

SHEET METAL, AIR, RAIL AND TRANSPORTATION ASSOCIATION
LOCAL UNION NO. 33 YOUNGSTOWN DISTRICT ANNUITY PLAN

PH. (330) 779-8863 3660 STUTZ DR., SUITE 101, CANFIELD, OH 44406 FX. (330) 270-3582

DISTRIBUTION APPLICATION

Please return this application to the address listed above. Single Participants only need to complete pages 1 – 3.

I hereby make application for benefits from the Sheet Metal, Air, Rail and Transportation Association Local Union No. 33 Youngstown District Annuity Plan and certify that the information listed below is correct:

Participant Information:

Plan Number TH6803

Name _____

Social Security Number _____ Date of Birth _____

Address _____

Home Phone Number _____ Alternate Phone Number _____

Spouse Information:

Name _____

Social Security Number _____ Date of Birth _____

Type of Benefit:

Retirement: Normal: Age 59 ½ _____ Early: Age 55 _____ Date of Retirement: ____/____/____

_____ **Total and Permanent Disability:** Submit Social Security Disability Award Letter

_____ **In-Service Distribution (at least age 59 ½):** (Distributions must be at least \$7,000, or entire account balance if balance is less than \$7,000; distributions will only be allowed once every 6 months)

_____ **Termination** (Only one distribution will be permitted during any three consecutive month period. Maximum distribution limited to 25% account balance for each three consecutive months without employer contributions, 100% account balance may be distributed after 12 consecutive months.)

Date last employed _____ for _____
(Employer)

Signature of Participant/Applicant Date

Signature of Spouse, If Married Date

Authorized Plan Administrator Date

Documents Required based on Marital Status:

If Single, enclose a copy of your birth certificate and photo ID.

If Married, enclose a copy of your birth certificate, a copy of your spouse's birth certificate, copy of your photo ID, copy of your spouse's photo ID, and a copy of your Marriage Certificate/License (must show the date of marriage).

If Divorced, documents listed above, plus enclose a complete copy of your Divorce Decree(s) with all attachments, for any and all previous marriages.

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



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DISTRIBUTION ELECTION FORM

Distributions Options:

_____ **Lump Sum Payment** (100% of my account balance) (Cash or Rollover: Name of Financial institution to whom the rollover check should be made: _____)

_____ **Partial Distribution** (Cash or Rollover: Name of Financial institution to whom the rollover check should be made: _____)

Amount of Partial Distribution Requested \$ _____ (gross amount before taxes)

_____ **Annuity**– An Annuity contract purchased from John Hancock.**
 Single Life Annuity – equal monthly installments payable for my lifetime. **The annuity election cannot be revoked.**

_____ **Joint & Survivor Annuity:** A survivor Annuity purchased from John Hancock.** After My death,
 75% or 50% of the annuity payments should continue to my Joint Annuitant. **The annuity election cannot be revoked.**

_____ **Installment Payments:** Substantially equal monthly installments
 For a fixed period of _____ years (not to exceed life expectancy)
 For a fixed amount of \$ _____. I understand that any income tax withholding will be deducted from this amount.

Income Tax Withholding

Federal Withholding:

For Lump Sum or Partial Cash Payment complete and attach **Form W-4R.**

For Installments/Annuities complete and attach **Form W-4P.**

State Withholding:

I have read the State Tax Information and:

I elect to have no state income tax withheld.

I elect to have _____%, or \$ _____ (whole dollar amount) withheld.

Your Signature: _____

Date: _____

Spouse Signature: _____

Date: _____

**The Fund may provide benefits through the purchase from an insurance company of any appropriate annuity contract or contracts. Any fees, commissions or other costs directly incurred in connection with the purchase of any annuity may be deducted from the Individual Account balance immediately before purchase.



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SPOUSAL CONSENT FORM

SPOUSAL CONSENT TO A PARTICIPANT’S ELECTION TO WAIVE PAYMENT
IN THE FORM OF A 50% JOINT AND SURVIVOR ANNUITY

1. I acknowledge that I have read and understand the following:
 - (a) My spouse is a Participant in the Sheet Metal, Air, Rail and Transportation Association Local Union No. 33 Youngstown District Annuity Plan.
 - (b) The Plan is an Annuity Plan, which provides for several forms of distribution options. The normal form of benefit for a married Participant is a 50% Joint & Survivor Annuity, which means that the Participant will receive a monthly amount for the Participant’s life and, if the Participant dies before his or her Spouse, the Spouse will receive a monthly benefit for his or her lifetime that is 50% of the monthly amount the Participant received during the Participant's lifetime.
 - (c) I have the right to have the Plan pay my spouse’s retirement benefit in the form of a 50% Joint & Survivor Annuity. I agree to give up that right. By signing this waiver, I acknowledge that I may receive less money than I would have received under the 50% Joint & Survivor Annuity.
 - (d) If my spouse elects the lump sum or single life annuity forms of benefit, which may happen if I consent to a waiver of the 50% Joint & Survivor Annuity, then I will receive nothing after my spouse dies.
 - (e) I do not have to consent to this election and do not have to sign this waiver. I am signing this waiver voluntarily and understand that if I do not sign this agreement, then my spouse and I will receive payments from the Plan in the form of a 50% Joint & Survivor Annuity.
 - (f) As of the effective date of my spouse’s retirement, my consent is irrevocable.

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% Joint & Survivor Annuity Form of distribution

Signature of **SPOUSE** Date

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

Subscribed to and sworn to before me,
This _____ day of _____, 20____.
Notary Public, _____
County _____
State of _____
My Commission expires _____

Place Notary Stamp/Seal Here

OR:
Plan Representative _____ Title _____ Date _____

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



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**WAIVER OF 30-DAY WAITING PERIOD
(MARRIED PARTICIPANTS ONLY)**

*****BOTH SIGNATURES MUST BE WITNESSED BY A NOTARY PUBLIC OR PLAN REPRESENTATIVE*****

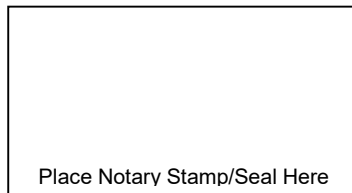
PARTICIPANT WAIVER

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 _____

Sworn to and subscribed before me this _____ day of _____, 20_____



Notary Public Signature

My Commission Expires _____

OR:
Plan Representative _____ Title _____ Date _____

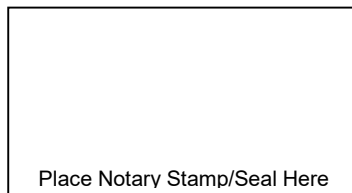
SPOUSAL CONSENT TO WAIVER OF 30 DAY NOTICE REQUIREMENT

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 _____

Sworn to and subscribed before me this _____ day of _____, 20_____



Notary Public Signature

My Commission Expires _____

OR:
Plan Representative _____ Title _____ Date _____

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



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. If you have had this application more than 30 days, the Waiver of 30-Day Waiting Period does NOT need to be completed. If you have completed the Waiver of 30-Day Waiting Period, this form does not need completed.

Please indicate the date you received this application packet: _____

Your Signature: _____

