

Plumbers & Steamfitters Local No. 7 Annuity Fund (Plan# 651601)
REQUIRED MINIMUM DISTRIBUTION FORM
888-976-8171



- Use this form to request a required minimum distribution following attainment of age 70½, unless you are still employed.
- Your choices on this form may affect your taxes. You may want to consult a tax or financial advisor.
- To request another form of payment under the plan, such as a lump-sum or partial distribution (if applicable), you will need to complete a Distribution Form.
- If your distribution will be sent to an address outside of the United States, Puerto Rico, the 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.
- Please return your completed form to: **Plumbers & Steamfitters Local No. 7 Annuity Fund, 18 Avis Drive, Latham, NY 12110.**

1. MEMBER INFORMATION Please print clearly in **CAPITAL LETTERS**.
(To be filled out by Member)

Marital Status
 Single Married

_____-_____-_____
 Social Security Number

_____-_____-_____
 Date of Birth (MM-DD-YYYY)
*Please include copy of Birth Certificate

 Last Name

 First Name

 MI

 Mailing Address

 City

 State

 Zip Code

(_____)_____
 Daytime Telephone Number

(_____)_____
 Evening Telephone Number

 E-mail Address

2. FORM OF PAYMENT

You should consult the Summary Plan Description for details on other forms of distributions that may be available to you.

I elect to have my required minimum distribution paid annually. Calculate my required minimum distribution using the IRS Uniform Lifetime Table, unless I check the box below. I understand that by completing this form I am requesting only the minimum distribution I am required to receive by law. *(Please check below if applicable):*

My spouse is my sole designated beneficiary and is more than 10 years younger than I.
 Calculate my required minimum distribution amount using the joint life expectancy of my spouse and me. I understand this amount will be smaller than the amount that would result using the IRS Uniform Lifetime Table.
 Date of birth of spouse: ____-____-_____
 (MM-DD-YYYY)

3. TAX WITHHOLDING ELECTION

Federal Income Tax Withholding - 10% withholding applies unless you elect otherwise.

Withhold federal income tax in a percentage other than 10% _____%

Do not withhold federal income tax

State Income Tax Withholding - Withholding is mandatory in some states. Other states allow an independent election and in these states, state income tax will be withheld unless you elect otherwise. If your state requires a greater withholding percentage than what you have indicated, the mandatory state tax will apply. If your state does not allow withholding, no state tax can be withheld. Please contact us to confirm if your state has a mandatory state tax.

Withhold state income tax: _____%

Do not withhold state income tax (if independent election is permitted)

4. MEMBER SIGNATURE

I make the distribution elections indicated above. I have read the "Notice of Retirement Annuity Benefits" and I understand that I have the right to receive my benefits as a joint and survivor annuity if I am married or a single life annuity if I am not married. I also know I can waive the right to annuity payments with the consent of my spouse if I am married. I understand that if I waive those rights I can change my mind and revoke the waiver at any time before payments begin. I have at least 30 days to decide whether or not to waive the annuity payments.

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 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)

5. SPOUSAL CONSENT

I am the spouse of the member whose signature appears above. I have read the "Notice of Retirement Annuity Benefits". I agree that my spouse can receive retirement benefits in the form selected above. I understand that I do not have to sign this spousal consent. I am signing this spousal consent voluntarily.

Signature of Spouse

Date (MM-DD-YYYY)

6. FUND OFFICE AUTHORIZATION (*Fund Office Use Only*)

Authorized Fund Office Signature

Date (MM-DD-YYYY)