

SHOPMEN'S IRONWORKERS TRUST FUNDS

Health and Welfare • Retirement Plan • Apprenticeship

Ironworker Employees Benefit Corporation
556 South Fair Oaks Avenue #32 • Pasadena CA 91105
(800) 973-0615 • (626) 683-8807 Fax

Dear Member:

Enclosed you will find an application package for distribution of your retirement funds with the Shopmen's Ironworkers Retirement Plan of Southern California. Please print all information required and be sure to answer all applicable questions. This will help avoid delays in processing your application.

It is our goal to process and complete your application in the shortest time possible. To assist us, please provide copies of all documents that apply to you. Failing to promptly provide the necessary documents will delay payment.

When you have completed the application, please have your signature notarized and return the application and the required documents in the self-addressed envelope.

The accumulated share accrued as of July 31, 1988 is payable after a period of six (6) consecutive months in which no contributions are due to this plan on his/her behalf and provided that you are no longer working in the industry. The accumulated share accrued after July 31, 1988 is payable after a period of sixty (60) consecutive months in which no contributions are due to this plan on his/her behalf and provided that you are no longer working in the industry.

Under a recent change in the Rules of the Plan, applications submitted will not be considered for distribution if proof of "Absence from the Industry" is omitted. Please provide verification from the time you left the industry through the current date using any of the following documents listed below that would apply:

- Unemployment Award Notice
- State Disability Award Notice
- Pay Stub
- Verification of Public Assistance
- Verification of your Participation as a Volunteer

Subject to final approval by the Board of Trustees, distribution will usually be made within 30-90 days assuming that you have met all eligibility requirements of the Plan. We will verify your eligibility and notify you as soon as possible of the amount of your distribution.

Please be aware that your distribution is subject to 15% Plan Withholding and will be available once the investment income and administrative expenses are allocated. Your proportionate share of investment earnings or losses will be added or subtracted from your individual account and you will be paid the difference ("residual balance").

If you have any questions please contact us.

Sincerely,
Trust Fund Office

INSTRUCTIONS ON PROOF OF AGE:

Submit *one* of the following:

A certified copy of birth certificate or a certified copy of baptismal certificate or statement as to the date of birth shown by a church record certified by the custodian of such record.

If you cannot submit a certified copy of either a birth certificate or baptismal certificate, submit photocopies of two (2) of the proofs listed below. You are cautioned, however, that Naturalization records, United States Passports and Immigration records may not be photocopied. If you are submitting any of these, you must submit the original; it will be returned to you. Additional proofs of age may be required if the documents you submit do not constitute convincing proof of your age. Passports and Immigration records should be sent by certified mail.

1. Notification of registration of birth in a public registry of vital statistics.
2. Certification of age by the United States Census Bureau.
3. Hospital birth records certified by the custodian of such record
4. A foreign church or government record.
5. A signed statement certifying date of birth by the physician or midwife who was in attendance at birth.
6. Naturalization record (Photocopy not permitted; submit original).
7. Immigration record (Photocopy not permitted; submit original).
8. Military record.
9. Passport (United States Passport may not be Photocopied; submit original).
10. School record, certified by the custodian of such record.
11. Vaccination record, certified by the custodian of such record.
12. An insurance policy at least 5 years old.
13. Marriage record (application for marriage license or church record certified by the custodian of such record, or marriage certificate only if date of birth is listed.
14. Confirmation record (only if date of birth is listed).
15. Other evidence, such as voting record, poll tax receipts, driver's license, or 2 signed statements from persons who have knowledge of the date of birth (statements must be notarized.)

NOTE

BE SURE THAT NAME(S) PRIOR TO MARRIAGE AGREES WITH
PROOF OF AGE. IF NOT, PLEASE PROVIDE WRITTEN EXPLANATION
AND DOCUMENTATION

Marital Status

Marital Status: Single Married Separated Divorced Divorced/Remarried Widowed

Spouse's Name _____ Date of Marriage _____

Spouse's Date of Birth _____ Spouse's Social Security No. _____

Spouse's Prior Names (including maiden name) _____

If Divorced, Date of Dissolution _____ Former Spouse's Name _____

Is there an existing court order requiring the fund to pay any former spouse? _____

Information regarding Qualified Domestic Relations Orders (QDROs):

Before this plan will make distributions to a divorced or legally separated participant it will require proof either that the former spouse is not entitled to any portion of the account of an endorsed filed copy of a QDRO allocating a portion of the account to a former spouse. If applicable, please supply all relevant court orders.

