



Mechanical Contractors Association
WESTERN WASHINGTON

Western Washington U.A. Supplemental Pension Plan Voluntary After-tax Account Withdrawal Request Form

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Last Name

First Name

Middle Initial

Social Security Number

1. REQUEST FOR WITHDRAWAL

Choose one option below:

- I request a withdrawal of \$_____ from my Voluntary After-tax account.
- I request a withdrawal of the total current balance in my Voluntary After-tax account.

I understand the following conditions apply to this withdrawal:

1. My withdrawal will be made proportionately among the investment fund or funds in which my account is invested.
2. My withdrawal may not be rolled over into another qualified plan or an Individual Retirement Account (IRA).
3. I may request only one Voluntary After-tax Account Withdrawal per calendar year (January 1 – December 31).

2. ELECTION OF FORM OF WITHDRAWAL – I elect to receive my withdrawal in the following manner (select one option only):

OPTION A **Lump Sum:** I request a single lump sum withdrawal check made payable to me and mailed to my address as indicated in Section 3 of this form.

OPTION B **Annuity:** I request that my withdrawal be paid to me and/or my Annuitant in an Annuity as indicated below (select one):

- Single Life Annuity** – Your account balance will be used to purchase an annuity which will pay you a monthly benefit for your lifetime.
- Joint and Survivor Annuity, with Spouse:** (check one) 50% 100% - Your account balance will be used to purchase an annuity from an insurance company that pays a fixed amount each month for your lifetime. Upon your death, your surviving spouse will receive a monthly amount equal to 50% or 100% of the original amount.

Name of Annuitant *Age* *Social Security Number* *Relationship*

Street Address, City State, and Zip Code

After benefit payments commence, an employee shall not be permitted to revoke the Joint and Survivorship form of payment or change the contingent beneficiary except that if the joint annuitant of a retired/terminated participant dies within one year after the date the participant's benefits have first commenced, then the retired/terminated participant shall receive the monthly benefit that would have been payable prior to the reduction for the joint annuity option. The Joint and Survivorship form of payment as set forth in the Plan booklet is an adjusted benefit based on the employee's age and the age of the contingent beneficiary.

- Joint and Survivor Annuity, with Non-Spouse:** (check one) 50% 100% - Your account balance will be used to purchase an annuity from an insurance company that pays a fixed amount each month for your lifetime. Upon your death, your designated beneficiary will receive a monthly amount equal to 50% or 100% of the original amount. *(This option is available only to unmarried participants.)*

In accordance with the request for Joint and Survivorship form of payment under the Western Washington U.A. Supplemental Pension Plan the applicant hereby designates as joint-survivor annuitant:

Name of Annuitant *Age* *Social Security Number* *Relationship*

Street Address, City State, and Zip Code

After benefit payments commence, an employee shall not be permitted to revoke the Joint and Survivorship form of payment or change the contingent beneficiary except that if the joint annuitant of a retired/terminated participant dies within one year after the date the participant's benefits have first commenced, then the retired/terminated participant shall receive the monthly benefit that would have been payable prior to the reduction for the joint annuity option. The Joint and Survivorship form of payment as set forth in the Plan booklet is an adjusted benefit based on the employee's age and the age of the contingent beneficiary.



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3. YOUR CURRENT MAILING ADDRESS

Street or P.O. Box: _____

City, State, Zip: _____ Telephone: (____) _____

4. YOUR SIGNATURE

I have received the Special Tax Notice Regarding Plan Payments and understand that the mandatory 20% income tax withholding will apply to the taxable portion of my distribution and my withdrawal may be subject to a 10% nondeductible tax if I have not attained age 59½. I also understand that submitting this form waives the 30-day waiting period for my withdrawal.

State Tax:

The State of your primary residence determines the rules for tax withholding, if any, which apply to a taxable distribution from a Qualified Plan. As a Washington based Trust we do not withhold state taxes.

Choose one option below for withholding:

- My primary residence is in the state of Washington.
- My primary residence IS NOT in the state of Washington and I elect to waive any State tax withholding, if allowed under applicable State withholding laws.

Note: You will be responsible for payment of any required state taxes. Contact the department of revenue collection in your state to determine what immediate action you must take to avoid any penalties.

