



Plumbers & Steamfitters Local No. 7 Annuity Fund (Plan# 651601)

DISTRIBUTION FORM

888-976-8171

- This form authorizes a distribution from the Plumbers & Steamfitters Local No. 7 Annuity Fund.
- Members must complete sections 1 to 6, as applicable, and return this form to Plumbers & Steamfitters Local No. 7 Annuity Fund Office.
- This form is not valid without your signature and the Fund Office's countersignature.
- If your distribution will be sent to an address outside of the United States, Puerto Rico, U.S. Virgin Islands or Guam, you must also submit either an IRS Form W-9 to certify you are a U.S. person or a Form W-8BEN if you are a non-resident alien with respect to the U.S. To obtain these forms or for assistance in determining which form you should submit, please go to the IRS website at www.irs.gov or consult with a tax advisor. If you do not submit one of these forms along with this form, 30% tax withholding will be applied to your distribution.

1. MEMBER INFORMATION **Check here if your address has changed**

Marital Status

Single Married

_____-_____-_____
Social Security Number

_____-_____-_____
Date of Birth (MM-DD-YYYY)

***Please include copy of Birth Certificate**

Last Name

First Name

M.I.

Mailing Address

City

State

Zip Code

(_____)_____
Daytime Telephone Number

(_____)_____
Evening Telephone Number

E-mail Address

2. REASON FOR DISTRIBUTION (check one)

Termination Retirement Disability

3. FORM OF PAYMENT

Lump Sum Distribution (**Check one option below**):

Pay my account balance directly to me.

Roll over \$_____ or _____% of my account balance and pay the rest to me (*Complete section 4*).

Partial Distribution in the amount of \$_____ or _____% of my accounts (*gross amounts, before taxes, if any are withheld: complete section 4 of this form if you are rolling over any part of your distribution.*)

Regular Installment Payments (*check one*):

Monthly Annually, over a period of: _____ years **or** in the amount of \$_____.

*If electing Installment Payments, please elect % of federal income tax to be withheld _____%.

4. RECEIVING IRA OR QUALIFIED PLAN

My direct rollover should be paid to the following: qualified plan traditional IRA Roth IRA* (*check one and complete*):

NAME OF TRUSTEE OR CUSTODIAN

PLAN NAME

MAILING ADDRESS

CITY

STATE

ZIP CODE

Account# _____ Please mail directly to new trustee or custodian. Please mail directly to me.

(If an account number is not provided or if your account number is your social security number, your direct rollover will be made payable to the new trustee or custodian designated above but mailed to your address of record.)

***Please refer to the Special Tax Notice Regarding Plan Payments for the tax consequences associated with rolling over to a Roth IRA.**

5. MEMBER SIGNATURE

I have received and read the Section 402(f) Special Tax Notice Regarding Plan Payments and understand that I have at least 30 days to decide whether or not to elect a direct rollover. I understand that any taxable distribution may be subject to federal income tax, and I hereby waive the 30-day period to decide whether or not to elect a direct rollover.

For members required to take a minimum distribution during the current year, please note: If you have not already taken your required minimum distribution (RMD) for the current year, the amount needed to satisfy the RMD will be distributed as part of a separate transaction made payable to you prior to the processing of your direct rollover request. If you do not have a Minimum Distribution Request Form on file with Transamerica that indicates otherwise, 10% federal tax withholding will apply to the RMD transaction.

Note: If you have not yet established your Transamerica online account and provided an email address or if you have recently made changes to any of your contact information, in order to have your request processed timely, please have the notary stamp placed in the space provided below. The Plan Administrator may choose to waive the notary requirement by initialing in the appropriate box in the Fund Office Authorization Approval section of this form.

Signature of Member

Date (MM-DD-YYYY)

Print Name

Social Security Number

Notary Public Signature and Stamp

Date (MM-DD-YYYY)

6. MEDALLION SIGNATURE GUARANTEE (Required for withdrawals of \$150,000 or more)

A request for a withdrawal of \$150,000 or more requires that this completed form be stamped with a medallion signature guarantee. You can obtain a medallion signature guarantee from a financial institution such as a commercial bank, savings bank, credit union, or broker-dealer. **A notary is NOT a medallion signature guarantee**, and the original form with a medallion signature must be returned via mail (overnight if needed).

Please note, for this purpose, the value of the withdrawal is based on the amount available (for full distributions and rollovers) on the date of processing and multiple withdrawal requests within a 14-day period that total \$150,000 or more will also be subject to the medallion signature guarantee requirements.

Please place the medallion signature in the space below:

7. FUND OFFICE AUTHORIZATION (Fund Office Use Only)

Authorized Fund Office Signature

Date (MM-DD-YYYY)

By initialing in the box to the right, I hereby also waive the Notary Public requirement for the Member's Signature []

Please return the completed form to:

**Plumbers & Steamfitters Local No. 7 Annuity Fund
18 Avis Drive
Latham, NY 12110**