

DEFINED CONTRIBUTION RETIREMENT APPLICATION

**Northwestern Ohio
Plumbers and Pipefitters
Retirement Fund**

DEFINED CONTRIBUTION

TBS

**PLEASE READ INFORMATION & INSTRUCTION PAGE COMPLETELY BEFORE CALLING. YOUR
PATIENCE IS APPRECIATED. THANK YOU.**

INFORMATION & INSTRUCTIONS

PLEASE READ

Attached is the requested application, for the Northwestern Ohio Plumbers & Pipefitters Local 50 Retirement Plan and Trust. Below is information that you will need to complete the application. In order to receive your benefit you **must fill out and return all the paperwork. Please read in its entirety.**

- » Termination of employment, NO employer contributions including those received under a reciprocity agreement that has been made or is owed for 6 consecutive months.
- » To verify proof of age, a copy of a State issued picture ID or drivers license.
- » No faxes will be accepted for the application, all checks will be MAILED... NO PICK UPS allowed.
- » Application must be received on or before the 5th of the month, you are to receive benefits. NO exceptions will be made.
- » Northwestern Ohio Plumbers and Pipefitters Board of Trustees must approve all benefit applications, once approved checks will be mailed out.
- Page 1- Information & Instructions, yours to keep. Please allow 7-10 business days to receive benefit check, before calling. You will receive a receipt with your payout date (check date).
- Page 2 -Name, address, date of birth, HOME local union number, and last employer at local 50 (if you cannot remember that is okay). Type of Distribution, check what box applies. Distribution options, check box that you are requesting. Signatures- both participant and spouse signatures and dates.
- Page 3- Read and fill out the top portion- DO NOT FILL OUT BOTTOM OF THE FORM.
- Page 4 - Lump sum distribution election form- choose A, B, C, or D.
- Page 5- Thirty-day waiver- both participant and spouse must sign and waive the 30-day waiting period.
- Page 6 - Affidavit of Retirement – Only if you are retired from your home local, then this form needs filled out.
- Page 7 & 8- Form A Married – If married this form needs to be filled out and signed. If your balance is UNDER \$5,000.00 ~~does~~ NOT need to be notarized, if balance exceeds \$5,000.00 you must get signatures notarized.
- Page 9 – Form B Single- Single participants must sign and if balance exceeds \$5,000.00 signature must be notarized.
- Page 10 -- Certification of Marital/Single status- fill out and sign, if balance exceeds \$5,000.00 signatures must be notarized.
- Page 11 – State of Michigan W4-P, ONLY NEEDS TO BE FILLED OUT IF YOU ARE A RESIDENT OF THE STATE OF MICHIGAN.
- Page 12- State of MI Single, withholding tax table
- Page 13 – State of MI Married, withholding tax table
- » PAGES TO RETURN: 2, 3, 4, 5, PAGE 6 ONLY IF RETIRED, IF MARRIED PAGES 7, 8, IF SINGLE PAGE 9, PAGE 10 WITH ACCOMPANYING DOCUMENTS AND A COPY OF DRIVERS LICENSE OR STATE ISSUED ID ATTACHED WITH COMPLETED APPLICATION, AND PAGE 11 ONLY IF A RESIDENT OF THE STATE OF MICHIGAN.
- » Once your application is received, the beneficiary card will be pulled to verify your marital status. A receipt with a date that your distribution check will be mailed. Please do not call unless you do not receive a receipt within 10 days of sending in the application. Your patience is greatly appreciated.

NORTHWESTERN OHIO PLUMBERS PIPEFITTERS RETIREMENT PLAN
TERMINATION BENEFIT ELIGIBILITY

*** You will receive this receipt after we have received your application. This will tell you when the Fund Office received your application and the mail date of your check.

