

Painters and Allied Trades District Council 82 Defined Contribution Pension Plan

Return completed forms to the Fund Office:

Wilson-McShane Corporation

3001 Metro Drive- Suite 500, Bloomington, MN, 55425 952-854-0795 or 1-800-535-6373

Application for Benefits

Part 1: Participant Information – Please print

Name _____
Last First Middle

Last 4 of SSN XXX - XX - _____ DOB ___/___/___ Phone (_____) _____ - _____

Street Address _____

City _____ State _____ Zip _____

Last Day Worked (In Covered Employment) ___/___/___ Employer _____

Marital Status: Single Married Divorced Widowed

Please select ONE eligibility requirement that applies to you:

- Age 55 (Normal Retirement Age) – Attained NRA and have retired from employment with a contributing employer at or after attaining age 55. **Please note: Contributions made to the plan prior to 10/01/2016 are subject to the rules of the plans that were in place during that time. Proof of age required (attach copy of birth certificate).**
- Out of Industry – Must not have worked within the industry or area covered by the CBA for a period of 12 consecutive months.
- Disability Benefit – You must return the **Certification of Disability form**
- Alternate payee due to Qualified Domestic Relations Order (“QDRO”)
- Beneficiary
- Early Retirement Age Provision: You are eligible if you were in the Local 386 Drywall Finishing Industry Pension Fund and have attained Age 50 while working less than 80 hours per month. This is only available from Account M. **Proof of age required (attach copy of birth certificate).**

Part 2: Payment Election

Tax Withholding Notification & Elections

Your plan administrator is required to provide you with a Tax Notice regarding qualified plan payments. It contains important information you need to know before making a payment/withholding election. You should understand that the taxable portion of a distribution, which is eligible for a rollover, is subject to a 20% mandatory federal income tax withholding and, if applicable state income tax withholding. You can avoid this tax, at the present time, by making a Direct Rollover of the funds to a qualified plan or an Individual Retirement Account (IRA). In addition, if you are under Age 59 ½ you may be subject to a 10% premature distribution penalty. You have the right to make or change your election up to the date of payment, but the election may not be made or changed after the distribution has been made.

Please read the Special Note below before choosing an option and indicate which form of distribution you wish to receive:

- Lump Sum payment of my entire balance (required if balance is less than \$1,000)
- Initial Partial Lump Sum payment of \$ _____ (gross)
- Initial Partial Lump Sum payment of \$ _____ (gross) followed by equal monthly Installment payments for any period of time not exceeding your life expectancy or that of your beneficiary of \$ _____
- Equal monthly Installment payments for any period of time not exceeding your life expectancy or that of your beneficiary of \$ _____

SPECIAL NOTE: if you had an account balance prior to October 1, 2016, your benefit will be paid to you in the form of a Qualified Joint & Survivor Annuity, if married or a life annuity, if single. If you are married, **you and your spouse may elect an alternative to the Qualified Joint & Survivor Annuity from the list of options above. However, your election will only be valid if: (1) Your spouse consents, in writing, by completing Part 3 of this form in front of a notary public or plan representative and (2) the election is made and filed with the Plan Office before benefit payments commence.**

Under the Qualified Joint & Survivor Annuity, the monthly payments will be made to you as long as you are living. If you die before your spouse, monthly payments will continue to be paid to your spouse in the form of a Survivor Annuity. These payments will stop when the spouse dies. The amount of the monthly benefit to the surviving spouse will be 50% of the annuity payment made while both spouses are alive. The Plan also permits you to elect other percentages for the Survivor Annuity as well. If you have further questions about this distribution option, please contact the Fund Office.

Please check **ONE** of the following

- I am married and I hereby swear that the person co-signing the attached waiver form is my current legal spouse.
- I hereby swear that I am not legally married at this time or subject to a judgment by reason of divorce or separation.
- I hereby swear that I am unable to locate my spouse. (Additional proof or information is needed if you check this box.)

ELECTION OPTION A: DIRECT ROLLOVER

If you wish to rollover all or part of your distribution, complete this section.

- I hereby authorize a Direct Rollover of _____% of the portion of the distribution which is qualified as an eligible rollover distribution. **I authorize a Direct Rollover to another financial institution.**
- Send check to me (made payable to the financial institution) and I will send to rollover institution
- Send check directly to rollover institution

This is (please check one):

- A qualified retirement Plan
- A (IRA) Traditional Individual Retirement Account
- A Roth Individual Retirement Account

Name of Plan/Financial Institution _____ Account No. _____
Address: _____ City: _____ State: _____ Zip: _____

ELECTION OPTION B: DIRECT PAYMENT TO YOU

If you want all or part of your distribution paid directly to you, complete this section.

- I authorize a Direct Payment to ME. **I understand the money I receive directly will result in a mandatory deduction of 20% for federal income tax withholding. I may also be liable for state income tax and an early withdrawal penalty.**

Note: if you have ACH information linked in your personal profile on MillimanBenefits.com, your payment will be issued as an ACH; if no ACH information on file or ACH information provided rejects, a paper check will be mailed to the address on this form. If you wish to receive your distribution via ACH and haven't already updated your personal profile on MillimanBenefits.com, please do so prior to submitting this withdrawal request form.

Signature:

X _____
Participant Signature Date

For Office Use Only:

Application received by Plan Administrator: On _____ by _____ (Initials)

Account Balance \$ _____ Approved Denied

Fund Office Signature _____ Date _____

Painters and Allied Trades District Council 82 Defined Contribution Pension Plan Statement of Employment

Please provide the information requested below for all employment (both union and non-union work that you have engaged in during the past 12 months). If you have not worked at all during the past 12 months, please state this on the form.

Name of Employer: _____

Type of Business: _____

Address: _____ City: _____ State: _____ Zip: _____

Dates Employed: _____ Hours Worked Per Month: _____

Job Duties (List specific duties): _____

Name of Employer: _____

Type of Business: _____

Address: _____ City: _____ State: _____ Zip: _____

Dates Employed: _____ Hours Worked Per Month: _____

Job Duties (List specific duties): _____

Signature:

I understand that pursuant to Section 5.05 of the Plan Document, the Trustees have the right to recover any benefit payments in reliance on any willfully false or fraudulent statement, information or proof submitted by a Participant.

X _____
Participant Signature

Date

If you have any additional employers that you need to include, please attach them to this form.

WAIVER OF JOINT AND SURVIVOR FORM OF BENEFIT

IF YOU ARE MARRIED, your SPOUSE must complete and sign this page in front of a notary or plan representative.

IF YOU ARE SINGLE, SKIP THIS PAGE.

Part 3: Annuity Rejection & Signature Section for Spouse

I, the undersigned spouse of the Participant, hereby certify that I am the spouse of the Participant identified in this Benefit Application Form and consent to the above waiver of the automatic post-retirement joint and survivor form of benefit and acknowledge that the effect of my consent to the waiver eliminates any right I would otherwise have to receive the post-retirement joint and survivor form of benefit. I hereby swear, under oath, I am the spouse of the above participant. I am signing this consent voluntary.

X _____
Spouse's Signature Date

State of _____

County of _____

On this _____ day of _____, 20____, before me came _____
known to me to be the person who executed the foregoing statement and who acknowledged to
me that he/she executed the same.

Notary Public or _____
Signature of Designated Plan Representative

(Seal)

For Office Use Only:

Date of Termination: _____

X _____
Administrator's Signature Date