



# Tuckpointers Local 52 Defined Contribution Annuity Plan Distribution Form

**Instructions:** Use this form if you wish to request a distribution from the plan. Please complete steps 1 through 9 to avoid delays in processing your request. Return this form to:

**Tuckpointers Local 52 Benefits Office, 660 Industrial Drive, Suite 101, Elmhurst, IL 60126**

This form is not valid without your signature and copy of birth certificate. If you are married, your marriage certificate and notarized spousal signature are also required. This form must be submitted to the Tuckpointers Local 52 Benefits Office for approval.

**Questions:** If you would like more information about distributions, including general tax implications, please call 1-866-84UNION (1-866-848-6466), Monday through Friday, from 7 a.m. to 11 p.m. Central time.

## STEP 1 PARTICIPANT INFORMATION

### A. Your Information

 Please use a **black pen** and print clearly in CAPITAL LETTERS.

Social Security #: -- Date of Birth: --

First Name:

Last Name:

I understand my check and all future correspondence related to this account will be mailed to the address below. If your address below is different than the address on your statement, your request will be held for 15 days unless you complete STEP 8.

Mailing Address:

Address Line 2:

City:  State:

Zip:

Daytime Phone: -- Evening Phone: --

E-mail:

### B. The employer sponsoring the plan from which you are requesting this distribution

The distribution will require an authorized signature by the employer sponsoring the plan. Please see STEP 9 for more details.

Name of Plan Sponsor:  Plan number:

## STEP 2 REASON FOR DISTRIBUTION

**Please choose one:** If you do not choose an option below, your distribution will be delayed.

1) ☐ **Retirement:** I am age 60 or older.

2) ☐ **Termination of employment:** (If chosen please indicate last date of industry employment: -

2A) ☐ I have worked fewer than 100 hours in 12 consecutive months (effective July 19, 2005) month year

2B) ☐ I have not had contributions to my account in two consecutive calendar years

3) ☐ **Disability:** I am totally and permanently disabled and have established entitlement to a Social Security Disability Benefit. Please attach a copy of your Social Security Disability Award Certificate.

4) ☐ **Hardship Withdrawal:** Please attach a copy of the hardship application and required documents.

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☐ **Full Withdrawal**

☐ **Partial Withdrawal** (not available for option 2C)

☐ Withdraw proportionally across all available funds. \$  ,  **OR**

☐ Withdraw from specific sources/investment options: ☐ Check here if additional fund options are attached

Fund Number	Amount	
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<b>OR</b> <input type="text"/> 100%
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<b>OR</b> <input type="text"/> 100%

## STEP 4 METHOD OF DISTRIBUTION

☐ **Direct Rollover**

☐ **To an IRA or Roth IRA with Fidelity** Fidelity Account #:

I understand that any money invested in Fidelity mutual funds will be rolled over in the same proportion to the same Fidelity mutual fund(s) in which I am currently invested. Any non-Fidelity assets will be rolled over to Fidelity Cash Reserves, a money market fund. I acknowledge that I have read the Fidelity Cash Reserves prospectus.

**Note: If you do not have a Fidelity IRA or Roth IRA, you must establish an account either online at Fidelity.com or by submitting a Fidelity Investments Rollover IRA Application.**

☐ an IRA **OR** ☐ Roth IRA

☐ **To Another Investment Provider\*** Before you complete this section, please check with your new employer to make sure your new plan accepts the assets you wish to roll over.

Is the new account: ☐ an IRA **OR** ☐ Roth IRA **OR** ☐ an employer-sponsored retirement account

Provide us with the name of the receiving investment provider:

**\*A check will be made payable to the receiving investment provider on your behalf and will be mailed to you. You will need to mail the check to the receiving investment provider. Income taxes will NOT be withheld.**

☐ **To an Existing Retirement Plan at Fidelity.** Before you complete this section, please check with your new employer to make sure your new plan accepts the assets you wish to roll over. (Example: new employer's plan)

Name of receiving plan:

☐ **To an Income Annuity**

Fidelity will mail a check from the proceeds of your account to the insurance company you select once we receive a completed annuity contract application signed by you and a letter of acceptance signed by the insurance company. Please contact the Tuckpointers Local 52 Benefits Office for additional information regarding annuities.

☐ **Payable to Me** See the instruction page for further information on mandatory tax withholding.