Reason for Distribution:

I request distribution of my Retirement Fund in accordance with the Plan's provisions. I understand that in order to qualify for distribution of my account, I must completely refrain not only from Covered Employment, but also from any work which is within the Union's geographical jurisdiction, and of the type of work covered by the Collective Bargaining Agreement, whether Union, Non-Union or self employment.

- Retirement (attainment of age 55 or older and complete withdrawal from covered service)
- Disability (totally disabled with Social Security Disability Award)
- Termination (complete withdrawal from covered service – must provide proof of absence)

Form of Distribution:

- Single Life Annuity (This form of payment will provide a monthly benefit for your lifetime with all payments ceasing upon your death. Estimates are available upon request.)
- Husband and Wife Lifetime Annuity (This form of payment will provide a monthly benefit for your lifetime and upon your death a monthly benefit will be payable to your surviving spouse with all payments ceasing upon his/her death. Estimates are available upon request)
- Lump Sum Cash (If you choose this option, you also need to choose the type of distribution you would like; Rollover, Cash, or combination Rollover/Cash Distribution)

OPTION 1 – Direct Rollover (Please note a checking/Savings Account is not a Qualified Plan) I have elected a lump sum distribution. Please make my payment payable to the following Qualified Plan as Directed Below. I understand that under this option, my distribution is not subject to Federal or State Taxes.

Name of Institution/Trustee: _____

Address: _____

Account No: _____

OPTION 2 – Cash Distribution. Please make the check payable to myself. I understand that this is subject to 20% Federal Tax Withholding. Additional 10% for Early Withdrawal Penalty may apply if under the age of 59 ½.

Please withhold California State Tax (California Residents Only)

Please do not withhold California State Tax

OPTION 3 – Combination Direct Rollover & Cash Distribution

Rollover: Please make \$ _____ of my distribution (\$500.00) or more payable to the following Qualified Plan. I understand that this amount of my distribution is not subject to 20% mandatory deferral tax withholding.

Name of Institution/Trustee: _____

Address: _____

Account No: _____

Cash: I understand that the remaining money will be paid to me in a cash distribution subject to 20% mandatory federal tax withholding. Additional 10% Early Withdrawal Penalty may apply if under the age of 59 ½.

Please withhold California State Tax (California Residents Only)

Please do not withhold California State Tax

I certify under penalty of perjury that all of the foregoing information is true and correct. I understand that any false information may disqualify me for benefits and that the Board of Trustees shall have the right to recover any payment made to me because of fraudulent information submitted by me.

Your signature and the signature of your spouse (if married) must be notarized.

Signature of Applicant

Date

(seal)

State of _____
County of _____

Subscribed and sworn (or affirmed) before me on this _____
day of _____, 20_____,
by _____

proved to me on the basis of satisfactory evidence to be the
person who appeared before me.

Signature of Notary _____

IF YOU ARE MARRIED, THE PLAN & FEDERAL LAW REQUIRES THAT BENEFITS BE PAID TO YOU AND YOUR SPOUSE IN THE FORM OF A HUSBAND AND WIFE ANNUITY. IF YOU SELECTED A LUMP SUM PAYMENT OR A SINGLE LIFE ANNUITY, YOUR SPOUSE MUST CONSENT TO SUCH ELECTION UNLESS YOUR ACCOUNT BALANCE IS LESS THAN \$3500.00.

I, _____ am the legal spouse of _____,
We have read the explanation of the Husband & Wife Annuity above. We understand that we have the right to receive the Husband & Wife Annuity even if my spouse objects to such election. We hereby reject the Husband & Wife Annuity as a method of payment of his/her Shopmen's Ironworkers Retirement Plan Distribution. We also understand that as a result of this consent, we will not receive any benefit from the Shopmen's Ironworkers Retirement Plan if my spouse dies before me after the distribution had occurred.

Signature of Spouse

Date

(seal)

State of _____
County of _____

Subscribed and sworn (or affirmed) before me on this _____
day of _____, 20_____,
by _____

proved to me on the basis of satisfactory evidence to be the
person who appeared before me.

Signature of Notary _____

Notary: Please include a stamp/seal for each signature being notarized. For purposes of record keeping, verification, management audit and control, the Shop Ironworkers Individual Account Retirement Plan requires a separate certification for each individual notarization.