Last worked hours received on your behalf	Month eligible
January	July
February	August
March	September
April	October
May	November
June	December
July	January
August	February
September	March
October	April
November	May
December	June

Date Received:

	Payout Schedule	
Application received & eligibility requirements met	Check mailed out on date	
Monday, January 07, 2013	Tuesday, January 22, 2013	
Tuesday, February 5, 2013	Wednesday, February 20, 2013	
Tuesday, March 5, 2013	Wednesday, March 20, 2013	
Friday, April 5, 2013	Tuesday, April 23, 2013	
Monday, May 6, 2013	Wednesday, May 21, 2013	
Wednesday, June 05, 2013	Thursday, June 20, 2013	
Friday, July 05, 2013	Tuesday, July 23, 2013	
Monday, August 05, 2013	Tuesday, August 20, 2013	
Thursday, September 05, 2013	Friday, September 20, 2013	
Monday, October 07, 2013	Tuesday, October 22, 2013	
Tuesday, November 05, 2013	Wednesday, November 20, 2013	
Thursday, December 05, 2013	Friday, December 20, 2013	
Net check over \$15,000.00 check will be mailed CERTIFIED mail.	Check is a direct rollover, it will be mailed directly to custodian.	
ALL CHECKS WILL BE MAILED. NO PICK UPS ALLOWED.	Please allow 7-14 business days for mail time, before you call.	
Your patience is greatly appreciated.		

APPLICATION FORM

7570 Caple Blvd Suite B
Northwood, Ohio 43619
(419) 662-1388 Phone

I hereby make application for benefits from the Northwestern Ohio Plumbers & Pipefitters Retirement Plan and certify that the information listed below is correct:

I. Participant Information:

NAME OF APPLICANT _____ SOC. SEC. # _____

ADDRESS _____ DATE OF BIRTH _____

Last Employer _____ LOCAL NO _____

_____ Last Day Worked _____

Documents Required based on Marital Status:

If Single, enclose copies of your driver's license.

If Married, enclose copies of your driver's license, a copy of your spouse's driver's license, and a copy of your Marriage Certificate/License.

If Divorced, enclose a complete copy of your Marriage Certificate/License and Divorce Decree with all attachments, for any and all previous marriages.

If Widowed, enclose a copy of the Death Certificate, for any and all previous spouses.

II. Type of Distribution:

- Normal (Age 65 or older)
- Permanent and Total Disability Retirement (Must provide a letter from home local or award letter from Social Security)
- Early (55 but less than 65)
- Termination (under 55, no employer contributions including those received under a reciprocity agreement that has been made or is owed for 6 consecutive months).

III. Distributions Options

- 1. Single Life Annuity
- 2. 75% Qualified Joint & Survivor Annuity
- 3. Equal Monthly Installments - \$ _____ per month
Monthly Options:-Only if your balance exceeds \$5,000.00
- 4. Direct Rollover Custodian: _____

Lump Sum Options:

- 5. Single Lump Sum Payment (Total Balance)
I elect to have my TOTAL Plan benefit paid directly to me and I understand that 20% of my benefit must be withheld for federal income taxes as prescribed by law.
- 6. Single Lump Sum Payment (Partial Balance)
(Only available once every 6 months. Balance must exceed \$5,000.00)
Amount Requested \$ _____

X
Signature of Participant/Applicant Date

X
Signature of Spouse, If Married Date

Northwestern Ohio Plumbers and Pipefitters Retirement Fund

APPLICATION FORM

7570 Caple Blvd Suite B
Northwood, Ohio 43619
(419) 662-1388 Phone

I hereby make application for benefits from the Northwestern Ohio Plumbers & Pipefitters Retirement Plan and certify that the information listed below is correct:

In Consideration of the payment of Retirement Plan Benefits to me in accordance with this application, I do hereby release, remise and forever discharge the Trustees of the Northwestern Ohio Plumbers and Pipefitters Retirement Plan, their agents, employees, successors and assigns all debts, dues, claims, demands, actions and causes of action which I have or have had relating to my participation in the Northwestern Ohio Plumbers and Pipefitters Retirement Plan, including but not limited to the receipt of contributions on my behalf, the investment of these funds and my application for benefits there under, excepting only the payment of my benefits hereunder.

