lifetime or you must be awarded Disability Benefits from the Social Security Administration.

NOTE: Applications must be submitted on or before the first day of the month in which retirement is to be effective. If you wish to apply for Disability Retirement benefits, please contact the Trust Office to request a Disability Retirement withdrawal application.

WITHDRAWAL DECLARATION

I understand and agree that it is my responsibility to submit any and all information needed to establish my eligibility for benefits under this Plan and that this application can be cancelled by written request submitted to the Trust Office prior to its Effective Date. I certify that the information on this form is true and accurate to the best of my knowledge.

I understand the conditions of my withdrawal or retirement are governed by the Plan rules and regulations.

I understand that in the case of an overpayment of my pension benefits, the Trustees are entitled to recover any amounts overpaid to me.

If no information appears under the Spouse's Section above, I certify that I am not married.

Applicant Signature

Date



WESTERN WASHINGTON PAINTERS PENSION TRUST

CERTIFICATION OF MARITAL 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.**

Participant Name _____

Marital Status: ☐ Married ☐ Single (Never Married) ☐ Divorced ☐ Divorced & Remarried
☐ Widow ☐ Other (Please Specify): _____

CURRENT SPOUSE INFORMATION *(do not leave name blank; specify "none" or "n/a" if no spouse)*

Name _____ Social Security Number _____

Date of Birth _____ Date of Marriage _____

If you have been divorced or legally separated, please submit a complete copy of your Judgment(s) of Divorce and Qualified Domestic Relations Orders (including Separation Agreements, Property Settlement Agreements, and any similar or related orders with any attachments). All divorce documents are reviewed by the Plan's legal counsel. If you have been widowed, please submit a copy of the death certificate.

PRIOR SPOUSE INFORMATION *(do not leave name blank; specify "none" or "n/a" if no prior spouse)*

Name _____

Date of Marriage _____ Date of Separation _____

Marriage terminated due to (circle one): **Death** **Divorce** **Other** (please specify) _____

PRIOR SPOUSE INFORMATION *(do not leave name blank; specify "none" or "n/a" if no prior spouse)*

Name _____

Date of Marriage _____ Date of Separation _____

Marriage terminated due to (circle one): **Death** **Divorce** **Other** (please specify) _____

If you have had more than two prior spouses, please attach a separate sheet of paper providing the requested information.

Certification of Marital Status

Page 2

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

Name _____ Social Security Number _____

Signature _____ Date _____
(Must Be Notarized)

TO BE COMPLETED BY NOTARY PUBLIC

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of _____ County of _____

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

Personally appeared _____, who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their capacity (ies), and by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the state of _____ that the foregoing paragraph is true and correct.

WITNESS my hand and official seal

Signature of Notary Public

My Commission expires: _____

WESTERN WASHINGTON PAINTERS DEFINED CONTRIBUTION PENSION PLAN

P O Box 58830, Tukwila, WA 98138
5200 Southcenter Blvd, Suite 205, Tukwila, WA 98188
Phone (206) 518-9730 • Toll Free (844) 344-2721 • Fax (425) 251-1976
www.IUPATWesternBenefits.org

ELECTION OF RETIREMENT BENEFITS

Name: _____

Date: _____

If you are married, federal law requires that your benefits be paid as a 50% Joint and Survivor Spouse Benefit (Part I-A shown below) unless you and your spouse reject that form of benefit, and you elect to receive your benefit in another form. If you prefer to receive your benefit in another form, you must select the appropriate benefit and complete Part II. We urge you to read the explanation carefully and ask any questions you might have about your options before you make your selection.

PART 1 RETIREMENT BENEFITS AVAILABLE

A. HUSBAND & WIFE/CONTINGENT ANNUITANT OPTIONS:

If you are married, your benefits will be paid as a reduced 50% Joint & Survivor Annuity unless you and your spouse reject this form of benefit and elect another form of benefit. Your monthly benefit is reduced in exchange for a guarantee that one-half of that amount would be paid to your spouse for his/her lifetime after your death. The amount of reduction depends on your age and your spouse's age at the time your benefit starts.

