

**Plumbers & Steamfitters Local No. 7 Annuity Fund (Plan# 651601)**  
**PAYMENT OPTIONS FORM**  
**888-976-8171**



**Instructions:**

**This form must be accompanied by a completed Distribution form.** Complete this form, obtain any required signatures, and return the form to **Plumbers & Steamfitters Local No. 7, Annuity Fund, 18 Avis Dr. Latham, NY 12110.** Choose one of the three payment options listed on the form. Option 3 for Direct Deposit is only available for the taxable distribution portion of combination rollover/distribution requests. Note: This request cannot be honored if your Plan Sponsor provided instructions to Transamerica that all loan or distribution checks must be mailed directly to them for subsequent delivery to you. If you have any questions regarding this form, please contact us at 888-976-8171.

**PLAN SPONSOR INFORMATION**

Plan Name	Plumbers & Steamfitters Local No. 7		
Contract/Account No.	651601	Affiliate No.	00001
		Division No.	

**PERSONAL INFORMATION FOR DISTRIBUTION BY CHECK, ANY ADDRESS CHANGE ON THIS PAYMENT OPTIONS WILL REQUIRE YOUR NOTARIZED SIGNATURE**

Social Security No.		Date of Birth (mm/dd/yyyy)	
First Name/Middle Initial		Last Name	

**1. OVERNIGHT MAIL DELIVERY FROM UNITED PARCEL SERVICE (UPS)**

- A check will be released for overnight delivery within seven (7) calendar days from the date that Transamerica receives all required documentation and approvals. A fee (up to \$50) will be deducted from your Transamerica account or from the distribution amount.
- To deliver the check to an alternate address, indicate the name of the addressee and that address below. If an alternate address is not listed, the check will be mailed to your address of record. Note: A request for an alternate address will require your notarized signature below. If an address is listed without your notarized signature, you will receive notification that your distribution request could not be processed.

Contact Name: \_\_\_\_\_  
 Street Address: \_\_\_\_\_  
 City, State, Zip: \_\_\_\_\_

Note: UPS will not deliver to a PO Box, military post office or US territory, except Puerto Rico.

Note: if you have not already both (1) set up your online account and (2) provided Transamerica with your email address (or if you have been directed to submit this request with your notarized signature), in order to have your request timely processed, **please have the notary stamp placed in the space provided below.**

I certify that the information provided on this form is correct and complete. I authorize the overnight fee (up to \$50) to be deducted from my account balance.

<b>X</b> _____	<b>X</b> _____	<b>X</b> _____
<b>Participant Signature</b>	<b>Date</b>	<b>Social Security Number</b>
<b>X</b> _____	<b>X</b> _____	
<b>Notary Public Signature and Stamp/Seal</b>	<b>Date</b>	

**2. WIRE TRANSFER**

Wire transfer is available for direct rollovers or plan transfers of at least \$5,000. Any amount less than \$5,000 must be processed in the form of a check.

ABA No. | | | | | | | | | | | | | | | |

Bank Name \_\_\_\_\_

Provider Name \_\_\_\_\_

Provider Address \_\_\_\_\_

Bank Account No. \_\_\_\_\_

“Further Credit To” \_\_\_\_\_

**Important: Because a bank receiving wire transfer funds does not verify with Transamerica the identity of the account holder (the account number you indicate on this form), in order to protect you and your retirement plan against fraudulent withdrawals from your account, your signature on this form must be notarized, unless you have obtained a Medallion Signature Guarantee stamp on the Distribution request form.**

I certify that the indicated account is held in my name and the information provided on this form is correct and complete.

**X** \_\_\_\_\_ **X** \_\_\_\_\_  
Participant Signature Date

**X** \_\_\_\_\_  
Print Name

**CERTIFICATE OF ACKNOWLEDGEMENT**

State of \_\_\_\_\_ County of \_\_\_\_\_

On \_\_\_\_\_ (notary date), \_\_\_\_\_ (participant name printed),

personally appeared before me, \_\_\_\_\_ (notary name printed)

personally known to me -- OR --

proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged 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

**WITNESS my hand and official seal**

**X** \_\_\_\_\_ **X** \_\_\_\_\_  
Notary Public Signature and Stamp/Seal Date

