

WITHDRAWAL REQUEST FOR UA PLUMBERS LOCAL 14 ANNUITY

IMPORTANT:

- Refer to your Summary Plan Description for additional detail on sources that can be withdrawn.
- Money is prorated across all investments.

Account Number **MR 60089-1-1**

Participant's Name

first

middle

last

Participant's Address

street

city

state

zip

Social Security No.

Telephone # or
E-mail Address

Date of Birth

REASON FOR DISTRIBUTION

I have an immediate need for the distribution because of the following circumstances (*check only after requesting all other distributions for which you are eligible and provide documentation indicated to verify circumstances*):

- Expenses for medical bills of at least \$500 incurred of sickness or injury which have not been reimbursed by benefits payable from Plumber's Local 14 Welfare Fund. (*copy of medical bill indicating date of care and amount along with documentation showing portion not covered by insurance*).
- Purchase of my principal residence. The distribution can be made only once (*signed copies of purchase and sale agreement and mortgage agreement with application, copy of the deed must be forwarded after the sale is finalized*).
- Expenses for tuition, room or board incurred to maintain a dependent child at a post secondary educational institution or a school or institution for physically or mentally handicapped or emotionally disturbed children (*copy of tuition bill*).
- Expenses incurred for improvements in excess of \$15,000 to my principal residence (*copy of deed and an itemized estimate of work to be done*).

In order to qualify for one of the above distributions I certify that I have had an annuity account for at least five (5) years and have ceased work in the Plumbers' Local Union geographic work jurisdiction for at least one (1) week.

SIGNATURE OF PARTICIPANT

Date

Gross Amount:

Withdraw \$ _____ or _____% from my account balance not to exceed 50% of my account balance. I understand that federal income tax equal to 20% of the distribution will be deducted from this amount.

In addition to this federal income tax withholding, I want an additional amount withheld of \$ _____.

FEDERAL WITHHOLDING: The distributions will be subject to 20% federal income tax. Please read the Special Tax Notice and Contact your tax advisor or the IRS if you have any questions concerning tax withholding.

STATE WITHHOLDING: State income tax is withheld as noted below. For additional information, contact your state's Department of Revenue.

- **No Withholding:** Residents of states without state income tax (Alaska, Florida, Nevada, South Dakota, Texas, Washington and Wyoming) or with no withholding provisions (Arizona (for one-sum cash payments), Arkansas, District of Columbia, Hawaii, Idaho, Mississippi, New Hampshire, Pennsylvania, Rhode Island and Tennessee) must leave this section blank.
- **Required Withholding:** Residents of Delaware, Iowa, Kansas, Maine, Maryland (for distributions eligible for rollover), Massachusetts, Nebraska, North Carolina (for distributions eligible for rollover), Oklahoma or Vermont who have federal income tax withheld will have state income tax withheld from the taxable portion of a payment over the state's minimum amount. You may elect an additional amount to be withheld in Box 1. Residents of Iowa, Oklahoma and Vermont who do not have federal income tax withheld may elect to have state income tax withheld in Box 1.
- **Required but may Elect Out:** Residents of California, Georgia (for periodic payments only), North Carolina (for distributions other than eligible for rollover), Oregon or Virginia who have federal income tax withheld will have state income tax withheld from the taxable portion of a payment over the state's minimum amount, unless Box 2 is checked. You may elect an additional amount to be withheld in Box 1.
- **Voluntary Withholding:** Residents of all other states may elect to have state income tax withheld by completing Box 1.
 1. **Additional or Voluntary Withholding:** I want \$_____ (enter whole dollar amount) withheld from my payment for state income tax in addition to any required withholding.
 2. **No Withholding:** I do **not** want state income tax withheld from my payment.

MARITAL STATUS

I certify that I am (check one):

Married (your spouse must complete the SPOUSAL CONSENT below).

Not Married

PARTICIPANT SIGNATURE

I have read the Notice of Retirement Annuity Benefits and the Special Tax Notice Regarding Payments and understand that (1) I have the right to receive benefits in the form of a qualified joint and survivor annuity if I married or a single life annuity if I am not married, (2) I have the right to waive annuity payments, subject to the consent of my spouse if I am married, (3), I may revoke a waiver at any time before distribution begins and (4) I have at least 30 days to decide whether or not to waive annuity payments or elect a direct rollover of any eligible rollover distribution. I have read the Plan's Summary Plan Description and understand my distribution alternatives and my right to defer distributions under the Plan.

SIGNATURE OF PARTICIPANT

_____/_____/_____
Date

SPOUSAL CONSENT

I have read the Notice of Retirement Annuity Benefits and consent to my spouse's election not to have benefits paid in the form of a qualified joint and survivor annuity. I understand that: (1) by giving my consent I will forfeit annuity benefits I would otherwise receive upon my spouse's death, (2) my spouse's election is not valid unless I consent to it, and (3) my consent is irrevocable unless my spouse revokes this payment election.

Signature of Spouse

_____/_____/_____
Date

Spousal Birth Date

_____/_____/_____
Date

Witnessed:

**Signature of Notary Public, or
Authorized Plan Representative**

_____/_____/_____
Date

FUND OFFICE AUTHORIZATION

SIGNATURE OF FUND OFFICE REPRESENTATIVE

_____/_____/_____
Date