

# SHEET METAL WORKERS' LOCAL UNION NO. 292 ANNUITY FUND

## Lump Sum Distribution ELECTION FORM

I hereby acknowledge receipt of the SPECIAL TAX NOTICE REGARDING SHEET METAL WORKERS' LOCAL UNION NO. 292 ANNUITY FUND 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):

**FULL DIRECT ROLLOVER:** I hereby elect to have my entire Plan benefit paid in a direct rollover to my IRA.

**FULL CASH DISTRIBUTION:** 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.

**COMBINATION DIRECT ROLLOVER AND CASH DISTRIBUTION:** I hereby elect to have my Plan benefit divided as follows (complete only one option below):  
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.

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### **DIRECT ROLLOVER INSTRUCTIONS:**

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

Name 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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Your Signature \_\_\_\_\_

Date \_\_\_\_\_

Your Name (please print) \_\_\_\_\_

SSN \_\_\_\_\_