

AGE 70½ DISTRIBUTION FORM
Local 46 IBEW Retirement Annuity Plan
 (For Active 5% Owners and All Terminated Participants)

Please complete the following information (type or print).

PARTICIPANT'S NAME		SOCIAL SECURITY NO.	
STREET ADDRESS	CITY	STATE	ZIP CODE
DATE OF BIRTH OF PARTICIPANT	DATE OF BIRTH OF OLDEST PRIMARY BENEFICIARY	RELATIONSHIP OF PARTICIPANT TO BENEFICIARY	

Under federal law, certain participants are required to receive their entire vested account from this Plan ("age 70½ distribution"). These participants are 5% owners and terminated participants who have attained age 70½. If your vested account exceeds \$5,000, you have the right to receive a monthly annuity that is equivalent in value to your vested account. The annuity option is shown below and has been calculated to begin immediately. You also have the option to waive this annuity benefit and receive your age 70½ distribution under one of the optional forms of benefit described in Section III below.

NOTE: If you are married and your vested account exceeds \$5,000, you are legally required to receive a joint and survivor annuity, with your spouse as your beneficiary. If you are married and want to (1) elect a single life annuity, (2) elect a joint and survivor annuity and name a beneficiary other than your spouse, or (3) elect an optional form of payment in Section III, your spouse must consent to such election by signing the enclosed **Spousal Consent Form**. If your vested account is \$5,000 or less, your distribution will automatically be made in the form of a single sum payment, and, thus, you may only select option III.A. or III.B.

I have read the "Special Tax Notice Regarding Plan Payments," and I hereby make the following request for distribution:

I. CERTIFICATION OF MARITAL STATUS

- A. I hereby certify that I **am** married.
 B. I hereby certify that I **am not** married.

II. SINGLE LIFE/JOINT AND SURVIVOR ANNUITY (Complete if your account exceeds \$5,000.)

- Single Life Annuity. I elect to receive a monthly benefit of \$_____ * payable to me for as long as I live.
- Joint and 50% Survivor Annuity. I understand that under a Joint and 50% Survivor Annuity, I will receive an approximate monthly benefit of \$_____ * payable to me for as long as I live. If my beneficiary survives me, an approximate monthly benefit of \$_____ * will then be payable for as long as he/she lives.
- Joint and 75% Survivor Annuity. I understand that under a Joint and 75% Survivor Annuity, I will receive an approximate monthly benefit of \$_____ * payable to me for as long as I live. If my beneficiary survives me, an approximate monthly benefit of \$_____ * will then be payable for as long as he/she lives.
- Joint and 100% Survivor Annuity. I understand that under a Joint and 100% Survivor Annuity, I will receive an approximate monthly benefit of \$_____ * payable to me for as long as I live. If my beneficiary survives me, an approximate monthly benefit of \$_____ * will then be payable for as long as he/she lives.
- I do not want an Annuity. Pay my vested account in accordance with the optional form elected in Section III. A notarized or plan representative witnessed **Spousal Consent Form** (if married) is also enclosed.

NOTE: The annuity amounts requested above are estimated. If you elect this form of payment, the annuity will be purchased from an insurance company. Accordingly, it is important to note that the insurance company's rates may produce a higher or lower annuity than is illustrated here.

NOTE ALSO: If you have elected either the single life or joint and survivor annuity, you will be subject to the optional federal income tax withholding rules, and you must complete the enclosed **Tax Withholding Election Form/Form W-4P**.

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AGE 70½ DISTRIBUTION FORM (continued)

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NOTE: The annuity amount is estimated based upon current Pension Benefit Guaranty Corporation interest and mortality rates, your age and the assumed age of your spouse (if applicable). If you elect this form of payment, the annuity would be purchased from an insurance company. Accordingly, it is important to note that the insurance company's rates may produce a higher or lower annuity than is illustrated here.

NOTE ALSO: If you have elected the single life or joint and survivor annuity, you will be subject to the optional federal income tax withholding rules, and you must complete a **Tax Withholding Election Form/Form W-4P**.

III. OPTIONAL FORMS (Complete if your account is \$5,000 or less, or if you have declined the annuity under Section II.)

Elect One - If you choose option A below, you must also complete Section IV.

- A. CASH PAYMENT OF REQUIRED MINIMUM AND ROLL OVER OF REMAINDER TO AN INDIVIDUAL RETIREMENT ACCOUNT ("IRA")** - I elect to have my vested account distributed as follows: the minimum amount required by federal law paid to me, with the balance (or the eligible portion, if less) rolled over to an IRA. I understand that I must contact a financial institution to establish the IRA and complete the required paperwork. I also understand that a check for the rollover amount will be mailed to me and it will be my responsibility to deliver it to the financial institution. I further understand that the minimum distribution paid directly to me will be subject to the optional federal income tax withholding rules, and I must complete a **Tax Withholding Election Form/Form W-4P**.
- B. SINGLE SUM PAYMENT** - I elect to have my vested account paid to me in a single sum, with any additional contributions being paid in subsequent years. I understand that, with respect to the taxable portion of my distribution, I may be subject to mandatory 20% federal income tax withholding and any state tax withholding, if applicable.

IV. PAYEE INFORMATION FOR IRA (Complete this Section ONLY if you checked option III.A. above.)

- The check in the amount determined pursuant to my election made above should be payable to the following IRA:

(You must specify the EXACT NAME of the payee to whom the check should be made payable. For example, "ABC Bank as Custodian of the IRA of John Q. Smith", or "XYZ Investments as Custodian of the IRA of John Q. Smith.")

IRA Custodian (Financial Institution)

continued ...

AGE 70½ DISTRIBUTION FORM (continued)

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V. SIGNATURE SECTION

I understand that once payment has commenced, my election made above is irrevocable.

I understand that failure to return this form by January 31 of the year following the year in which I attain age 70½ will be treated as an affirmative election to receive an age 70½ distribution in accordance with the provisions of the Plan.

I certify that there is no pending domestic relations order or court approved domestic relations order which has, or will, assign all or part of my vested account to my spouse, former spouse, child or other dependent.



I understand that payment will be mailed to the address provided on this form. I also understand that this address will be used for all tax reporting purposes.


Signature of Participant: _____  Date: _____ 

To Be Completed By Plan Administrator

The distribution request for the above Participant is: APPROVED NOT APPROVED

If approved, the Custodian is hereby authorized to make the payment in accordance with the above election.

Plan Administrator: _____  Date: _____ 

Date form received by Plan Administrator: _____ 

Return this form to: Trust Office, Local 46 IBEW, c/o Welfare and Pension, Administration Services, Inc., Seattle, WA 98124.