

**BOILERMAKERS LOCAL LODGE #5**

Annuity Fund  
Plan ID: 767373 001

Name \_\_\_\_\_

Please return completed form to:  
Boilermakers Local No. 5  
1400 Old Country Road, Ste. 406  
Westbury, NY 11590  
T: 516-333-9010 F: 516-333-9039

***Distribution at Termination, Retirement, Full Disability or Rollover***

Please refer to the enclosed General Instruction Sheet for help in completing this form.

**1 Information About You**

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

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Are you a citizen of the United States?

No Yes

If you are not a U.S. citizen **OR** if you are a resident of Puerto Rico, please complete an Income Tax Sheet for Aliens and Residents of Puerto Rico.

Married: Yes \_\_\_\_\_ No \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Home Phone Number	Work Phone Number
( )	( )

**2 Your Choices**

The distribution options listed below are available to you through your **Retirement Plan with Prudential Retirement**. (Any payments made by Prudential Financial are subject to the terms of its contract with your **plan sponsor**). Please choose your options below. Choose carefully, as your choice may be *irrevocable*.

Please indicate your Payment Option selection(s) by putting a check mark in the appropriate box(es) below:

- MONTHLY INSTALLMENT PAYMENT: AMOUNT \$ \_\_\_\_\_ BEGINNING DATE \_\_\_\_\_
- ROLLOVER TO AN IRA OR ANOTHER QUALIFIED PLAN (Complete the enclosed Rollover form)
- TOTAL CASH DISTRIBUTION OF YOUR ACCOUNT
- PARTIAL CASH DISTRIBUTION IN THE AMOUNT OF \$ \_\_\_\_\_ or PERCENTAGE OF \_\_\_\_\_

(Complete Section 3, Income Tax Withholding Information, below.)

If you choose to receive all or part of your payment in cash, 20% of the taxable portion of the cash payment will be withheld automatically for federal income tax and subtracted from your payment, as per IRS regulations

DUE TO MY: \_\_\_\_\_SEPARATION FROM SERVICE \_\_\_\_\_RETIREMENT \_\_\_\_\_DEATH \_\_\_\_\_ AS A BENEFICIARY

**3 Income Tax Withholding Information** (Complete only if you have chosen an Immediate Cash Distribution)

Your cash distribution is subject to a mandatory federal income tax withholding of 20%

A. Do you want more than the 20% federal withholding?

B. In addition to federal taxes, do you want state income tax withheld?

No Yes: Additional amount or Percent: \_\_\_\_\_

No Yes: Amount or Percent: \_\_\_\_\_

(If Additional amount or Percent is YES: amount or percent must be indicated, otherwise it will be assumed zero)

Note: If you have an outstanding loan balance it may become taxable. See your loan paperwork for details.

Name \_\_\_\_\_

**4** *Qualified Joint and Survivor Annuity Waiver and Spousal Consent*

*If you are married and you choose a payment option other than a Joint and Survivor Annuity, both your signature and your spouse's signature are required. If you are not married and you choose a payment other than a Joint and Survivor Annuity, only your signature is required.*

Your Section: **SIGN ALL SIGNATURES IN FRONT OF A NOTARY PUBLIC**

I have received written notice regarding my right to payment of benefits under my employer's plan as a joint and survivor annuity. In accordance with the terms of the plan, I elect to take a distribution from my current vested balance in a single sum payment and I elect to waive the joint and survivor annuity form of payment. I understand that my retirement benefit will be reduced by the amount of this distribution.

Participant Signs Here: \_\_\_\_\_ Date: \_\_\_\_\_

Notary Public Signs Here: \_\_\_\_\_ Date: \_\_\_\_\_

*\*Notarization requires Notary stamp or seal and Notary expiration date*

Spouse's Section:

I consent to my spouse receiving the benefits under the plan in the form specified above rather than in the form of a joint and survivor annuity and a pre-retirement survivor annuity. Further, I acknowledge that I understand that:

- \* the effect of my consent may be to forfeit benefits I would be entitled to receive upon my spouse's death,
- \* my spouse's waiver is not valid unless I consent to it,
- \* my consent is irrevocable unless my spouse revokes the waiver.

