

**Plumbers' Retirement Savings Fund, Local 130, U.A.**  
**PARTICIPANT DISTRIBUTION FORM**

Account Number    **SF 51837 – 1**

**PARTICIPANT INFORMATION**

Name                      \_\_\_\_\_  
                                    First                                      Middle                                      Last

Address                      \_\_\_\_\_  
                                    Street

                                    \_\_\_\_\_  
                                    City                                      State                                      Zip

Legal State of Residence \_\_\_\_\_ (If the Legal State of Residence is not provided, Empower Retirement will use the state provided in the Mailing Address for state tax purposes.)

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

Phone Number \_\_\_\_\_

**DIRECT ROLLOVER ELECTION**

Complete this part if you wish to rollover all or a portion of your lump sum payment.

**For All Distribution Types:**

- ☐ I elect to roll over my payment directly to an IRA or other qualified retirement plan that accepts rollovers. The IRA or other qualified retirement plan is named below.
- ☐ I elect to have only part of my lump sum payment directly rolled over. Please roll over \$ \_\_\_\_\_ to the IRA or other qualified retirement plan named below. I further understand that any amounts not rolled over will be paid directly to me **less the 20% required Federal Income Tax withholding.**

**For Over 59 ½ Withdrawals Only:**

- ☐ I elect to have only part of my lump sum payment directly rolled over. Please roll over \$ \_\_\_\_\_ to the IRA or other qualified retirement plan named below. **I am NOT closing out my Account.**

I acknowledge that I have received the Special Tax Notice concerning tax treatment of lump sum payments from the Plumbers' Retirement Savings Fund, Local 130, U.A., and had an opportunity to review the Notice. I certify that the direct rollover recipient named below is an Individual Retirement Account, an Individual Retirement Annuity, or a qualified retirement plan that accepts rollovers. I understand that payment of my benefits to the trustee of the IRA or qualified retirement plan releases the Plumbers' Retirement Savings Fund, Local 130, U.A. from any further obligations or responsibilities with respect to the benefit so paid.

- ☐ ***I elect to waive my right to a 30-day period to review the Special Tax Notice concerning tax treatment of lump sum payments from the Plumbers' Retirement Savings Fund, Local 130, U.A. [Please note that the failure to waive the 30-day review period will result in the delay of the processing of your request.]***

Signature \_\_\_\_\_

Date \_\_\_\_\_

Name of IRA Trustee or Qualified Retirement Plan to whom the check should be paid \_\_\_\_\_

## IMMEDIATE DISTRIBUTION

Complete this part if you wish to have your entire distribution paid to you.

### For All Distribution Types:

- ☐ Pay my entire distribution to me.

### For Over 59 ½ Withdrawals Only (NOT CLOSING ACCOUNTS):

- ☐ Pay a distribution of \$\_\_\_\_\_ to me. ☐ Gross or ☐ Net

*I understand the 20% required Federal Income Tax Withholding will apply to the distribution*

### Method of Payment:

- ☐ **Send payment by check** – Allow up to 10 business days for postal service delivery
- ☐ **Direct Deposit to my bank account** – Deposited within 3 business days from date of processing.
- ☐ Checking – **Include a voided check**
- ☐ Savings – **Include a pre-printed deposit slip** or bank specification sheet from your bank.

Bank Name \_\_\_\_\_

Bank ABA/Routing # (9 digits) \_\_\_\_\_

Bank Account # \_\_\_\_\_

**If I elect direct deposit, by signing on the next page, I verify that I am an account holder on the bank account listed above. \*\*\* Note: Funds WILL NOT be Direct Deposited if required bank information is not provided.**

## TAX WITHHOLDING

**Federal:** Distributions of pre-tax contribution plus earning on all contributions are subject to federal income tax. Please read the Special Tax Notice. Contact your Tax Advisor or IRS if you have question concerning tax withholding or the Special Tax Notice.

**Option:** I understand I may request additional withholding. Please withhold \_\_\_\_\_ for Federal Income Taxes **in addition** to the required 20% withholding.

**State Withholding:** Contact your tax advisor or your state's tax department if you have any questions concerning state tax withholding. *If you make an election that is not in compliance with your state's regulations, Empower Retirement will default to your state's requirements.*

### No State Tax Withholding Election

- ☐ I have read the *State Tax Information* document and I elect to have no state income tax withheld from my payment.

### Voluntary State Income Tax Withholding

- ☐ I have read the *State Tax Information* document and I elect to have the following voluntary state income tax withheld from my payment (choose one):

\_\_\_\_\_ %      \$\_\_\_\_\_ (whole dollar amount)

- ☐ Based on my state's tax table formula, if applicable (Empower Retirement will apply the default tax allowance)

### Additional State Income Tax Withholding

- ☐ I have read the *State Tax Information* document and I elect to have an additional \_\_\_\_\_ % or \$\_\_\_\_\_ (whole dollar amount) state income tax withheld from my payment.

I acknowledge that I have received the Special Tax Notice concerning tax treatment of payments from the Plumbers' Retirement Savings Fund, Local 130, U.A., and had an opportunity to review the Notice. In addition, I understand that the plan must withhold 20% of any portion of the distribution that is not rolled over directly to another qualified plan or IRA.

☐ I elect to waive my right to a 30-day period to review the Special Tax Notice concerning tax treatment of lump sum payments from the Plumbers' Retirement Savings Fund, Local 130, U.A. \*\*\*Please note that the failure to waive the 30-day review period will result in the delay of the processing of your request.

Signature \_\_\_\_\_

Date \_\_\_\_\_

**RETURN ORIGINAL FORMS TO: Plumbers' Retirement Savings Fund  
Local 130, U.A.  
1340 West Washington Blvd  
Chicago, IL 60607**

**DO NOT WRITE BELOW THIS LINE - FOR FUND OFFICE USE ONLY**

**Disability / Retirement / Termination Date:** \_\_\_\_\_

**Reason for Distribution**

- ☐ Disability    ☐ Retirement    ☐ Separated / 6 months    ☐ Attainment of Age 59 ½  
☐ Early Retirement    ☐ Alternate Payee / QDRO (account already set-up)

**Spousal Consent Requirement**

- ☐ Member is not married. No spousal consent required.  
☐ Member is married. Attach "Waiver of Qualified Joint & Survivor Annuity" Form.

I certify that the above-named employee has terminated participation in the plan or qualifies for a distribution for the reason specified above and that the employee is entitled to make the application for distribution as described above.

Authorized Signature \_\_\_\_\_

Date \_\_\_\_\_

**FOR EMPOWER RETIREMENT USE ONLY**

Source/Contribution	Early Retirement Age	Retirement Age
401k / Local 130 Employer / Rollover	60	62
Local 501	57	60
Local 554	55	60
Local 93	55	60

Early Retirement/Retirement /  
Everyone Spousal Consent Sent On