I was born on the _____ day of _____, 19_____.

My spouse _____ was born on the _____ day of _____ 19_____.
Spouse Name

Current mailing address:

Street Address Please Print City, State and Zip Code

Phone number Print Name

I HAVE READ, UNDERSTOOD, AND AGREE TO ALL OF THE FOREGOING BEFORE SIGNING.

| **X**

Date Social Security Number Signature

FOR OFFICE USE ONLY (PLEASE DO NOT WRITE BELOW THIS LINE)

Applicant's Name | Social Security Number

Type of Benefit FULL PAYOUT OR PARTIAL PAYOUT \$ _____
Gross Amount

Distribution Code: 2 = Early 3=Total & Permanent 1=Termination 2=QDRO 7=Normal

Last Local 50 Employer _____ Date last worked _____ Date Eligible _____

Date of Retirement _____

Lump Sum Amount \$ _____ Rollover Information: _____

Federal Tax % \$ _____

Net Amount \$ _____

Notes: _____

Northwestern Ohio Plumbers and Pipefitters Retirement Fund

LUMP SUM DISTRIBUTION ELECTION FORM

Please place a check mark in the box next to your choice of options below. PLEASE CHECK ONLY ONE BOX. If you choose to rollover any part of your benefit, please have your IRA company or other Qualified Plan complete the bottom portion of this form.

A. SINGLE LUMP SUM CASH PAYMENT (Total Balance)
I elect to have my TOTAL Plan benefit paid directly to me and I understand that 20% of my benefit must be withheld for federal income taxes as prescribed by law.

B. SINGLE LUMP SUM CASH PAYMENT (Partial Balance) only if balance exceeds \$5,000.00
I elect to have PART of my Plan benefit paid directly to me and I understand that 20% of my benefit must be withheld for federal income taxes as prescribed by law.

C. ROLLOVER TO A QUALIFIED INDIVIDUAL RETIREMENT ACCOUNT (IRA)-PAPER CHECK
I elect to have my TOTAL Plan benefit paid in a direct rollover to the institution named below.

D. PLAN TO PLAN TRANSFER-IF THIS OPTION IS ELECTED, THE PARTICIPANT MUST OBTAIN A SIGNATURE FROM THE RECEIVING PLAN SPONSOR, SIGNING THE ACCEPTANCE OF THE PLAN TRANSFER.

Company/Organization/Local

Address _____ City _____ State _____ Zip _____

Signature of receiving Plan Sponsor _____ Account number _____

I hereby acknowledge receipt of the SPECIAL TAX NOTICE REGARDING PIPEFITTERS LOCAL NO. 50 DEFINED CONTRIBUTION PLAN PAYMENTS which explains my right to choose how my Plan benefit will be distributed and taxed. I understand the contents of the SPECIAL TAX NOTICE, and that I have at least thirty days from the date that I received the SPECIAL TAX NOTICE to decide how I want my Plan benefit paid.

Your Signature: **X** _____ Date: _____

Your Name (please print): _____ SSN: _____

THIS SECTION MUST BE COMPLETED BY AN AUTHORIZED REPRESENTATIVE OF YOUR BANK OR FINANCIAL INSTITUTION ONLY IF OPTION C IS SELECTED

In accordance with the above authorization of the Depositor, we agree to deposit the forthcoming rollover amount from the Northwestern Ohio Plumbers & Pipefitters Retirement Fund Defined Contribution Plan, a Qualified Retirement Plan, in the following account:

TYPE OF ACCOUNT: _____ ACCOUNT NO.: _____

NAME OF TRUSTEE/FUND: _____

MAILING ADDRESS: _____

TELEPHONE NO.: _____

Signature of Authorized Financial Institution Representative

Date

Print Name

RETIREMENT PLAN

WAIVER OF 30-DAY WAITING PERIOD

I understand that my Retirement Plan benefits will not begin for at least 30 days after I receive the information that explains my benefit options, including the Joint and 50 Percent Survivor Benefit. I also understand that I may waive that 30-day waiting period.

