

Southern Nevada Painters and Glaziers Trust Funds

Glazing Health and Welfare Trust • Southern Nevada Glaziers and Fabricators 401(k) Pension Trust Fund • Painters and Floorcoverers Joint Committee Trust • Painters, Glaziers & Floorcoverers Joint Apprenticeship & Journeyman Training Trust • Southern Nevada Painters Market Recovery Trust • Painters, Glaziers and Floorcoverers Safety Training Trust Fund • Southern Nevada Painters, Decorators and Glaziers LMCC Trust

401(k) PENSION APPLICATION FOR DISTRIBUTION (page 1 of 7)

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

- ☐ Birth Certificate for you and your spouse, if married (see below for alternative documents*)
- ☐ Certified Copy of Marriage Certificate
- ☐ Copy of current driver's license or current state I.D. (with photo) for you and your spouse.
- ☐ If you have ever been divorced or legally separated, please submit a complete copy of your Judgment(s) of Divorce and Qualified Domestic Relations Orders (including Separation Agreements, Property Settlement Agreements and any similar or related orders with any attachments).
- ☐ If your prior marriage has ended due to death, please submit a copy of the death certificate.
- ☐ Copy of your Social Security Disability Award (if you are applying for a Disability Distribution).

***ALTERNATIVE PROOF OF AGE DOCUMENTS – accepted when birth certificate is unavailable.**

To be eligible for retirement benefits, you are required to produce proof of your age. The following is a list of the documents that may serve as proof of your age. You are required to furnish the best type of proof that is available. You do not have to furnish the original of any of these documents; you may submit a photocopy. We will need two of these items, in lieu of the birth certificate.

- A baptismal certificate or a statement as to the date of birth shown by a church record, certified by the custodian of such record.
- Notification of registration of birth in a public registry of vital statistics.
- Hospital birth record certified by a custodian of such record.
- A foreign church or government record.
- A signed statement by the physician or midwife who was in attendance at birth, as to the date of birth shown on their records.
- Naturalization record.
- Immigration papers.
- Military record.
- Passport.
- School record certified by the custodian of such record.
- Vaccination record certified by the custodian of such record.
- An insurance policy, which shows the age or date of birth.
- Marriage records showing date of birth or age (applications for marriage license or church record, certified by the custodian of such record; or marriage certificate).
- Document showing approval of Social Security Pension.
- Other evidence, such as signed statements from persons who have knowledge of the date of birth, voting records, poll-tax receipts, driver's license, etc.

**For Certified/Overnight Mailing please send to:
8311 W. Sunset Road, Suite 250 • Las Vegas, NV 89113**

Mailing Address: P.O. Box 400608 ♦ Las Vegas, NV 89140
8311 W. Sunset Road, Suite 250 ♦ Las Vegas, NV 89113
Phone 702.415.2191 ♦ Facsimile 702.257.5361
www.snyiupatbenefits.org ♦ staff@snyiupatbenefits.org

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APPLICATION FOR 401(K) DISTRIBUTION (page 2 of 7)

Instructions:

Please read each question carefully and print all information legibly. Be sure to answer all applicable questions. Mail the completed application to the address above. Be sure to complete the entire application. Failure to do so will delay your Distribution.

Participant's Name: _____ SSN: _____

Address: _____

Phone Number: _____ Date of Birth: _____

Date of first covered employment (under Glazier Collective Bargaining Agreement): _____

Last Employer: _____ Date last worked: _____

☐ **I will pick up my 401(k) Check**

☐ **Send my Check by First Class Mail**

Reason for Distribution

☐ **Retirement:** Age 65 or Attainment of Age 55 and termination from Covered Employment

☐ **Total Disability:** you become entitled to a Social Security Disability Benefit under Title II of the Social Security Act

☐ **Termination of Employment:** you separate from service, and for 6 consecutive calendar months you had less than 160 hours in Covered or Non-Covered Employment, nor any work in a management position for an Employer engaged in the type of business which hired workers who could be covered by this Plan.

Participant's Signature: _____ **Date:** _____

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ELECTION FORM (page 3 of 7)

In accordance with the rules of the 401(k) Pension Plan, the Automatic Form of Payment for a married Participant is 50% Joint & Survivor Annuity with the Participant's spouse named as Survivor Annuitant. This means a fixed monthly benefit will be paid to the Participant for his/her lifetime and upon his/her death 50% of such monthly amount will be paid to his/her spouse for his/her lifetime. The Automatic Form of Payment for an unmarried Participant is a Single Life Annuity that provides a fixed monthly benefit for his/her lifetime. All payments will cease immediately upon his/her death. The Participant may also elect a lump sum payment.

-
- ☐ Lump Sum Payment; or
- ☐ 50% Joint & Survivor Annuity; or
- ☐ Single Life Annuity

Marital Status

☐ Single (never married) ☐ Married ☐ Divorced ☐ Widowed

Spouse's Name: _____ SSN: _____

Address: _____

Date of Birth: _____ Date of Marriage: _____

I understand that if I choose the Lump Sum option (including Rollovers), the Plan will temporarily withhold 20% of the most recent value (Retention Amount) of my Accumulated Share in order to be sure that I am not paid more than the final value of my Accumulated share once it has been determined. (The value of Accumulated Share may sometimes decrease if there are investment losses or if my share of investment gains is less than my share of administrative expenses.) If part of my Accumulated Share is withheld under this provision, the remainder will be paid to me approximately 90 days following the next quarterly valuation. This is separate from the 20% required tax withholding that the Plan must pay to the IRS on Lump Sum distributions that are paid directly to me.