You may choose a Husband and Wife Option with a guarantee that, after your death, your spouse would receive, for his/her lifetime, 100% or 66.6% of the monthly amount you received while alive.

If you want to choose a non-spouse beneficiary who would receive benefits after your death, you may choose this option. Your monthly benefit would be reduced in exchange for a guarantee that your beneficiary would receive, for his/her lifetime, either 100%, 66.6% or 50% of the monthly amount that you receive while alive.

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 to you and your spouse or beneficiary. You will then be notified of the amount.

B. 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.

C. 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.

CONTINUED ON NEXT PAGE

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ELECTION OF RETIREMENT BENEFITS

Name: _____

Date: _____

PART 1 RETIREMENT BENEFITS AVAILABLE, continued

D. 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.

PART 2 SELECT A RETIREMENT BENEFIT OPTION

PLEASE MARK WHICH OPTION YOU WISH TO RECEIVE. DETAILED INFORMATION IS FOUND ON PAGE 1 OF THIS FORM.

A. HUSBAND & WIFE/CONTINGENT ANNUITANT OPTIONS:

- ☐ 1. 50% Option - You will receive a monthly benefit for your lifetime. Upon your death, your spouse or designated beneficiary will receive 50% of this amount for his or her lifetime.
- ☐ 2. 66.6% Option - You will receive a monthly benefit for your lifetime. Upon your death, your spouse or designated beneficiary will receive 66.6% of this amount for his or her lifetime.
- ☐ 3. 100% Option - You will receive a monthly benefit for your lifetime. Upon your death, your spouse or designated beneficiary will receive 100% of this amount for his or her lifetime.

B. SINGLE LIFE ANNUITY OPTION:

- ☐ 4. 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.

CONTINUED ON NEXT PAGE

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ELECTION OF RETIREMENT BENEFITS

Name: _____ Date: _____

PART 2 SELECT A RETIREMENT BENEFIT OPTION, continued

C. LUMP SUM OPTION:

- ☐ 5. I want to receive a total distribution of my account balance.
I understand that no other benefit will be payable.
- ☐ 6. I want to withdraw \$ _____ from my account balance.

D. OTHER MONTHLY PAYMENT OPTIONS:

- ☐ 7. 5 Year Option - You will receive 60 monthly payments.
The last payment will be a cashout of any remaining account balance.
- ☐ 8. 10 Year Option - You will receive 120 monthly payments.
The last payment will be a cashout of any remaining account balance.
- ☐ 9. 15 Year Option - You will receive 180 monthly payments.
The last payment will be a cashout of any remaining account balance.

Please note: Benefits under the 5-Year, 10-Year, or 15-Year Monthly Payment Options will be payable only as long as you have an account balance.

E. PRE-RETIREMENT BENEFIT DISTRIBUTION

Please note: You have elected to receive a portion of your account balance prior to your retirement. This can only be done once. After you make this withdrawal, you may not have any more withdrawals until you reach retirement age and terminate all employment in the Painting Industry. Please complete the section below to indicate how much you want to receive in this pre-retirement distribution

- ☐ 10. I choose to receive one third of my account balance as of three plan years ago, or my current account balance minus \$3500, whichever is the lesser amount.
- ☐ 11. I want to withdraw a smaller amount. Please withdraw \$ _____ from my account balance.

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ELECTION OF RETIREMENT BENEFITS

Name: _____ Date: _____

You and your spouse, if married, may change this pension benefit election at any time before you begin to receive your benefit. If you and your spouse wish to change a previous election and elect another type of benefit, contact the Trust Office for another election form. Once your benefits begin, you cannot change your benefit election. The election you make will be honored for all distributions of your benefit unless or until you return to work. The Trust distributes a portion of your benefit until earnings can be allocated each quarter and the remainder will be paid in the same form you elect above.

SIGNATURE(S) MUST BE WITNESSED BY A NOTARY

The undersigned employee and spouse, if married, agree 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.

I/We choose to receive the type of pension benefit chosen on this form. If no signature appears under the Spouse's Signature, I certify that I am not married and/or that there is not a Domestic Relations Order which awards a portion of my pension to an Alternate Payee.

