
NOTICE OF MATERIAL MODIFICATIONS

To the

SMART, SHEET METAL WORKERS LOCAL 104 **SUPPLEMENTAL PENSION PLAN**

(As amended and restated effective January 2021)

TO: All Participants and Beneficiaries of the SMART, Sheet Metal Workers Local 104 Supplemental Pension Plan (the "Plan")

FROM: The Board of Trustees

DATE: March 2025

This document is a Summary of Material Modifications ("Summary") intended to notify you of an important change made to the SMART, Sheet Metal Workers Local 104 Supplemental Pension Plan ("the Plan") since the Summary Plan Description ("SPD") was last distributed to you. This Plan amendment represents benefit improvements or other changes determined by the Board of Trustees to be in the best interest of Plan participants and beneficiaries.

You should take the time to read this Summary carefully and keep it with the copy of the SPD that was previously provided to you. If you need another copy of the SPD or if you have any questions regarding this change to the Plan, please contact the Trust Fund Office by telephone during normal business hours at (925) 208-9994, by mail at BeneSys Administrators, P. O. Box 1917 San Ramon, CA 94583, or by e-mail at staff@sheet104fringe.org. You may also download a copy of the SPD from the Plan's fringe benefit website: www.sheet104fringe.org.

The Board of Trustees has made the following change to the Plan:

TERMINAL ILLNESS DISTRIBUTIONS

In the unfortunate event you are diagnosed with a terminal illness or physical condition, you may be eligible to take a distribution from your Individual Account without paying certain additional taxes. To qualify for this distribution, your physician must complete and sign a Physician's Certification. The Physician's Certification must contain the following:

1. A statement that you have an illness or physical condition that will most likely result in death in 84 months or less after the date of certification;
2. A narrative description of the evidence that was used to support the statement of illness or physical terminable condition;
3. The name and contact information of the physician making the statement;

4. The date the physician examined you or reviewed the evidence provided by you, and the date that the certification is signed by the physician;
5. An attestation from the physician that, by signing the form, the physician confirms that the physician composed the narrative description based on the physician's examination of you or the physician's review of the evidence provided by you; and
7. Must be signed by the physician providing the attestation and certification.

For purposes of the Physician's Certification, a physician is a doctor of medicine or osteopathy that is legally authorized to practice medicine and surgery by the State in which the doctor performs such function or action.

You can obtain a Physician's Certification form from the Fund Office or your physician can provide a report that contains all the information above.

If you are under age 59 ½ when you qualify for this distribution, you will not be required to pay the additional 10% excise tax. The distribution will still be included in your gross income.

You will also be eligible to recontribute these distributions back to the Supplemental Plan if done so within three (3) years of the distribution.

All other rules and requirements under the Plan remain the same.