



APPLICATION FOR DISTRIBUTION

INSTRUCTIONS

Please read and complete each section carefully.
Mark "N/A" (Not Applicable) if the requested information does not apply to you.
Print or type your answers (except signatures).
Sign and date the Application.
Mail the completed Application and required attachments to the Plan Office.

Be sure that your answers are accurate. Incorrect or incomplete information will delay receipt of your benefits.

PERSONAL DATA

1. Name _____
Last _____ First _____ Middle _____
2. Address _____
No. and Street _____
City _____ State _____ Zip Code _____
3. Telephone No. _____ 4. Soc. Sec. No. _____
5. Date of Birth _____ **(Attach birth certificate)**

ELIGIBILITY FOR DISTRIBUTION

6. Check One: Normal Retirement (Age 62+)
I am retired under the Northern California Plastering Industry Pension Pension Plan
- Early Retirement (Ages 55-62)
I am retired under the Northern California Plastering Industry Pension Pension Plan
- Disability Retirement
(Attach copy of Social Security Disability Award)
- I have not performed any work of the type covered under the Collective Bargaining Agreement for a total of six years and I do not hold a contractors license that would allow me to work in the plastering trade.
The last date I worked in the plastering industry was:

Do you currently have an active or inactive contractor's license? Yes No

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 \$10,000 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 in the amount of \$** _____
- Equal Monthly Installments in the amount of \$** _____
- Combination Payment – Partial lump-sum \$** _____ **followed by**
Monthly installments of \$ _____

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