

Sheet Metal Workers' Local No. 33 Profit Sharing Annuity Plan Benefit Distribution Application

Application Checklist

Please submit copies of the following documents with your application for benefits:

- Birth Certificate for you and your spouse
- Marriage CERTIFICATE
- Copy of current photo ID, such as a driver's license or current state I.D. (with photo) for you and your spouse (a passport is acceptable as well)
- If you have ever been divorced, please submit a complete copy of your divorce decree(s) and any accompanying orders.
- If you have ever served in the military, please submit a copy of your induction and discharge papers. If you never served, please indicate so in a brief, written statement.

CHECKLIST OF ITEMS TO SUBMIT WITH YOUR BENEFIT APPLICATION

Please utilize the checklist below to ensure that you have completed your application fully. This will expedite the application process. Missing documents and incomplete application forms will delay the processing of your application. Review the forms you are submitting to make sure that you have completed all blanks, signed where necessary, including the signature of a notary public where applicable and answered the questions accurately and completely.

- ☐ Distribution Application Form
- ☐ Distribution Election Form
- ☐ Spousal Consent Form
- ☐ Affidavit of Termination
- ☐ Determination of Retirement
- ☐ Waiver of 30-day Notice
- ☐ Certification of Marital/Single Status
- ☐ Statement of Application Receipt
- ☐ Copy of your birth certificate
- ☐ Copy of your spouse's birth certificate
- ☐ Copy of your marriage certificate
- ☐ Copy of your photo ID
- ☐ Copy of your spouse's photo ID
- ☐ Copy of any and all previous divorce decrees, Qualified Domestic Relations Orders, Separation Agreements, etc.

IMPORTANT! Several forms contained in this packet are **REQUIRED** to be signed in front of a Notary Public. The date of your signature **MUST** match the date of the Notary's signature. Notaries are often employed by banks, real estate agencies and governmental agencies (e.g. city hall). Failure to comply with this requirement will result in processing delays.

SHEET METAL WORKERS LOCAL 33 PROFIT SHARING ANNUITY PLAN

12515 Corporate Drive, Parma OH 44130
Toll Free 888-424-7488 or 216-267-3344

DISTRIBUTION APPLICATION

I hereby make application for benefits from the Sheet Metal Workers Local 33 Profit Sharing Annuity Plan and certify that the information listed below is correct:

NAME OF APPLICANT _____ SOC. SEC. # _____

FULL ADDRESS: _____ DATE OF BIRTH _____

_____ HOME PHONE # _____

_____ CELL PHONE # _____

Last Day Worked or Expected to Work _____ Last Employer _____

Type of Retirement:

- ☐ Retirement
- ☐ Disability Retirement
- ☐ Termination Benefit

Marital Status:

- ☐ Single
- ☐ Married

Distribution Options:

- ☐ Lump Sum Distribution (cash or rollover)
- ☐ 50% Qualified Joint & Survivor Annuity (Married Participants ONLY)
- ☐ Single Life Annuity (Single Participants ONLY)

I understand the benefits for which I am applying will be adjusted under provisions of the Plan Document and any rules and regulations approved by the Board of Trustees. Further, in the event of any denial of benefits, full appeal rights are provided to me in my Summary Plan Description under the Employee Retirement Income Security Act of 1974 (ERISA). I agree to provide the Board of Trustees any documentary proof of age or eligibility reasonably required to process my application. The statements contained in this application are true, to the best of my knowledge and belief. I understand that a false statement may disqualify me for Annuity benefits and that the Trustees shall have the right to recover any payments made because of false statement.

Signature of Participant/Applicant

Date

(FUND OFFICE USE ONLY)

Approval for the Board of Trustees:

Signature of Authorized Plan Representative

Date

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DISTRIBUTION ELECTION FORM

I hereby acknowledge receipt of the SPECIAL TAX NOTICE REGARDING SHEET METAL WORKERS LOCAL 33 PROFIT SHARING ANNUITY 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. I hereby affirmatively elect the following (Check only one):

_____ (CASH) I hereby elect to have my entire Plan benefit paid directly to me and I understand that 20% of my benefit must be withheld for federal taxes.

_____ (PARTIAL) I hereby elect to have \$ _____ from my Plan benefit paid directly to me and I understand that 20% of this benefit payment must be withheld for federal taxes.

_____ (ROLLOVER*) I hereby elect to have my entire Plan benefit paid in a direct rollover to my IRA.

_____ (SPLIT*) I hereby elect to have my Plan benefit divided as follows:

I elect to have \$ _____ paid in a direct rollover to my IRA and to have the remainder of my Plan benefit paid directly to me

OR

I elect to have \$ _____ paid directly to me in cash and to have the remainder of my Plan benefit paid in a direct rollover to my IRA.

