

PLUMBERS & PIPEFITTERS LOCAL UNION #773 ANNUITY FUND DISTRIBUTION FORM

PLAN #780314-01

CHRISTOPHER BAXTER, FUND ADMINISTRATOR

USPS MAIL: PO BOX 312 GLENS FALLS, NY 12801

PHONE: 518-792-0586

FAX: 518-792-0732

OVERNIGHT MAIL: 37 LUZERNE ROAD, QUEENSBURY NY 12804

- This form authorizes a distribution from the Plumbers & Pipefitters Local #773 Annuity Fund.
- Participants must complete Sections 1 through 5 and **return this form to the Plumbers & Pipefitters Local #773 Annuity Fund Office (PO Box 312, Glens Falls NY 12801)**
- This form is not valid without a Notarized Participant Signature and the countersignature of a Fund Office Administrator
- If your distribution will be sent to an address outside of the United States, Puerto Rico, the US Virgin Islands or Guam, you must also submit either an IRS Form W-9 to certify you are a US person, or a Form W-8BEN if you are a non-resident alien with respect to the US. To obtain these forms, or for assistance in determining which form you must 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.
- *You MUST include a copy of your birth certificate or driver's license with this application*

1. PARTICIPANT INFORMATION☐ Check here if your address has changed____-____-____
SOCIAL SECURITY NUMBER____-____-____
DATE OF BIRTH (MM-DD-YYYY)**MARITAL STATUS** ☐ SINGLE ☐ MARRIED ☐ DIVORCED ☐ With QDRO ☐ Without QDRO
(If divorced, you MUST include a copy of your divorce paperwork)

PARTICIPANT NAME _____

MAILING ADDRESS _____

TELEPHONE NUMBER _____ HOME LOCAL UNION # _____

2. REASON FOR DISTRIBUTION☐ **NORMAL RETIREMENT** - By checking this box I certify that I am at least 55 years of age and have withdrawn from work at the trade in the plan areas. Date of retirement ____/____/____☐ **TERMINATION** – By checking this box, I certify that in the past 12 months I have not worked one or more hours for an Employer required to contribute to the Plan. Date of Termination ____/____/____.☐ **DISABILITY**- By checking this box, I certify that I have been deemed totally and permanently disabled by the Social Security Administration and am eligible to receive Social Security benefits, effective as of ____/____/____. **A copy of your Social Security Determination Letter MUST be attached.**☐ **IN-SERVICE** – By checking this box, I certify that I have at least 60 months of participation in the plan, and that at least 60 months has elapsed since I last received an In-Service Benefit.**3. FORM OF PAYMENT**☐ **Lump Sum Distribution (TERMINATION, NORMAL RETIREMENT OR DISABILITY)**☐ Pay my account balance directly to me☐ Rollover \$_____ or _____% of my account balance and pay the rest to me☐ **Partial Distribution (In-Service Benefit Only)**☐ Pay \$_____ or _____% (No more than 50% is allowed) directly to me☐ Rollover \$_____ or _____% (No more than 50% is allowed)

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☐ **Partial Distribution (Normal Retirement ONLY)**☐ Pay \$_____ or _____% directly to me.☐ **Regular Installment Payments* (NORMAL RETIREMENT & DISABILITY Benefit ONLY) for**☐ Lifetime ☐ Fixed Amount of \$_____☐ Monthly ☐ Quarterly ☐ Semi-Annually ☐ Annually

*The payment amount may have to be adjusted at age 72 to meet IRS minimum distribution rules.

4. Rollover to QUALIFIED RETIREMENT PLAN or TRADITIONAL IRAMy direct Rollover should be paid to the following ☐ **QUALIFIED RETIREMENT PLAN** ☐ **TRADITIONAL IRA**

NAME OF QUALIFIED RETIREMENT PLAN / TRADITIONAL IRA _____

ADDRESS _____

ACCOUNT # OF QUALIFIED RETIREMENT PLAN / TRADITIONAL IRA _____

☐ PLEASE MAIL CHECK TO PARTICIPANT**5. SIGNATURE OF PARTICIPANT** - My Signature certifies that I have received and read the Special Tax Notice regarding Plan Payments and understand that I have 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 as such, 20% is withheld from any Distributions not considered a "rollover". I hereby waive the 30-day period to decide whether or not to elect a direct rollover._____
Notarized Participant Signature_____
Date (MM/DD/YYYY)**NOTARY PUBLIC**

STATE OF _____) SS:

COUNTY OF _____)

On the _____ day of _____ 20 _____ before me, the undersigned, personally appeared _____, personally known to me or proved to me on the basis of satisfactory evidence to be the individual whose name is subscribed to the within instrument and acknowledged to me that s/he executed the same in his/her capacity and that by his/her signature on this instrument, the individual or the person upon behalf of which the individual acted, executed the instrument.

NotaryPublic_____
Notary's Stamp/Seal**6. FUND OFFICE AUTHORIZATION**_____
Authorized Fund Office Signature_____
Date (MM/DD/YYYY)