



1-800-74-FLASHSM (35274)

Iron Workers District Council of Southern Ohio & Vicinity Annuity Trust BENEFICIARY AND ALTERNATE PAYEE DISTRIBUTION FORM

- Use this form to request a distribution as a beneficiary following the death of the participant or as an alternate payee under a qualified domestic relations order.
- Complete all sections of this form in ink and provide signatures where indicated.
- To request a distribution as a participant following termination of employment, use the Distribution Form.
- Your choices on this form may affect your taxes. You may wish to consult your own tax or financial advisor.
- Please return completed form to the address below.

1. EMPLOYEE INFORMATION

SOCIAL SECURITY NUMBER _____ DATE OF BIRTH _____ MARITAL STATUS M S LOCAL NO. _____
 LAST NAME _____ FIRST NAME _____ M.I. _____

2. REASON FOR DISTRIBUTION

Indicate the reason for the distribution (check one and complete):

- Death of participant
- Alternate payee

3. BENEFICIARY/ALTERNATE PAYEE INFORMATION

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

HOME TELEPHONE NUMBER _____ WORK TELEPHONE NUMBER _____ UNION MEMBERSHIP NO. _____

- If you are under 18 years of age, you must have your parent or guardian fill out Section 4 below.
- One certified copy of the death certificate must accompany this request regardless of the number of beneficiaries making a claim
- One copy of the deceased participant's latest beneficiary designation must accompany this request. You may obtain this information from the Fund Office.

4. FORM OF PAYMENT

Select the form of payment by completing this section. As described in the Notice of Plan Benefits, Plan provisions often involves numerous or complex distributions options that may apply only in limited circumstances or only to limited groups of participants. Accordingly, it is often not possible to reflect all available distributions options in the forms and instructions used to process your transaction. You should consult the summary plan description for the Plan for details on the different forms for payment of benefits that are available to you. If you are a non-spouse beneficiary or alternate payee, the DIRECT ROLLOVER ELECTION does not apply to you.

I elect to have the vested account balances to which I am entitled paid in the following form (check one):

- Lump Sum Distribution (**Check one option below**):
 - Pay my account balance directly to me:
 - Rollover
 - Rollover 100% of my account balance (*Complete Direct Rollover Form*).
 - Monthly Installments
 - A combination of a lump sum distribution and monthly installments
- Annuity Payments (*If you elect Annuity Payments, you will need to complete additional forms provided by the Fund Office*).

The following trustee/custodian of an IRA or another qualified plan (complete):

5. RECEIVING IRA OR QUALIFIED PLAN

My direct rollover should be paid to the following IRA or qualified plan (check one):

Master IRA (Please complete the enclosed Master IRA Application. Your account balance will automatically be transferred to the IRA)

The following trustee/custodian of an IRA or another qualified plan (complete):

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.)

6. FEDERAL INCOME TAX WITHHOLDING ELECTION

If you are a surviving spouse 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")

If you are a non-spouse beneficiary or alternate payee, or if you are a surviving spouse or former spouse who is an alternate payee and have elected installments paid over a term of 10 years or more, your distribution is subject to a federal income tax withholding unless you complete the Notice of Federal Income Tax Withholding to elect not to have withholding apply.

7. PARENT/GUARDIAN DECLARATION AND SIGNATURE

I hereby certify that pursuant to the attached document, I have the requisite authority to act on behalf of the above named beneficiary.

SOCIAL SECURITY NUMBER [] Custodial Parent* [] Legal Guardian**

LAST NAME FIRST NAME M.I.

Signature of Parent/Guardian Date

*If you are the custodial parent, of copy of the minor's birth certificate must accompany this form. **If you are the legal guardian, a copy of your Court Appointment must accompany this form.

8. BENEFICIARY OR ALTERNATE PAYEE SIGNATURE

I make the distribution elections indicated above. I have read the Special Tax Notice Regarding Plan Payments and understand that I have at least 30 days to decide whether or not to elect a direct rollover of any eligible rollover distribution, I hereby waive the 30-day period. I certify that to my knowledge no other person is or claims to be entitled to any part of the account that I have claimed.

Signature of Beneficiary or Alternate Payee Date

9. ADMINISTRATIVE 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



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Iron Workers District Council of Southern Ohio & Vicinity Annuity Trust FEDERAL INCOME TAX WITHHOLDING FORM

1. NOTICE OF FEDERAL INCOME TAX WITHHOLDING

If you are receiving a distribution from the Plan for one of the following reasons you must read this notice and complete the remainder of this form:

- If you are a non-spouse beneficiary applying for a distribution.
- If you are a non-spouse alternate payee applying for a distribution pursuant to a Qualified Domestic Relations Order.
- Minimum required distributions.

These distributions are subject to immediate Federal income tax withholding unless you elect not to have withholding apply.

An election not to have withholding apply to a payment or distribution to be made by the Plan will remain in effect until revoked in writing.

You may revoke your election at any time regarding future payments. Any election or revocation will be effective no later than the first day of the calendar month after it is received. Any election made after a payment or distribution is made will not apply to that payment or distribution. You may make and revoke elections not to have withholding apply as often as you wish.

If you elect not to have withholding apply or if you do not have enough Federal Income Tax withheld, you may be responsible for the payment of estimated tax. You may incur penalties under the estimated tax payment rules if your withholding and estimated tax payments are not sufficient.

2. PARTICIPANT INFORMATION

SOCIAL SECURITY NUMBER

LAST NAME

FIRST NAME

M.I.

3. WITHHOLDING ELECTION

I, the undersigned, have read Notice of Federal Income Tax Withholding and I understand the Federal Income Tax withholding options that I may elect.

I elect to have the following Federal Income Tax withholding apply to my benefit payment:

No Federal Income Tax withheld.

Yes, Federal Income Taxes withheld as indicated below:

Total number of allowances and marital status I am claiming:

(For periodic payments you must enter a number of allowances and marital status)

Number of Allowances: _____

Marital Status: Married Single Married, but withhold at higher single rate

(Choosing this option will default to the appropriate Tax Table.)

4. PARTICIPANT SIGNATURE

I understand that even if I elect to have taxes withheld, I am still liable for the payment of Federal Income Tax on the taxable portion of my benefit payments. I am also aware that I may be subject to tax penalties under the estimated tax payment rules if my payments of estimated tax and withholding, if any, are not adequate.

PARTICIPANT SIGNATURE

DATE

5. ADMINISTRATOR AUTHORIZATION

Authorized Fund Administrator 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**

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