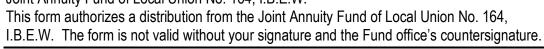
### DISTRIBUTION FORM

Joint Annuity Fund of Local Union No. 164, I.B.E.W.







SOCIAL SECURITY NUMBER	DATE OF BIRTH		
LAST NAME	FIRST NAME	MI	
STREET	APT #	L.U. NUMBER	
CITY	STATE ZIP CODE	CARD NUMBER	
PHONE NO. ()	MARITAL STATUS SINGLE	☐ MARRIED ☐ WIDOWED ☐	DIVORCED
EASE READ THE FOLLOWING AND	CHECK THE BOX THAT APPLIES	 }:	
NON-ACTIVE PARTICIPANT (Date	e of Termination	)	
equesting direct rollover complete section 5 b		,	
20) single lump sum (if balance is less than \$			
DR .		/Day Waar	
21) monthly increments of \$3,500.Limited to			000)
עט) a one-time annual payment (\$25,000 if yo nnuity - If interested, contact the Fund Office	our account balance is \$100,000 or more; 25	% of your account balance if less than \$100,	(000)
OPTIONAL: I herby request to have my distri			
Please note that if you do not have sufficient f			<del></del>
	and to complete and alcambiation as requeste	ed, you will be contacted by the Fund Office	
	alf during the preceding three calendar month	ns. (By checking either box you are confirming	
e not had contributions submitted on my beha tot earned in any other jurisdiction of the I.B.E.	alf during the preceding three calendar montl .W. that could have been transferred to LU#	ns. (By checking either box you are confirmin 164 under the National Reciprocal Agreemer	nts).
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### 4 WIDOWS, BENEFICIARIES AND ALTERNATE PAYEES If you are a surviving spouse, beneficiary, or a former spouse who is an alternate payee under a "qualified domestic relations order", and if any part of your distribution is an "eligible rollover distribution" (as described in the "Special Tax Notice Regarding Plan payments"), you may elect a tax-free "direct rollover" of that amount to an IRA or another employer plan. If you do not elect a "direct rollover" of the eligible rollover amount, the benefit will be paid directly to you and 20% of the amount will be withheld and credited against any federal income taxes you owe. Beneficiaries receiving a lump sum payment must be paid within 5 and Social Security Number Participant's Name: \_\_\_\_\_ (Please indicate your relationship to the Participant: \_\_\_\_\_\_\_\_. (Also, please attach a copy of the Death lump sum payment of the total acct. monthly payment of \$ (cannot exceed the lesser of 20 years or life expectancy) Start date Month /Day /Year (if direct rollover, complete section 5) single payment of \$ straight life annuity (for single Widow or Beneficiary. Not available for Alternate Payee). \*OPTIONAL: I hereby request to have my distribution taken from the following funds:\_\_\_\_\_ note that if you do not have sufficient funds to complete the distribution as requested, you will be contacted by the Fund Office <sup>5</sup> (73) ROLLOVER OPTIONS / IRA OR QUALIFIED PLAN (applies to single lump sum or monthly increments of less than 10 years) Option A ☐ Direct Rollover to an IRA or Roth IRA If you have an IRA or Roth IRA and you want your distribution check payable to that IRA or Roth IRA trustee as a direct rollover, please complete the following. (Distributions will not be paid to more than one institution.) I hereby represent that the IRA or Roth IRA named below (1) is gualified under Section 408 of the Internal Revenue Code and (2) has agreed to accept my direct rollover. If you have elected a direct rollover to an IRA, Roth IRA or another plan, then no withholding will be made. Note: if you are rolling to a Roth IRA, consult with your Advisor. Income restrictions apply prior to January 1, 2010. Name and address of IRA institution: Name of trustee, custodian, or insurance company (this must be provided): Account Number: \_\_\_\_\_\_\_\_ Person to contact institution: Telephone # ( ) You must have a confirmation or other written identification of your IRA. Please attach a copy of it to this form. Option B ☐ Direct Rollover to Another Qualified Plan If a qualified retirement plan sponsored by another employer or Local has agreed to accept a direct rollover of your distribution and you want your distribution check payable to the new trustee of that plan as a direct rollover, complete the following. I hereby represent that the plan named below (1) is qualified under Section 401(a), 403(b), or government 457 of the Internal Revenue Code and (2) has agreed to accept my direct rollover. If you have elected a direct rollover to an IRA, Roth IRA or another plan, then no withholding will be made. Name and address of employer or Local: Name and address of trustee (this must be provided): Person to contact at institution: \_\_\_\_\_ Telephone # (\_\_\_) You must have a written statement from the plan confirming that it is qualified or that it has agreed to accept your direct rollover. Please attach a copy of that statement to this form.

# (20) ACTIVE PARTICIPANTS

Age 59.5 withdrawal

On the line below, please indicate the percentage of your account balance that you'd like distributed. Please note that you can request up to a maximum of 50%. This amount will be determined based on your account value on the day your withdrawal is processed by Prudential. Please also note that you are only permitted to take one (1), 59.5 withdrawal every 12-months.

\_\_\_\_\_% of my account distributed as a 59.5 withdrawal

# 7 ANNUITY WAIVER AS A FORM OF DISTRIBUTION (TO BE COMPLETED BY ALL PARTICIPANTS)

#### PARTICIPANT SIGNATURE

<u>Unmarried Participants</u>: I have received the Annuity Notice and the Special Tax Notice and I understand that (1) normally my benefits under the Plan will be paid to me in the form of a single life annuity, (2) I have the right to waive that form of payment; (3) I understand the terms of a single life annuity and the financial effect of a waiver; (4) I will not receive a distribution prior to the expiration of 30 days unless I waive the 30-day waiting period; and (5) I may revoke any waiver in effect at any time before benefit payments begin.

<ul> <li>I hereby elect to waive the single life annuity form of payment.</li> <li>I hereby elect to waive the 30-day notice period requirements.</li> </ul>	
Signature of Participant:	Date:
paid to me in the form of a 50% husband and wife annuity, (2) I have t waiver; (3) I understand the terms of a 50% husband and wife annuity	ecial Tax Notice and I understand that: (1) normally my benefits under the Plan will be the right to waive that form of payment, provided that my spouse consents in writing to the and the financial effect of a waiver; (4) I will not receive a distribution prior to the I may revoke any waiver in effect at any time before benefit payments begin. "Spousal of payment.
Signature of Participant:	Date:
the 30-day period. If you are married, "Spousal Consent to Waiver"	,
Signature of Participant:	Date:
DIRECT DEPOSIT IS AVAILABLE FOR INSTALLMENT PAYMENTS.	SEE FUND OFFICE FOR SEPARATE AUTHORIZATION FORM.
forfeit benefits I might otherwise receive upon my spouse's death	e form indicated above. I understand that (1) the effect of my consent will be to unless I am the Beneficiary under an alternative option) or to forfeit the right to it; and (3) my consent is irrevocable unless my spouse revokes this waiver sorder.
Signature of Spouse	 Date
Witnessed by:	Subscribed and sworn to before me:
NOTARY PUBLIC	Date
My commission expires:	
Please return this form to: Joint Boards of Local Union No. 164,	c/o Fabian & Byrn, LLC, 425 Eagle Rock Avenue, Ste. 105, Roseland, NJ 07068
FOR FUND OFFICE ONLY	
Authorized Signature	 Date