

**BENEFIT ELECTION FOR
UA PLUMBERS LOCAL 14 ANNUITY**

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

Payee (check one): Termination Death
 Retirement Non-spouse Beneficiary
 Disability

Participant's Name _____
first middle last

Participant's Address _____
street
_____ city state zip

Payee's Name (if applicable) _____
first middle last

Date of Birth _____

Social Security No. _____ Marital Status: Married Not Married

Telephone # or E-mail Address _____

ELECTION OF OPTIONS .

IMPORTANT: Refer to your Summary Plan Description for further detail on your available benefit options.

One-Sum Cash Payment to Me: Direct payment to me of my vested account balance:

Total account balance

Amount of: \$ _____ or % _____ and leave remaining account balance in the Plan

The distributions will be subject to 20% federal income tax

Direct Rollover: Payment to: IRA Another Qualified Plan.

Name of financial institution or plan trustee to whom the rollover check should be issued:

Your direct rollover will be made payable to the new trustee or custodian above and will be mailed to your address. You must then deliver the check to the IRA qualified plan within 60 days.

Installment Payments Periodic payments from my account
(Please contact the Local 14 Fund Office for additional information.)

Annuity: A annuity purchased from Massachusetts Mutual Life Insurance Company
(Please contact the Local 14 Fund Office for additional information.)

INCOME TAX WITHHOLDING

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.

SIGNATURES

I certify if I am married, my spouse has completed the Spousal Consent to Waiver below.

I have read the Notice of Retirement Annuity Benefits and waive payment of benefits in the form of an annuity. I understand (1) that I have the right to receive benefits in the form of a joint and survivor annuity if I am married or a straight life annuity if I am single; (2) that I have the right to waive such annuity payments, provided that if I am married, my spouse, must consent in writing to the waiver; (3) the terms of the annuity and the financial effect of a waiver; and (4) that I may revoke any waiver in effect at any time before benefit payments begin. I also waive the 30-day election period described in the Notice of Retirement Annuity Benefits.

Participant's Signature

_____/_____/_____
Date

SPOUSAL CONSENT TO WAIVER

Your spouse must sign this form in the presence of a Notary Public or Plan representative. 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 joint and survivor annuity. I understand (1) that by giving my consent I will forfeit annuity benefits I might otherwise receive upon my spouse's death, (2) that my waiver of Annuity Benefits is not valid unless I consent to it; and (3) that my consent is irrevocable unless my spouse revokes the waiver.

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

Please return completed to: Plumber's Local 14, 150 Main Street, Lodi, NJ 07644

Determination of Eligibility

1. _____ I am or soon will be retired. I retired or intend to retire on _____
2. _____ I am totally and permanently disabled. I became disabled on _____
(Attach copy of permanent disability award certificate)
3. _____ I have not had, to the best of my knowledge, any Fund contributions made on my behalf for at least 6 consecutive calendar months.

I, hereby apply for a benefit from Plumbers Local 14 Annuity Fund. The above statements are true to the best of my knowledge and belief. I understand that a false statement may disqualify me for Annuity benefits and that the Trustees shall have the right to recover any payments made to me because of a false statement.

(Signature of Applicant)

(Date)

4. _____ **OTHER – Reason for Withdrawal** _____
Documents submitted in connection with this withdrawal _____

I certify that the above information is true and correct, and that I HAVE BEEN OUT OF WORK FOR AT LEAST ONE (1) WEEK.

Week Unemployed - From _____ To _____

(Signature of Applicant)

(Date)