

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 70 ½ (if you were born before July 1, 1949) or age 72 (if you were born after June 30, 1949), 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

Withholding elections determine the amount of your distribution that will be withheld and paid, to the respective tax authorities, in anticipation of income taxes due on the taxable portion of your distribution. This withholding, in no way represents your final liability due on these amounts and you should consult with your tax advisor regarding appropriate reporting on your annual income tax returns. You remain liable for the full amount of any taxes due, including any early withdrawal penalties. Therefore, you may need to pay additional taxes and could incur penalties if withholding or estimated tax payments for the year are not enough to cover your liability.

FEDERAL INCOME TAX WITHHOLDING

Withholding is determined by the type of distribution and if you make an independent election to have a different rate apply. If you do not make a separate election, the default withholding on the periodic payments will be based on a filing status of single with no adjustments unless you make a different election on IRS Form W-4P. IRS Form W-4P can be found at <https://www.irs.gov/pub/irs-pdf/fw4p.pdf> or from www.irs.gov. If the appropriate form is not included, the default withholding will apply.

STATE INCOME TAX WITHHOLDING

The state of withholding will be presumed to be the state that has been provided in your address as previously provided on the form. Tax withholding rules vary by state. More likely than not, your home state (a) requires a minimum withholding amount when federal withholding is required; (b) requires withholding unless you can opt out; (c) allows a voluntary withholding election; or (d) does not have state income tax and does not permit withholding. Unless requested, state withholding will not be deducted for states with voluntary withholding. *Some states require the completion of their State Withholding Certificate to make an independent election. Consult with your tax advisor or state revenue department to obtain the most up-to-date information and to confirm if your state's withholding form is required to be submitted. If permitted by your state, please select one of the options below.*

- NO, I ELECT NOT TO HAVE STATE INCOME TAX WITHHELD
- YES, I ELECT TO HAVE _____ % AS STATE INCOME TAX WITHHELD
- YES, I ELECT TO HAVE \$_____ (WHOLE DOLLAR ONLY) AS STATE INCOME TAX WITHHELD
- YES, I ELECT TO HAVE STATE INCOME TAX WITHHELD USING THE DEFAULT FILING STATUS AS PER MY STATE OF RESIDENCE WITHHOLDING CERTIFICATE (Note: ONLY CHECK THIS BOX FOR PERIODIC PAYMENTS WITHHOLDING).

NOTE: Withholding may be greater if the amount you select is less than the minimum required. Withholding will be processed for states that require withholding or do not allow you to opt out without your state's form.

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)



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 two payment options listed on the form. Option 2 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.

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



2. DIRECT DEPOSIT (ACH) TO YOUR BANK ACCOUNT

Direct Deposit (ACH) is an electronic transfer of funds sent directly to your bank account, at no cost to you. After Transamerica receives all required documentation and approvals, the transaction will be processed and the funds will generally be forwarded to your bank within two business days of the withdrawal from your account. Check with your bank to confirm the funds have been credited to your account. **This information should be included with every taxable request you submit. We WILL NOT use previous bank information on file.**

Checking Account Savings Account

Important: You must attach one of the following:

- A voided check (must have name and address pre-printed with your correct routing and account numbers.
- A deposit slip with pre-printed account information (must have name and address pre-printed) and the routing number cannot begin with a 5 or 6.
- Letter, Form, or Pre-Filled Direct Deposit information on bank letterhead (must include, your full name, account number, and bank routing number - nothing can be hand written).

Note: This can only be deposited into your account or an account with your name on it (the name on the bank account must match the name on your Transamerica account). We do not deposit to prepaid credit cards. If proper documentation is handwritten, not legible, is not attached OR if funds are returned to Transamerica from your bank a check will be mailed to the address on file.

Distributions May Be Subject To Identity Verification.

To ensure the security of your account and funds, once your distribution request is received, we may be obtaining a consumer report from a consumer reporting agency ("CRA") to help verify the validity and accuracy of the account information provided.

I authorize Transamerica to obtain a consumer report from the CRA as described above, and acknowledge that I: (i) have read the explanation above; (ii) understand that in order for the CRA to verify my account information, some of my personal information will be shared with the CRA in the strictest confidence and as permitted by law and will be retained and used by the CRA only as permitted by law; and (iii) consent to such sharing, retention and use.

I authorize this transaction. If I am set up for scheduled recurring payments from my account, this method will apply for each payment unless Transamerica is otherwise notified. I certify that the indicated account is with a bank and is held in my name and the information provided on this form is correct and complete.

X _____
Participant Signature

X _____
Date