I hereby request that my Retirement Plan benefits begin before 30 days have passed. If I am married, my spouse must sign below.

Date: _____ **X** _____
Participant's signature

I have read the above and understand that my spouse's Retirement Plan benefits will not commence for at least 30 days but that my spouse has waived that 30-day waiting period. I hereby consent to my spouse's waiver.

Date: _____ **X** _____
Spouse's signature

**RETURN WITH APPLICATION IF NOT RETURNED APPLICATION WILL BE HELD FOR 30
DAYS.....**

ONLY IF RETIRED
AFFIDAVIT OF RETIREMENT

I, _____, am a participant in the Northwestern Ohio Plumbers and Pipefitters Retirement Plan and have applied for a retirement benefit from the Plan. I am providing the additional information that follows to enable the Trustees to determine whether I am eligible for my retirement benefit.

1. My Social Security number is _____.
2. I have received a copy of the Summary Plan Description.
3. I am eligible for an early retirement benefit effective _____ 1, 20____ and my employment will terminate as the effective date.
4. I understand and agree that my retirement benefit will be paid in a lump sum form, to be valued on or about the 15th day of the month, following the effective date of my retirement, and paid on or about the 20th day of the month.
5. I am currently employed as a _____
(job classification or description)

For _____ at _____
(name of employer) (address)

X _____
(Signature)

STATE OF)
)
 SS:
COUNTY OF)

Sworn to before me and subscribed in my presence this _____ day of
_____, 20____.

Notary Public

NOTICE TO NOTARY

This is a very important document that must be witnessed by a notary public. Therefore, it is most important that you only witness the participants' signature but also examine credentials to satisfy yourself of his or her true identity.

Northwestern Ohio Plumbers and Pipefitters Retirement Fund

SPOUSAL CONSENT TO A PARTICIPANT'S ELECTION TO WAIVE PAYMENT IN THE FORM OF A QUALIFIED JOINT AND SURVIVOR ANNUITY

If balance exceeds \$5000.00, must be notarized, if balance under \$5,000
must be signed.

WHEREAS, the undersigned participant (the "Participant") in the Northwestern Ohio Plumbers & Pipefitters Retirement Plan and Trust (the "Plan") has applied to the Board of Trustees (the "Trustees") of the Plan for a retirement benefit under the Plan; and

WHEREAS, the Participant and the undersigned lawful spouse of the Participant (the "Spouse") acknowledge that they have been advised that the standard form of benefit available to them is a monthly retirement benefit for the life of the Participant with a 50 per cent joint and survivor annuity benefit to the Spouse of the Participant for the remainder of the Spouse's life, if she survives the Participant (a "qualified joint and survivor annuity benefit"); and

WHEREAS, the Participant and the Spouse have been advised of their rights not to receive the qualified joint and survivor annuity benefit and, instead, to elect to have the benefit paid in another of the optional forms of benefit; and

WHEREAS, the Participant and the Spouse acknowledge that after having been fully advised of all of their joint and several rights and after having been given an opportunity to consult with advisors of their choosing, individually and together, the Participant desires to exercise his right not to receive the qualified joint and 50 per cent survivor annuity and the Spouse desires to consent to the Participant's election of the waiver of the qualified joint and survivor annuity benefit.