I understand that in either case above, 20% of the amount to be paid directly to me in cash must be withheld for federal taxes.

Signature: _____

Date: _____

Print Name: _____

SSN: _____

*DIRECT ROLLOVER INSTRUCTIONS:

If you have elected a direct rollover of all or part of your benefit, please have the IRA company representative complete the section below:

Company Name of Custodian of your IRA: _____

Your IRA Account Number: _____

Address of the Custodian of IRA: _____

Authorized Signature of Custodian _____

Printed Name of Custodian: _____

Phone Number of Custodian _____

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

IMPORTANT: This form must be completed by the Participant's SPOUSE

1. I acknowledge that I have read and understand the following:

1. My spouse is a Participant in the Sheet Metal Workers Local 33 Profit Sharing Annuity Plan
2. The Plan is an Annuity Plan, which provides for two forms of distribution options.
 - a. **SINGLE LUMP SUM PAYMENT.** A Single Lump Sum Payment is made on the Participant at the time of his Retirement or Termination of Employment equal to his vested Account Balance in the Plan. No further benefits are payable after the payment of the Lump Sum Benefit is made and no benefits are payable to the Spouse upon his death.
 - b. **QUALIFIED JOINT & SURVIVOR ANNUITY.** If a Participant has been married at least one (1) year prior to the earliest of the date the Participant is eligible for benefits under the Plan, the annuity starting date or the date of death, the Participant's benefit will be paid in the form of a 50% Qualified Joint & Survivor Annuity. The 50% Qualified Joint & Survivor Annuity is an annuity for the life of the Participant with a 50% survivor annuity for the life of the Spouse which is equal to 50% the amount of the annuity which is payable during the joint lives of the Participant and Spouse and which is the equal to the amount of annuity benefit which can be purchased with the Participant's entire vested Account Balance.
3. The election of the Single Lump Sum Payment/Life Annuity Form of payment will not be effective unless I consent to that election. My consent must be in writing, include my acknowledgment of the effects of such an election, and must be witnessed by a representative of the Annuity Fund or by a Notary Public.
4. I fully understand that if my spouse elects the Single Lump Sum Payment/Life Annuity Form of distribution that upon his death, I will not receive any benefit from the Annuity Fund on his behalf.

2. I acknowledge that I have read and understand the information set out in this form. I hereby consent to my spouse's election to waive and/or reject the 50% Qualified Joint & Survivor Form of distribution and to take the Single Lump Sum Payment. I understand that I will not be entitled to any benefit subsequent to his death.

Signature of PARTICIPANT'S SPOUSE

Date

DO NOT SIGN AND DATE THIS FORM UNLESS YOU ARE IN THE PRESENCE OF A NOTARY

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

Place Notary Stamp Here

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

Notary Public, _____ County

State of _____

My Commission expires _____

Seal

***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 signatures identified above, but also examine their credentials to satisfy yourself that they are, in fact, the same persons as the ones identified.

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AFFIDAVIT OF TERMINATION

STATE OF _____

COUNTY OF _____

I, _____, being first duly sworn according
Print Name Last 4 digits of SSN

to law, do hereby depose and state:

I have worked in the jurisdiction of Local Union No. 33 of the Sheet Metal Workers (hereinafter "Union") under the terms and conditions of a collective bargaining agreement (hereinafter "Agreement") between the Union and a Chapter of the Sheet Metal and Air Conditioning Contractors National Association, and have had contributions paid on my behalf to the Sheet Metal Workers Local No. 33 Pension Plan and Trust (hereinafter "Plan"). I acknowledge I made an application for benefits pursuant to the Plan, and affirm the following:

1. I have not been employed by an Employer who is bound by the Agreement in the preceding twelve (12) months _____ or twenty-four (24) consecutive months _____ from the date of my application.
2. I am not employed currently nor have I been in the preceding twelve (12) months _____ or twenty-four (24) consecutive months _____ in the geographical jurisdiction of the Union, in an industry, trade or craft (including, but not limited to, related supervisory activities) in any heating, ventilating, or air conditioning or related work.

