

# Northern California Plasterers Trust Funds

Health and Welfare Trust Fund, Pension Plan, and Plasterers Supplemental Pension Trust

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## NOTICE TO PARTICIPANTS, SURVIVING SPOUSES AND ALTERNATE PAYEES CONCERNING ELIGIBLE ROLLOVER DISTRIBUTIONS AND ELECTION FORM

PLEASE READ THIS NOTICE AND THEN COMPLETE THE ELECTION FORM.

NAME: \_\_\_\_\_ SSN: \_\_\_\_\_

The Plasterer's Union Local No. 66 Supplemental Retirement Benefit Plan provides that you may transfer all or part of an "eligible rollover distribution" directly from the Plan to an eligible employer plan or union pension plan, or an eligible IRA. Under the Supplemental Plan, lump sum distributions (except distributions after age 70<sup>1</sup>/<sub>2</sub> which are required by law) and installment payments for a period of less than ten years are eligible rollover distributions. If you have received this form, you are about to receive one or more eligible rollover distributions described below. This notice and election form explains the Plan rules for electing to have your distribution(s) rolled over. Please also read the notice entitled "Your Rollover Options."

If you elect to have an eligible distribution rolled over directly, your entire distribution (or the portion you designate, if at least \$500) will be paid to the trustee(s) for the transferee plan, or eligible IRA. If you do not elect to roll your distribution over directly, your distribution will be paid directly to you, less a mandatory 20% withholding of federal income tax, and any optional withholding of state taxes that you elect.

To elect to have your distribution(s) rolled over, you must complete this form and return it to the Administration Office promptly. If you do not return this form to the Administration Office in a timely fashion, you will be deemed to have elected to have your distribution(s) made directly to you. PLEASE NOTE: If you will be receiving a series of eligible rollover distributions, this election will apply to the entire series. However, you are free to change your election for all future distributions by submitting a new election form.

### TO BE COMPLETED BY ADMINISTRATION OFFICE:

You are about to receive one or both of the following eligible rollover distribution(s) from the Supplemental Plan:

a lump sum distribution in the amount of \$ \_\_\_\_\_.

monthly installment payments of \$ \_\_\_\_\_ .

RECIPIENT'S STATEMENT AND ROLLOVER ELECTION

TO BE COMPLETED BY PARTICIPANT, SURVIVING SPOUSE OR ALTERNATE PAYEE:

The election below applies to my (check one):

- Lump Sum Distribution                       Monthly Installments                       Both.

[If you are receiving both a lump sum and installments, and want different rollover treatment for each, please submit two forms.]

Then check one:

- I hereby elect to have the distribution(s) paid directly to me.  
[If you make this election, sign below and do not complete the rest of this form].
- I hereby elect to have the following amount of the distribution(s) rolled directly over to an eligible employer plan or union pension plan or a traditional IRA (check one):
- The entire amount.
- A portion of the distribution: \_\_\_\_\_ (Must be \$500 or more)  
with the remainder to be paid directly to me.

I hereby affirm that the recipient of the direct rollover(s) that I have requested is a trustee of an eligible employer plan or union pension plan, a traditional IRA, or a Roth IRA. The name and address of the person or institution to whom the direct rollover(s) should be made is:

Name of Trustee: \_\_\_\_\_

Name of Account: \_\_\_\_\_

Account Number: \_\_\_\_\_

Name of Bank  
or Institution \_\_\_\_\_

Address to which  
Payment to be sent: \_\_\_\_\_  
\_\_\_\_\_

Preferred type  
of transfer method: \_\_\_\_\_  
(direct deposit or delivery of check to you)

Signature \_\_\_\_\_ Date \_\_\_\_\_