NOW, THEREFORE, in consideration of these premises, the agreement of the Trustees to act upon the application of the Participant for a retirement benefit under the Plan, and other good and valuable consideration, the undersigned Participant and Spouse jointly and severally warrant and represent to the Trustees as follows:

1. We, and each of us, have carefully read this form and understand the above statements and representations.
2. The statements and representations are true and correct.
3. The Participant knowingly waives his right to receive the qualified joint and survivor annuity benefit under the Plan and elects to receive instead an optional form of benefit available to vested Plan participants.
4. The Spouse, knowingly and willingly, being fully advised of her rights, having had the opportunity to consult with advisors of her choosing, and fully understanding the financial and legal implications thereof, does hereby consent, agree and elect to waive her rights to insist upon a joint and 50 per cent survivor annuity benefit in favor of an alternate form of benefit for the Participant (knowing that said benefit may be exhausted at the time of the Participant's death;) and if any benefits have not been paid in full, the spouse is entitled to the entire amount of the remaining balance.
5. We, and each of us, have been fully advised of all of our rights and of the facts in connection with this application, election and waiver of the joint and survivor annuity benefit; and we, and each of us, have been given the opportunity to consult with advisors of our individual and joint choice before filing the application and making this election.
6. We jointly and severally acknowledge receipt of the notice forms provided by the Trustees of the Plan explaining the qualified joint and survivor annuity benefit, that we have read them, that we have understood them, and that we have had an opportunity to consult with advisors of our joint and several choosing with regard to said notice.

Signature of Spouse

Date

I have witnessed the execution of the foregoing consent by _____, who identified herself (himself) to me.

PRINTED NAME OF SPOUSE

Place Notary Stamp/Seal Here

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

Notary Public, _____ County

State of _____

My Commission expires _____

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

Northwestern Ohio Plumbers and Pipefitter's Retirement Plan
SPOUSAL CONSENT TO A PARTICIPANT'S ELECTION TO WAIVE PAYMENT
OF A QUALIFIED JOINT AND SURVIVOR ANNUITY

I, _____, hereby state as follows:

I have read and understand the information below (under the heading INFORMATION ABOUT AMOUNT OF BENEFIT AND CONSENT OF SPOUSE), which explains the amount I would receive each month for life if I elected the joint and 50% survivor annuity or the joint and 75% survivor annuity. However, I DO NOT wish to receive benefits from the Retirement Plan in the form of a joint and survivor annuity.

I understand that I have a right to consider the information about the joint and 50% survivor annuity and/or the joint and 75% survivor annuity for at least 30 days. However, by signing and returning this election form, I request that my benefit application be processed without waiting for the 30-day period to expire.

WITNESS:

Signature of Participant

Date

INFORMATION ABOUT AMOUNT OF BENEFIT AND CONSENT OF SPOUSE

_____, hereby state as follows:

(1) I am the legal spouse of _____

(2) I understand that the Northwestern Ohio Plumbers and Pipefitters Retirement Plan provides, as the primary form of payment, a joint and survivor annuity. A joint and 50% survivor annuity will provide my spouse with monthly payments for life (estimated to be \$ _____) and after my spouse dies, monthly payments to me for as long as I live equal to one-half of the amount of my spouse's monthly payment (estimated to be \$ _____). A joint and 75% survivor annuity will provide my spouse with monthly payments for life (estimated to be \$ _____) and after my spouse dies, monthly payments to me for as long as I live equal to three-fourths (75%) of the amount of my spouse's monthly payment (estimated to be \$ _____). However, my spouse wishes to receive a different form of payment from the Plan, which can be paid only with my consent. By consenting to a different form of payment to my spouse, I realize that I am giving up my right under federal law to receive monthly payments for life if I survive my spouse.

(3) I agree to the election made by my spouse to receive a different form of payment from the Plan and hereby waive the joint and survivor annuity.

(4) I understand that I have a right to consider this information for at least 30 days. However, I waive the right and request that processing of my spouse's benefit application be begun upon receipt by the Plan of this signed form.

Signature

Date

Date of Birth

The following acknowledgment must be completed by a notary public.

STATE OF } SS:
COUNTY OF }

The foregoing instrument was acknowledged before me this _____ day of _____, 20____, by _____.