3. My current residence is

Full Address _____

Phone _____

4. My current employment status is _____.
(Retired, Disabled, Employed, Etc.)

5. I am employed as a _____ for
(Job Classification/Description)

_____ at _____
(Name of Employer) (Address of Employer)

(Answer only if applicable.)
Further Affiant sayeth naught

Signature: _____ Date _____

Place Notary Stamp Here

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

Notary Signature _____

Notary Public, _____ County

State of _____

My Commission expires _____

Seal

***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 signatures identified above, but also examine their credentials to satisfy yourself that they are, in fact, the same persons as the ones identified."

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Determination of Retirement

Please check the appropriate statement and provide the information requested.

- ☐ I am, or will soon be, retired under the Sheet Metal Workers Local No. 33 Pension Fund or another Pension Fund covering the employees within the Sheet Metal Workers International Association.

I retired, or intend to retire, on _____

- ☐ I am totally and permanently disabled

I became disabled on _____

Nature of Disability _____

Physician Name & Address _____

Attach medical evidence to verify your disability (i.e., Social Security Disability Pension Award) to this application form.

- ☐ I have not had, to the best of my knowledge, any Annuity Plan contributions made on my behalf for at least 90 consecutive days.

I last worked under the jurisdiction of the Sheet Metal Workers Local No. 33 on:

Date _____ for Employer _____

- ☐ I have attained age 65 and, to the best of my knowledge, have not had any Annuity Plan contributions made on my behalf for at least three consecutive calendar months. **Proof of age must be submitted.**

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WAIVER OF 30-DAY WAITING PERIOD

*****BOTH SIGNATURES MUST BE WITNESSED BY A NOTARY PUBLIC*****

PARTICIPANT WAIVER

I, _____, hereby 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% Joint and Survivor 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.

By signing below, I hereby elect to waive the 30-day notice period:

Participant Signature _____ Date _____

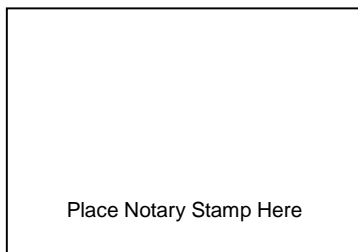
SPOUSAL CONSENT TO WAIVER OF 30 DAY NOTICE REQUIREMENT

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% Joint and Survivor form, including my spouse's right to waive the 50% Joint and Survivor 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.

By signing below, I hereby consent to the election of my spouse to waive the 30 day notice period:

Spouse Signature _____ Date _____

Both Signatures Witnessed by Notary Public:



Subscribed to and sworn to before me,

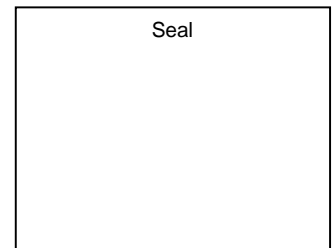
This _____ day of _____, 20____.

Notary Signature _____

Notary Public, _____ County

State of _____

My Commission Expires _____



**IF THIS FORM IS NOT SIGNED AND RETURNED, YOUR APPLICATION WILL
BE HELD FOR 30 DAYS AFTER RECEIPT OF YOUR APPLICATION.**

SHEET METAL WORKERS' LOCAL NO. 33
PROFIT SHARING ANNUITY PLAN

CERTIFICATION OF MARITAL/SINGLE STATUS

Federal Law requires the Trustees to confirm whether a previous spouse is entitled to any portion of your pension benefits. As such, it is necessary that we request the following certification and supporting documentation. **Failure to complete this form fully, including signing it in front of a notary public, and providing ALL documentation requested, will result in a delay of the processing of your application.**

Participant Name: _____ SSN: _____

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

Regardless of your marital/single status, please provide a copy of your birth certificate. If you are currently married, please provide a copy of your current marriage certificate and your current spouse's birth certificate.

*For each of your previous marriages, please list the name of your ex-spouse, the date of marriage and the date of divorce or separation (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>
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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 spouse(s) 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.

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.

Participant Signature	Participant Social Security No.	Today's Date
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Subscribed to and sworn to before me,
This _____ day of _____, 20____.
Notary Signature _____
Notary Public, _____ County
State of _____
My Commission expires _____

DO NOT SIGN AND DATE THIS FORM UNLESS YOU ARE IN THE PRESENCE OF A NOTARY.

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12515 CORPORATE DRIVE
PARMA, OHIO 44130
TOLL FREE 888-424-7488 OR 216-267-3344

STATEMENT OF APPLICATION RECEIPT

(Married participants ONLY)

In order to comply with Federal Regulations related to the 30-day waiver form (enclosed with this application), the Fund Office must have a statement from you indicating the date you received an explanation of your benefit options.

Please indicate the date you received this application packet: _____

Your Signature: _____

(please return with your application)