



1-800-74-FLASH<sup>SM</sup> (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