Notary Public

NOTICE TO NOTARY

NOTICE TO NOTARY This is a very important document required by federal law. The Internal Revenue Code requires that this form be witnessed by a notary public. Therefore, it is most important that you not only witness the participant's signature but also examine credentials to satisfy yourself of his or her true identity.

Northwestern Ohio Plumbers and Pipefitters Retirement Plan

WAIVER OF SINGLE LIFE ANNUITY

Must be notarized.
(Unmarried Participant)

I, _____, hereby state as follows:

I have read and understand the information below (under the heading INFORMATION ABOUT AMOUNT OF BENEFIT) which explains the amount I would receive each month for life if I elected the single life annuity. However, I DO NOT wish to receive benefits from the Retirement Plan in the form of a single life annuity.

I understand that I have a right to consider the information about the single life annuity for at least 30 days. However, by signing and returning this election form, I request that my benefit application be processed without waiting for the 30-day period to expire.

WITNESS:

Signature of Participant

Date

INFORMATION ABOUT AMOUNT OF BENEFIT

I understand that the Northwestern Ohio Plumbers and Pipefitters Retirement Plan provides, as the primary form of payment to an unmarried participant, a single life annuity. A single life annuity will provide me with monthly payments for life (estimated to be \$______). However, no further benefits will be paid to anyone after I die.

The following acknowledgment must be completed by a notary public.

STATE OF)
COUNTY OF) SS:

The foregoing instrument was acknowledged before me this ____ day of _____, 20____, by

Notary Public

NOTICE TO NOTARY

This is a very important document required by federal law. The Internal Revenue Code requires that this form be witnessed by a notary public. Therefore, it is most important that you not only witness the participant's signature but also examine credentials to satisfy yourself of his or her true identity.

CERTIFICATION OF MARITAL/SINGLE STATUS

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. Federal Law requires the Trustees to confirm whether a previous spouse is entitled to any portion of your defined contribution plan benefits. As such, it is necessary that we request the following certification and supporting documentation.

Your Name: _____ SSN: _____
Current marital status: SINGLE, NEVER MARRIED
 SINGLE, PREVIOUSLY MARRIED*
 MARRIED, NO PREVIOUS MARRIAGES
 MARRIED, WITH PREVIOUS MARRIAGE(S)*
 LEGALLY SEPARATED*

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

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

Please provide complete copies of **ALL** marriage certificates, divorce decrees, separation agreements, Qualified Domestic Relations Orders and any other accompanying documents related to the termination of your previous marriage(s). If any previous spouses have passed away, please provide a copy of the death certificate(s). If you do not have these documents, you should contact the appropriate court through which the proceedings occurred in order to obtain certified copies. For additional ex-spouses, please use the back of this form.

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

X _____ Your Signature _____ Your Social Security No. _____ Today's Date _____

Place Notary Stamp/Seal Here

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

Notary Public, _____ County _____

State of _____

My Commission expires _____

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

Withholding Certificate for Michigan Pension or Annuity Payments

INSTRUCTIONS: Use Form MI W-4P to notify administrators of the correct amount of Michigan income tax to withhold from your pension or annuity payment(s). You may also use this form to choose not to have any Michigan income tax withheld from your payment(s). This does not apply to military pensions or certain pensions paid by the Railroad Retirement Board.

Significant income tax changes take effect for the 2012 tax year. Entities over whom Michigan has jurisdiction, disbursing pension or annuity payments are required to collect withholding on those payments that are expected to be included in taxable income unless you choose to opt out by submitting this form (See instructions for line 1). Entities over which Michigan does not have jurisdiction are not required to withhold Michigan income tax from your pension or annuity payment(s). If your pension administrator does not withhold, you may need to make estimated income tax payments to avoid owing penalty and interest. For further information, see General Instructions on page two, the *Michigan Estimated Income Tax for Individuals* (MI-1040ES) or consult a tax advisor.