## STEP 5 INDICATE HOW YOU WOULD LIKE TO RECEIVE THE PAYMENT(S)

- ☐ By check (You should receive your check in 7–10 business days from the date of distribution.)
- ☐ By check sent by an express delivery service. I understand that a fee of not more than \$35 will be deducted from my account. **This check cannot be delivered to a PO Box.** Express delivery is available in the U.S. and Canada. (You should receive your check in 4–5 business days from the date of distribution.)
- ☐ Deposit into a Fidelity non-retirement account. To open a new account, please go to [www.fidelity.com](http://www.fidelity.com) or attach an account application.

Fidelity Account #:

I understand that all assets will be invested in Fidelity Cash Reserves, a money market fund. I acknowledge that I have read the Fidelity Cash Reserves prospectus. (Your money will be available in 5–7 business days from the date of distribution.)

- ☐ Electronic Funds Transfer (EFT requires a 15-day setup period prior to processing a distribution)  
(Complete the enclosed EFT application and attach a voided check.)

## STEP 6 SPOUSAL CONSENT

### To be completed by the participant:

Check off your **current** marital status. If you are married and you do not specify distribution in the form of a qualified joint and 50% survivor annuity, then your spouse must sign the consent portion of this form in the presence of a notary public or a representative of your employer's plan. The spousal consent is valid until you change your distribution election.

- ☐ **Single**—I certify under penalties of perjury that I am not married as of the date that this form is signed. I understand that if I marry after this date, but before distribution commences, the rules for married individuals will apply to me.
- ☐ **Married**—I certify that I am married and that distributions must be made to me in the form of a qualified joint and survivor annuity, unless I have elected another form of distribution and my spouse signs the spousal consent section below in the presence of a notary public (or plan representative, if authorized by your plan).

### To be completed by the Participant's Spouse:

I hereby consent to the election of the distribution as indicated by my spouse, to have the benefits paid in the form specified rather than in the form of a qualified joint and survivor annuity (QJSA). As the spouse of the Participant named above, I understand that, under the terms of the Plan, my spouse's retirement benefits are to be paid to me in the form of a QJSA, unless I choose to give up that right. By signing below, I hereby acknowledge that I understand: (1) that the effect of my consent may result in the forfeiture of benefits I would otherwise be entitled to receive upon my spouse's death; (2) that my spouse's waiver of the QJSA is not valid unless I consent to it; (3) that my consent is voluntary; (4) that my consent is irrevocable unless my spouse revokes the waiver to the QJSA; and (5) that my consent (signature) must be witnessed by a notary public.

Signed (Spouse):

Date:

### To be completed by a notary public:

**Note: A signature guarantee cannot be substituted for a notary.**

Sworn before me this day

Notary Public Stamp:

In the State of

County of

Notary Public Signature:

My Commission Expires:

## STEP 7 INCOME TAX WITHHOLDING

Payments subject to withholding are either eligible rollover amounts or non-eligible rollover amounts. Please see instructions for more information on mandatory withholding.

### Federal Income Taxes

- ☐ I elect **not** to have federal income taxes withheld from my distribution. **Eligible rollover amounts not directly rolled over are subject to mandatory withholding of 20% for federal income taxes. A payee cannot elect out of this withholding.**
- ☐ I elect to have a total of   % withheld for federal income taxes.

### State Income Taxes

- ☐ I elect **not** to have state income taxes withheld from my distribution. Please note that some states require state income taxes to be withheld.
- ☐ I elect to have state income taxes withheld according to state tax tables. Please note that we are unable to withhold additional state taxes.

## STEP 8 YOUR SIGNATURE

I certify that all information provided by me on this form is true and accurate. I have read and understand the Special Tax Notice and, if applicable, the Participant Distribution Notice and the Notice to Waive the Qualified Joint and Survivor Annuity. I certify under penalties of perjury that my Social Security number in Section 1 of this form is correct. If I am a non-resident alien, I have attached IRS Form W-8BEN and included my U.S. taxpayer identification number with this form in order to claim any applicable tax treaty benefits.

Your Signature:

Date:

## STEP 9 PLAN SPONSOR APPROVAL

I acknowledge that the distribution requested on this form for the reason(s) indicated in STEP 2 of this form is permitted under the terms of the employer's plan. In addition, my name is on record with Fidelity to sign on behalf of the employer sponsoring this plan:

Authorized Signature:

Date:

Please print name of authorized individual signing above:

First Name:

Last Name:

**For Fidelity Use Only**

COPY