Retiree's 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: _____.

WESTERN WASHINGTON PAINTERS DEFINED CONTRIBUTION PENSION PLAN

P O Box 58830, Tukwila, WA 98138
5200 Southcenter Blvd, Suite 205, Tukwila, WA 98188
Phone (206) 518-9730 • Toll Free (844) 344-2721 • Fax (425) 251-1976
www.IUPATWesternBenefits.org

ELECTION OF RETIREMENT BENEFITS

Name: _____ Date: _____

SPOUSAL CONSENT

I am the employee's spouse. I have reviewed the foregoing information regarding each form of benefit and I consent to the election indicated. I understand that unless the employee elected a survivor option, no benefits will be payable following the employee's death, except possibly under the Level Monthly Payments form of payment which will continue only if the designated monthly payments have not been paid to the employee by the Plan. I also understand that this consent may be revoked only during the election period described in the 30-DAY NOTICE PERIOD section.

Spouse's 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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ELECTION OF RETIREMENT BENEFITS

Name: _____ Date: _____

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

PARTICIPANT 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

NOTARY PUBLIC

Subscribed and sworn to me this _____ day of _____ 20_____
State of _____ My commission expires _____

WITNESS my hand and official seal _____ Signature of Notary Public

Western Washington Painters Defined Contribution Pension Plan

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.

Signature of Participant

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

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Retirement Declaration

Name: _____

Eligibility for Benefits

A participant shall be eligible to receive benefits provided under this Plan upon terminating employment for which contributions are required and upon satisfaction of one of the retirement dates for Early, Normal, or Disability Retirement.

Early Retirement

The early retirement date of a participant shall be the first day of any month following the satisfaction of the following requirements:

- a. attainment of age fifty-five (55); and
- b. severance from employment in any capacity with any Employer maintaining this Plan.

Normal Retirement

The normal retirement date of a participant shall be the first day of the month following the satisfaction of the following requirements:

- a. attainment of age sixty-five (65); and
- b. severance from Covered Employment with any Employer maintaining this Plan.

Benefits will not be payable until the participant's severance from employment for which contributions are required, except as required on and after attainment of age 70 ½. Contact the Trust Office if you have any questions.

Disability Retirement

The disability retirement date of a participant shall be the first day of any month following such participant's severance from Covered Employment with any Employer maintaining this Plan and the occurrence of his or her total and permanent disability as established by the Trustees. Disability shall not be considered established until it has existed for five (5) months.

Retirement Declaration

I hereby affirm and attest that I am retiring from the Painting industry. I understand that if I fail to retire, the Trust will pursue repayment of any and all funds distributed to me, including associated investment results.

Retiree's Signature

Date



WESTERN WASHINGTON PAINTERS PENSION TRUST

DIRECT DEPOSIT AUTHORIZATION FORM

Name _____ SSN# _____

Address _____ Phone # _____

City _____ State _____ Zip Code _____

Name of Financial Institution _____

Bank Routing Number _____

Type of Account: ☐ Checking ☐ Savings

Account No. _____

* Please verify that your bank account allows ACH deposits

Note: If your account type is checking, please attach a voided check or an account verification from your bank. If your account type is savings, please attach a deposit slip. Verify that your routing number and account number are correct and are on the voided check and deposit slip.

Any requests received on or before the 10th of the month will be processed the following month. Requests received after the 10th of the month will be processed the 2nd month following the received request.

I hereby authorize the Board of Trustees of Western Washington Painters Pension Trust to deposit all amounts due to me under the Pension Plan in my account at the Financial Institution named above. This authorization shall remain in force until I revoke it in writing or until my death, whichever occurs first. If, due to lack of knowledge of my death, the Pension Plan distributes benefit checks after my death for deposit in my account, I authorize and direct the Financial Institution to refund to the Pension Plan any amounts paid after my death.

Signature

Date

Please return completed form properly signed to:
Western Washington Painters Pension Trust Fund Office
PO Box 58830
Tukwila, WA 98138
Phone 206-518-9730 Fax 425 251-1976