



**LAST EMPLOYER**

7. Date You Last Worked \_\_\_\_\_  
8. Name of Last Employer \_\_\_\_\_  
9. Address of Last Employer \_\_\_\_\_  
No. and Street \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**MARITAL STATUS**

10. Current Marital Status (Check One):      Never Married    Married (See 11.)  
    Separated            Divorced (See 12.)  
    Widowed (Attach copy of death certificate)

11. If You Are Married, Provide the Following Information About Your Spouse:

Spouse's Name \_\_\_\_\_  
Spouse's Address \_\_\_\_\_  
No. and Street \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Spouse's Soc. Sec. No. \_\_\_\_\_  
Spouse's Date of Birth \_\_\_\_\_ (Attach birth certificate)  
Date of Marriage \_\_\_\_\_ (Attach marriage license)

12. Have you ever been divorced?            Yes            No  
(Answer even if you are not currently divorced)

**If you were previously married, attach a complete copy of the Interlocutory and/or Final Judgment of Dissolution of Marriage, and property settlement agreement, for each divorce. Failure to provide these documents will delay receipt of your pension benefits.**

I was previously married during years that I participated in the Plan.    Yes            No

## EXPLANATION OF FORMS OF DISTRIBUTION

Your Defined Contribution Plan offers the following forms of distribution:

**LUMP SUM DISTRIBUTION.** A Total or Partial Lump Sum distribution is available if you are totally and permanently disabled and have been granted an award of disability by Social Security, or if you have retired under the Northern California Plastering Industry Pension Plan under either Normal or Early Retirement.

**MONTHLY INSTALLMENTS.** Monthly Installments are available payable over your life expectancy or the life expectancy of you and your designated beneficiary in an amount not less than \$200 per month or more than \$2,500 per month (unless your life expectancy calls for a greater amount). However, if your monthly installments are eligible rollover distributions and you elect not to roll your monthly installments over into a qualified individual retirement arrangement or other qualified plan, the maximum monthly installment is \$3,125.

**COMBINATION PAYMENT.** If you are eligible to elect a lump-sum payment, you may also elect to receive a combination of partial lump and monthly installments.

## ELECTION OF FORM OF DISTRIBUTION

13. I agree to be bound by the rules and regulations of the Defined Contribution Plan. I understand that I must personally endorse each benefit check. I hereby request distribution of my Defined Contribution Plan account in the form of distribution checked below. I have read the foregoing Explanation of Forms of Distribution and understand the effect of electing the form of distribution I have chosen below.

- Check One:     **Lump Sum Distribution**  
                   **Equal Monthly Installments**  
                   **Combination Payment**

Employee's Signature: \_\_\_\_\_ Date \_\_\_\_\_

## DESIGNATION OF BENEFICIARY

14. I hereby designate the following person to be the beneficiary of any benefits payable after my death under the option checked above, revoking all prior designations.

- Check One:     My Spouse: \_\_\_\_\_ (Fill in Name)  
                   Other Beneficiary as Indicated Below:

Beneficiary's Name \_\_\_\_\_

Beneficiary's Address \_\_\_\_\_

No. and Street \_\_\_\_\_

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

Beneficiary's Soc. Sec. No. \_\_\_\_\_

Employee's Signature: \_\_\_\_\_ Date \_\_\_\_\_

**CONSENT OF SPOUSE**

15. I have read the foregoing and I understand my spouse may not name anyone other than me as beneficiary, unless I give my consent by signing below. I understand that I can withdraw my consent to this beneficiary only until my spouse receives the first check from the Defined Contribution Plan, and that any withdrawal of my consent must be in writing and delivered to the Plan Administration Office prior to payment of the first check.

I hereby consent to my spouse's designation of the following beneficiary:

\_\_\_\_\_.

Spouse's Signature: \_\_\_\_\_ Date \_\_\_\_\_

State of California  
County of \_\_\_\_\_

On \_\_\_\_\_ before me, \_\_\_\_\_

personally appeared \_\_\_\_\_

who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the persons(s) or entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature \_\_\_\_\_  
Notary

Place Notary Seal Above

**NOTICE OF WITHHOLDING FEDERAL AND STATE TAX**

Payments from the Defined Contribution Plan are subject to Federal and State income tax withholding. If this distribution is an eligible rollover distribution then it is required by law that 20% is withheld for Federal Income Tax Withholding if you do not elect to rollover this distribution.

To elect not to have tax withheld, other than what is required by law, check the appropriate box and sign the Declaration below. To have income tax withheld by the Plan in addition to any required by law, check the appropriate box below.

**DECLARATION REGARDING WITHHOLDING**

**16. FEDERAL TAX**

- I do not want income tax withheld from my Defined Contribution Plan payments.
- I want income tax withheld from my Defined Contribution Plan payments.

Employee's Signature: \_\_\_\_\_ Date \_\_\_\_\_

Spouse's Signature: \_\_\_\_\_ Date \_\_\_\_\_

**17. STATE TAX**

- I do not want income tax withheld from my Defined Contribution Plan payments.
- I want income tax withheld from my Defined Contribution Plan.

Employee's Signature: \_\_\_\_\_ Date \_\_\_\_\_

Spouse's Signature: \_\_\_\_\_ Date \_\_\_\_\_

**VERIFICATION AND SIGNATURE**

18. I hereby certify, under penalty of perjury, that all of the above statements on this Application and all of the statements on the attached pages and documents are true, correct and complete, to the best of my knowledge. I understand that a false statement may disqualify me for distribution and that the Trustees have the right to recover any payments made to me because of a false statement.

\_\_\_\_\_  
Signature of Employee

\_\_\_\_\_  
Date