If you have more than one administrator, you will need to complete a form for each pension or annuity. If you do not file MI W-4P, the administrator may need to withhold even if you will not owe tax on your payment. See instructions on page two.

GENERAL INFORMATION		
Name	Social Security Number	
Mailing Address (Number, Street, P.O. Box)		
City	State	ZIP Code
Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married (withhold the same as "Single")		

For joint filers, the age of the oldest spouse determines the age category. Check only ONE box.

- 1. Check here if your pension or annuity payments are not taxable. STOP HERE AND SIGN FORM.
- 2. Check here if you (or your spouse) were born before 1946. See instructions for line 2.
- 3. Check here if you (or your spouse) were born between 1946 and 1952 and your total household resources are \$75,000 or less for single filers or \$150,000 for joint filers. See Instructions for line 3 and Total Household Resources Information on page 2.
- 4. Check here if you (or your spouse) were born between 1946 and 1952 and your total household resources exceed \$75,000 for single filers or \$150,000 for joint filers. See Instructions for line 4 and Total Household Resources Information on page 2.
- 5. Check here if you (and your spouse) were born after 1952. See instructions for line 5.

Complete the following applicable lines:

- 6. Enter number of personal exemptions allowed on your *Michigan Income Tax Return* (MI-1040). Exemptions should only be claimed once on all MI W-4s (wages) or MI W-4P forms submitted.
- 7. Additional percentage amount, if any, you want withheld from your pension or annuity payment. This amount must be a percentage.

6.	
7.	%

AUTHORIZATION	
Signature	
Printed or Typed Name and Title	Date

Sign and return this completed form to the administrator of your pension or annuity. Keep a copy for your records.

Visit www.michigan.gov/taxes for additional information.

Michigan Income Tax Withholding Tables
Monthly Pension and Retirement Payments for Married Recipients Born Between 1946 and 1952

NORTHWESTERN OHIO PLUMBERS AND PIPEFITTERS RETIREMENT PLAN SPECIAL TAX NOTICE

YOUR ROLLOVER OPTIONS

You are receiving this notice because all or a portion of a payment you are receiving from the Northwestern Ohio Plumbers and Pipefitters Retirement 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.

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 59½ and do not do a rollover, you will also have to pay a 10% additional income tax on early distributions (unless an exception applies). 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 59½ (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. 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 59½ (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:

- o Required minimum distributions after age 70½ (or after death)
- o Corrective distributions of contributions that exceed tax law limitations.

The Plan administrator or the payor 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 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,

Yours to keep

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 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 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. 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 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, Individual Retirement Arrangements (IRAs).

If you were born on or before January 1, 1936

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

If you roll over your payment to a Roth IRA

You can roll over a payment from the Plan made before January 1, 2010 to a Roth IRA only if your modified adjusted gross income is not more than

\$100,000 for the year the payment is made to you and, if married, you file a joint return. These limitations do not apply to payments made to you from the Plan after 2009. If you wish to roll over the payment to a Roth IRA, but you are not eligible to do a rollover to a Roth IRA until after 2009, you can do a rollover to a traditional IRA and then, after 2009, elect to convert the traditional IRA into a Roth IRA.

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

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

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

If you are not a plan participant

Payments after death of the participant. If you receive a distribution after the participant's death that you do not roll over, the distribution will

generally be taxed in the same manner described elsewhere in this notice. However, the 10% additional income tax on early distributions does not apply, and the special rule described under the section "If you were born on or before January 1, 1936" applies only if the participant was born on or before January 1, 1936.

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. 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 70½.

If you are a surviving beneficiary other than a spouse. If you receive a payment from the Plan after December 31, 2009, 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. A distribution from the Plan to a beneficiary other than a surviving spouse prior to January 1, 2010, is not eligible for rollover. 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).

If your payments for the year are less than \$200, the Plan is not required to allow you to do a direct rollover and is not required to withhold for federal income taxes. However, you may do a 60-day rollover.

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 payor, 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, 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.