

**Plumbers & Steamfitters Local No. 7 Annuity Fund (Plan# 651601)**  
**BENEFICIARY AND ALTERNATE PAYEE DISTRIBUTION FORM**  
**888-976-8171**



- Use this form to request a distribution if you are (1) a Beneficiary following the death of a Member, or (2) an Alternate Payee under a qualified domestic relations order. Complete all sections of this form in ink and provide signatures where indicated.
- To request a distribution as a Member following termination of membership, use the Distribution Form.
- Your choices on this form may affect your taxes. You may wish to consult your own tax or financial advisor
- Please return completed form to: **Plumbers & Steamfitters Local No. 7 Annuity Fund, 18 Avis Drive, Latham, NY 12110.**
- 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](http://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**

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.

**2. REASON FOR DISTRIBUTION**

Indicate reason for the distribution (*check one and complete*):

Death of Member (*attach certified copy of death certificate*). Date of Death: \_\_\_\_\_

Alternate Payee under qualified domestic relations order (*Plan Administrator must determine qualified status of any order*).

**3. BENEFICIARY INFORMATION**

\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_  
 Social Security Number

\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_  
 Date of Birth (MM-DD-YYYY)

\_\_\_\_\_  
 Relationship to Member

\_\_\_\_\_  
 Last Name

\_\_\_\_\_  
 First Name

\_\_\_\_\_  
 M.I.

\_\_\_\_\_  
 Address

\_\_\_\_\_  
 City

\_\_\_\_\_  
 State

\_\_\_\_\_  
 Zip Code

(\_\_\_\_\_)\_\_\_\_\_  
 Daytime Telephone Number

(\_\_\_\_\_)\_\_\_\_\_  
 Evening Telephone Number

\_\_\_\_\_  
 E-mail Address

- If you are under 18 years of age, you must have your parent or guardian fill out Section 7.
- One certified copy of the death certificate must accompany this request (regardless of the number of beneficiaries making a claim).
- One copy of the deceased member’s latest beneficiary designation must accompany this request. You may obtain this information from your local Benefits Office.

**4. FORM OF PAYMENT**

Select the form of payment by completing this section. As described in the Notice of Plan Benefits, Plan provisions often involve numerous or complex distribution options that may apply only in limited circumstances or only to limited groups. Accordingly, it is often not possible to reflect all available distribution options in the forms and instructions used to process your transaction. You should consult the Summary Plan Description for the Plan for details on the different forms for payment of benefits that are available to you.

I elect to have the account balances to which I am entitled paid in the following form (*check one*):

Lump Sum Distribution

Direct Rollover

If any part of your distribution in an “eligible rollover distribution” (as described in the “Special Tax Notice Regarding Plan Payments”), you may elect a tax-free “direct rollover” of that amount to an IRA or another employer plan as appropriate. If you do not elect a “direct rollover” of the eligible rollover amount, the benefit will be paid directly to you, and 20% of the amount will be withheld and credited against any federal income taxes you owe.

I elect a “direct rollover” of all or a portion of my “eligible rollover distribution” (If checked, you must complete section 5.)

**Note: Non-spousal beneficiaries may only roll over to an IRA.**

**5. RECEIVING IRA OR QUALIFIED PLAN**

My direct rollover should be paid to the following:

qualified plan (for spouses and spousal alternate payees only)  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 or 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.**

**6. TAX WITHHOLDING ELECTION**

**Federal Income Tax Withholding for Beneficiaries** - 20% mandatory withholding generally applies if an eligible rollover distribution is to a Beneficiary unless the Beneficiary elects a direct rollover for the distribution. For distribution options that are not eligible rollover distributions, 10% withholding applies unless you elect otherwise below. For more information, please refer to the Special Tax Notice Regarding Plan Payments.

Withhold federal income tax in a percentage other than 10%: \_\_\_\_\_%

**State Income Tax Withholding for Beneficiaries** - Withholding is mandatory in some states. Other states allow an independent election and in these states, state 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)

**Federal Income Tax Withholding for Rollovers to a Roth or Inherited Roth IRA (as applicable) for Beneficiaries**- The direct rollover of any portion of your account balance is not subject to mandatory federal or state income tax withholding. If you have indicated in the Distribution Section above that you wish to make a direct rollover to a Roth IRA (spousal beneficiary only) or to an Inherited Roth IRA (non-spousal beneficiary only) from a non-Roth account, and you want to voluntarily have federal and/or state tax withheld on the taxable portion of such rollover, indicate the applicable percentages here:

Federal \_\_\_\_\_%

State: \_\_\_\_\_%

Note: Starting in 2011, a qualified distribution of Roth contributions and earnings is a nontaxable distribution. See the Special Tax Notice Regarding Plan Payments for the definition of a "qualified distribution" from a Roth account.

**7. PARENT/GUARDIAN DECLARATION AND SIGNATURE**

I hereby certify that pursuant to the attached document, I have the requisite authority to act on behalf of the above named beneficiary.

Custodial Parent\*

Legal Guardian\*\*

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
First Name

\_\_\_\_\_  
M.I.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date (MM-DD-YYYY)

\*If you are the custodial parent, a copy of the minor's birth certificate must accompany this form.

\*\*If you are the legal guardian, a copy of your Court Appointment must accompany this form.

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**8. BENEFICIARY OR ALTERNATE PAYEE SIGNATURE**

I make the distribution elections indicated above. I have read the 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 of any eligible rollover distribution. I hereby waive the 30-day period. I certify that to my knowledge no other person is or claims to be entitled to any part of the account that I have claimed.

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.

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Signature of Beneficiary or Alternate Payee (or Guardian, if a minor)

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Date (MM-DD-YYYY)

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Print Name

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Social Security Number

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Notary Public Signature and Stamp

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Date (MM-DD-YYYY)

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**9. 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:

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

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Authorized Fund Office Signature

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Date (MM-DD-YYYY)

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