Spouse Signs Here: \_\_\_\_\_ Date: \_\_\_\_\_

Notary Public Signs Here: \_\_\_\_\_ Date: \_\_\_\_\_

*\*Notarization requires Notary stamp or seal and Notary expiration date.*

**5** *Waiver of 30-Day Notice*

Current federal tax rules require your employer to notify you, in writing, of certain requirements you must meet to receive a cash distribution from your retirement savings plan. By signing Section 6 below, you waive the required 30-day notice and you will receive a distribution from your retirement savings plan without delay under the terms of your employer's plan. Also by signing below, you affirm that you have received a general description and explanation of the optional forms of benefits, if any, available to you and a written notice describing the general tax rules applicable to this distribution.

**6** *Approval*

I certify that I have received an explanation of the terms and conditions of my choices. The information above is accurate and complete. I have read the notice provided to me that outlines the tax and withholding impact of my distribution choices, and I waive the required 30-Day Notice outlined above.

Participant Signs Here: \_\_\_\_\_ Date: \_\_\_\_\_ (Return this form to the address indicated on the front of this form.)

FUND OFFICE USE ONLY		
Fund Office certification that the Notary's Raised Seal is on the original application	Initials of Fund Administrator:	<div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> <input type="checkbox"/> APPROVED         </div> <div style="text-align: center;"> <input type="checkbox"/> REJECTED         </div> </div>
Fund Office Authorization: _____		Date: _____

**BOILERMAKERS LOCAL LODGE #5  
ANNUITY PLAN**

**Direct Rollover Out of Plan**

**Plan ID: 767373 001**

**Other Forms May Be Required**  
Appropriate withdrawal form or benefit distribution form  
Please refer to the enclosed General Instruction Sheet for help in completion this form

Information About You		
Name (First, M.I., Last)		Daytime Phone Number (    )
Social Security Number		
<b>Information About Your New Plan or Account</b> You can roll the taxable portion of your distribution over to another qualified plan or to a Traditional IRA. No portion of your account can be rolled directly into a Roth IRA. Your check will be made payable to the plan or financial institution that is receiving your rollover funds. You may specify up to three different accounts below.		
1	Name and Address of the plan or financial institution receiving my funds: _____ _____ _____	<input type="checkbox"/> My new plan is a qualified plan <input type="checkbox"/> My new plan is a Traditional IRA (Date my IRA account was opened: ____/____/____)
		<input type="checkbox"/> Mail this check to my new plan or IRA at the address shown. <input type="checkbox"/> Mail this check to the employer named above. <input type="checkbox"/> Mail this check to me, I will send this check to my new plan or IRA.
	Account number of the plan or Traditional IRA: _____ Financial Institution's DTC Number*: (if applicable): _____ (*for electronic Stock transfer)	Percent of my rollover payable to this plan or Traditional IRA: ____%
2	Name and Address of the plan or financial institution receiving my funds: _____ _____ _____	<input type="checkbox"/> My new plan is a qualified plan. <input type="checkbox"/> My new plan is a Traditional IRA (Date any IRA account was opened: ____/____/____)
		<input type="checkbox"/> Mail this check to any new plan or IRA at the address shown. <input type="checkbox"/> Mail this check to the employer named above. <input type="checkbox"/> Mail this check to me. I will send this check to any new plan or IRA.
	Account number of the plan or Traditional IRA: _____ Financial Institution's DTC Number*: (if applicable): _____ (*for electronic Stock transfer)	Percent of my rollover payable to this plan or Traditional IRA: ____%
3	Name and Address of the plan or financial institution receiving my funds: _____ _____ _____	<input type="checkbox"/> My new plan is a qualified plan. <input type="checkbox"/> My new plan is a Traditional IRA (Date any IRA account was opened: ____/____/____)
		<input type="checkbox"/> Mail this check to any new plan or IRA at the address shown. <input type="checkbox"/> Mail this check to the employer named above. <input type="checkbox"/> Mail this check to me. I will send this check to any new plan or IRA.
	Account number of the plan or Traditional IRA: _____ Financial Institution's DTC Number*: (if applicable): _____ (*for electronic Stock transfer)	Percent of my rollover payable to this plan or Traditional IRA: ____%
<b>Approval</b>		
I certify that the information above is accurate and complete.		
Your Signature: _____		Date: _____