



1-800-74-FLASHSM (35274)



Iron Workers District Council of Southern Ohio & Vicinity Annuity Trust

DISTRIBUTION FORM

- This form authorizes a distribution from the Iron Workers District Council of Southern Ohio & Vicinity Annuity Trust.
- Participants must complete sections 1 to 5 and return this form to the Iron Workers District Council of Southern Ohio & Vicinity.
- If you are choosing a direct rollover to another qualified plan or IRA you must also complete and enclose the Direct Rollover Form.
- If you are married your spouse must complete and enclose the Spousal Consent Form.
- This form is not valid without your signature and the Fund Office's countersignature.

1. PARTICIPANT INFORMATION

Check here if your address has changed

_____	_____	M _____ S*	_____
SOCIAL SECURITY NUMBER	DATE OF BIRTH	MARITAL STATUS	LOCAL NO.
_____		_____	_____
LAST NAME		FIRST NAME	M.I.
_____			_____
MAILING ADDRESS			APT #
_____		_____	_____
CITY		STATE	ZIP
_____		_____	_____
HOME TELEPHONE NUMBER	WORK TELEPHONE NUMBER	UNION MEMBERSHIP NO.	

2. REASON FOR DISTRIBUTION (complete only one section below)

- Termination: I have left the industry or area and have had no employer contributions made to my individual account in the last 12 months. Last date Annuity contributions were made on my behalf _____ Local No. _____
- Retirement: I am eligible for a pension from the Iron Workers District Council of Southern Ohio & Vicinity Pension Trust
- Disability: Rollover Form).

3. FORM OF PAYMENT

- Option 1: Lump Sum Distribution (Check one option in section 1 below):
 Pay my account balance directly to me:
 Rollover \$ _____ or _____ % of my account balance and pay the rest to me (Complete Direct Rollover Form).
 Rollover 100% of my account balance (Complete Direct Rollover Form).
- Option 2: Installments paid in monthly installments over ___ 60 or ___ 120 months (choose one term).
- Option 3: A combination of a lump sum distribution and monthly installments paid as follows:
 A lump sum in the amount of \$ _____ with installments paid over ___ 60 or ___ 120 months (choose one term).
- Option 4: Annuity Payments (Please contact the Fund Office for additional information regarding annuities).

4. RECEIVING IRA OR QUALIFIED PLAN

NAME OF TRUSTEE OR CUSTODIAN _____

PLAN NAME _____

MAILING ADDRESS _____

CITY _____

STATE _____

ZIP _____

Account # _____

(If an account number is not provided, your direct rollover will be made to the new trustee or custodian designated above but mailed to your address of record.)

5. SIGNATURES

I certify that if I am married, my spouse has completed the Spousal Consent Form.

I have read the Annuity Notice and waive payment of benefits in the form of an annuity. I understand (1) that I have the right to receive benefits in the form of a joint and survivor annuity if I am married or a straight life annuity if I am single; (2) that I have the right to waive such annuity payments, provided that if I am married, my spouse must consent in writing to the waiver; (3) the terms of the annuity and the financial effect of a waiver; and (4) that I may revoke any waiver in effect at any time before benefit payments begin. I also waive the 30-day election period described in the Annuity Notice.

PARTICIPANT SIGNATURE _____

DATE _____

6. FUND OFFICE AUTHORIZATION

AUTHORIZED FUND OFFICE SIGNATURE _____

DATE _____

Please return the completed form to:

**Iron Workers District Council of Southern Ohio & Vicinity Annuity Trust
Main P.O. Box 398
Dayton, OH 45401**