Participant's Signature: _____ Date: _____

Spouse's Signature: _____ Date: _____

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LUMP SUM DISTRIBUTION ELECTION FORM (page 4 of 7)

Effective January 1993, Lump Sum Distributions from this Plan are subject to Federal Income Tax withholding and Rollover Rules. Lump Sum Distributions are now subject to a mandatory 20% Federal Income Tax withholding unless you instruct the Plan to directly rollover your Distributions to another Qualified Retirement Plan. Any portion of your Distribution not directly rolled over will be subject to taxation. Please indicate whether you elect a Direct Rollover of your Distribution. If you do not indicate a form of Distribution, we will consider your Distribution subject to the mandatory 20% Federal Income Tax withholding.

- ☐ I hereby elect to have my entire Plan benefit paid in a direct rollover to my IRA. *
(20% Retention will be withheld)
- ☐ 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 and that if I am not yet age 59 ½, may have to pay an additional tax of 10% of the amount distributed.
(20% Retention will be withheld)
- ☐ I hereby elect to have my Plan benefit **divided** as follows: (20% Retention will be withheld if amount requested is greater than 80% of your account balance)
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 (must rollover at least 50% for this option)
OR
I elect to have \$_____ paid directly to me in cash and to have the remainder of my Plan benefit remain in my account.
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 and that if I am not yet age 59 ½, may have to pay an additional tax of 10% of the so amount distributed.

Your Signature: _____ Date: _____

Your Name (please print): _____ SSN: _____

I certify that the below named recipient of the Direct Rollover Distribution is an Individual Retirement Account, an Individual Retirement Annuity (both referred to as "IRA") or a Qualified Retirement Plan that accepts rollovers. I understand that payment of my Distribution to the IRA or the Trustee of a Qualified Retirement Plan will release the Trustees of the Southern Nevada Glaziers & Fabricators 401 (k) Pension Plan from any further obligations or responsibilities with respect to my annuity account.

*** DIRECT ROLLOVER INSTRUCTIONS:**

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

Company Name of Custodian of your IRA: _____

Your IRA Account Number: _____

Address of the Custodian of IRA: _____

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SPOUSE'S STATEMENT (page 5 of 7)

I, _____, swear that I am the legal spouse of the Participant, _____.
(Spouse Name) (Participant Name)

I hereby consent to the Participant's Election to receive a Distribution from the Plan. I further consent to his/her Election of the optional method of payment and Designation of Beneficiary as indicated herein. I understand that, as a result, I will not receive benefits from the Plan after my spouse's death, unless benefits are payable in accordance with the elected method of payment and Beneficiary Designation.

Spouse's Signature: _____ Date: _____

THIS SECTION TO BE COMPLETED BY NOTARY PUBLIC

A NOTARY PUBLIC OR OTHER OFFICER COMPLETING THIS CERTIFICATE VERIFIES ONLY THE IDENTITY OF THE INDIVIDUAL WHO SIGNED THE DOCUMENT TO WHICH THIS CERTIFICATE IS ATTACHED, AND NOT THE TRUTHFULNESS, ACCURACY, OR VALIDITY OF THAT DOCUMENT.

State of _____ County of _____

On _____, before me, _____,
(Notary Public Name)

appeared _____ who proved
(Spouse Name)

proved to me on basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledge to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument, the person(s) or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the State laws that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature of Notary _____

My commission expires _____

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DESIGNATION OF BENEFICIARY (page 6 of 7)

Participant Name: _____

SSN: _____ DOB: _____

I, the undersigned, hereby designate the person(s) named below as beneficiary of my applicable benefits in the Southern Nevada Glaziers and Fabricators 401(k) Pension Trust Fund.

****If married, you MUST designate your spouse, unless you provide spousal consent.***

Beneficiary's Name: _____ SSN: _____

DOB: _____ Relationship: _____

Address: _____

Phone Number: _____

Participant's Signature: _____ Date: _____

IMPORTANT: PLEASE READ CAREFULLY.

ONLY TO BE COMPLETED IF ELECTING BENEFICIARY OTHER THAN YOUR SPOUSE.

If you are married and choose to designate a beneficiary other than your spouse, your spouse **MUST** consent to the proposed designation of beneficiary(s) by signing below before a notary (on the next page).

I hereby consent to my spouse's designation of the above beneficiary for the death benefits payable through the Plans. I fully understand that by signing below, I will not be eligible for the receipt of the benefits payable on behalf of my spouse, in the event of his or her death.

Participant's Signature: _____ Date: _____

Spouse's Signature: _____ Date: _____

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NOTARY OF SPOUSE'S SIGNATURE (PAGE 7 of 7)

ONLY TO BE COMPLETED IF ELECTING BENEFICIARY OTHER THAN YOUR SPOUSE

THIS SECTION TO BE COMPLETED BY NOTARY PUBLIC

A NOTARY PUBLIC OR OTHER OFFICER COMPLETING THIS CERTIFICATE VERIFIES ONLY THE IDENTITY OF THE INDIVIDUAL WHO SIGNED THE DOCUMENT TO WHICH THIS CERTIFICATE IS ATTACHED, AND NOT THE TRUTHFULNESS, ACCURACY, OR VALIDITY OF THAT DOCUMENT.

State of _____ County of _____

On _____, before me, _____,
(Notary Public Name)

appeared _____ who proved
(Participant and Spouse Name)

proved to me on basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledge to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument, the person(s) or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the State laws that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature of Notary _____

My commission expires _____