

# SHOPMEN'S IRONWORKERS TRUST FUNDS

Health and Welfare • Retirement Plan • Apprenticeship

Ironworker Employees Benefit Corporation  
556 South Fair Oaks Avenue Ste 101 #32 • Pasadena CA 91105  
(800) 973-0615 • (626) 683-8807 Fax

## APPLICATION FOR RESIDUAL BALANCE

Member Name: \_\_\_\_\_ Date: \_\_\_\_\_

Social Security #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date of Birth \_\_\_\_\_

\*Date of Death ( if applicable) \_\_\_\_\_

Home Address: \_\_\_\_\_

City, State, Zip \_\_\_\_\_ Phone #: ( ) \_\_\_\_\_ - \_\_\_\_\_

Current Marital Status: Please circle one

Single  Married  Separated  Divorced  Divorced/Remarried  Widowed

If Divorced, Date of Dissolution \_\_\_\_\_ Former Spouse's Name \_\_\_\_\_

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

Are you receiving Social Security Disability benefit payments?  Yes  No

Spouse's Name: \_\_\_\_\_

Spouse's Date of Birth: \_\_\_\_\_ Date of Marriage: \_\_\_\_\_

\* If applying on behalf of a deceased member, please complete the following:

Beneficiary Name: \_\_\_\_\_

Social Security #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date of Birth \_\_\_\_\_

Home Address: \_\_\_\_\_

City, State, Zip \_\_\_\_\_ Phone #: ( ) \_\_\_\_\_ - \_\_\_\_\_

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*Please complete the enclosed Distribution Form. Please note, the attached form must be signed by both member and spouse (if married) in the presence of a Notary Public.*

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## REQUEST FOR DISTRIBUTION

PLEASE CONSULT WITH A TAX ADVISOR TO DETERMINE THE TAX CONSEQUENCES OF ANY ELECTION YOU MAKE

**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: \_\_\_\_\_ CITY, STATE, & ZIP CODE \_\_\_\_\_

ACCOUNT NUMBER: \_\_\_\_\_

**OPTION 2 – CASH DISTRIBUTION**

PLEASE MAKE THE CHECK PAYABLE TO MYSELF. I UNDERSTAND THAT THIS IS SUBJECT TO 20% FEDERAL WITHHOLDING. ADDITIONAL 10% EARLY WITHDRAWAL PENALTY MAY APPLY IF UNDER THE AGE OF 59 ½.

PLEASE **DO** WITHHOLD CALIFORNIA STATE TAX (CALIFORNIA RESIDENTS ONLY)

PLEASE **DO NOT** WITHHOLD CALIFORNIA STATE TAX

**SIGNATURE – MUST BE NOTARIZED UNLESS BALANCE IS UNDER \$50.00**

I CERTIFY UNDER PENALTY OF PERJURY THAT ALL INFORMATION AND STATEMENTS ARE TRUE AND CORRECT. I UNDERSTAND THAT A FALSE STATEMENT MAY DISQUALIFY ME FOR BENEFITS AND THAT THE TRUSTEES OF THE PLAN SHALL HAVE THE RIGHT TO RECOVER ANY PAYMENTS MADE TO ME DUE TO A FALSE STATEMENT.

**We/I elect Option # \_\_\_\_\_ as indicated above.**

State of \_\_\_\_\_

County of \_\_\_\_\_

Subscribed and sworn (or affirmed) before me 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 \_\_\_\_\_

State of \_\_\_\_\_

County of \_\_\_\_\_

Subscribed and sworn (or affirmed) before me 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 \_\_\_\_\_

\_\_\_\_\_  
Signature of Member

\_\_\_\_\_  
Date

(seal)

I consent to my spouse's election as set forth in this application

\_\_\_\_\_  
Signature of Spouse

\_\_\_\_\_  
Date

(seal)