Please also complete and return the applicable attached Waiver of Joint & Survivor Annuity Form: Unmarried (Single) OR Married.

Timing: It may take up to 10 business days to process your distribution after you submit this form.



Signature of Participant

Date

Return your completed form to:
Western WA U.A. Supplemental Pension Plan Administration
c/o Milliman Attn: Western Region DC Processing Center
P.O. Box 330, Seattle, WA 98111
- or -
Fax to: (206) 903-0409

Questions:
Call Milliman at 1 (800) 481-7336



Mechanical Contractors Association
WESTERN WASHINGTON

Western Washington U.A. Supplemental Pension Plan Waiver of Joint & Survivor Annuity Form – Unmarried (Single)

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Last Name _____ First Name _____ Middle Initial _____ Social Security Number _____

EXPLANATION

I have received an explanation of the terms of, and my rights with respect to, a single life annuity, including the financial effect of this waiver and my right to defer distribution of my account balance. I understand I must make my election during the 90 day period before my benefits are due to be paid. However, I may revoke this election before benefits begin.

1. WAIVER OF SINGLE ANNUITY

I waive the right to have my account balance paid as a single annuity. I understand that, as a result of this waiver, my account balance will not be distributed to me in level monthly payments throughout my remaining lifetime.

Participant's Signature: _____
Signature of Participant _____ Date _____

2. ACKNOWLEDGMENT

This consent was acknowledged before me by the above-named Participant on this date of:

_____, 20_____.

OR

Employer/Plan Sponsor

Notary Public

State of: _____ My commission expires: ____/____/____

Return your completed form to:

Western WA U.A. Supplemental Pension Plan Administration
c/o Milliman Attn: Western Region DC Processing Center
P.O. Box 330, Seattle, WA 98111

– or –

Fax to: (206) 903-0409

Questions:

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WESTERN WASHINGTON

Western Washington U.A. Supplemental Pension Plan Waiver of Joint & Survivor Annuity Form – Married

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Last Name _____ First Name _____ Middle Initial _____

Social Security Number _____

EXPLANATION – I have received an explanation of the terms of, and my rights with respect to, a joint & survivor annuity, including the financial effect of this waiver and my right to defer distribution of my account balance. I understand that this waiver may be revoked by me at any time prior to distribution of my account balance.

1. WAIVER OF JOINT & SURVIVOR ANNUITY – I waive the right to have my account balance paid as a joint & survivor annuity with my spouse as Joint Annuitant. I understand that, as a result of this waiver, my account balance will not be distributed to my spouse and me in level monthly payments throughout our remaining lifetimes.

Participant's
Signature: _____

Signature of Participant

_____ Date

2. CONSENT OF SPOUSE

I, _____, spouse of the above-named Participant, waive my right to have my spouse's account balance distributed as a joint & survivor annuity, and I consent to the distribution of my spouse's account balance as specified on the Request for Distribution Form. I have received an explanation of the terms of, and my rights with respect to, a joint & survivor annuity, including the financial effect of this consent and my right to defer distribution of my spouse's account balance. I understand that, as a result of this consent, I will not receive the level monthly payments throughout my remaining lifetime which I otherwise would have been entitled to receive. My consent is irrevocable with respect to this distribution.

Spouse's Signature: _____

Signature of Spouse

_____ Date

3. ACKNOWLEDGMENT

This consent was acknowledged before me by the above-named spouse of the Participant on this date of:

_____, 20_____.

OR

Employer/Plan Sponsor

Notary Public

State of: _____ My commission expires: ___/___/___

Return your completed form to:
Western WA U.A. Supplemental Pension Plan Administration
c/o Milliman Attn: Western Region DC Processing Center
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Western Washington U.A. Supplemental Pension Plan

Waiver of Joint & Survivor Annuity Form – Married

EXPLANATION – As a Participant or beneficiary who is entitled to a distribution from the Plans, you may select from among several alternative forms of payment including a single life annuity or a joint & survivor annuity.

If you elect to receive an annuity, an annuity contract will be purchased from an insurance company. The contract will be distributed to you as evidence of your right to receive the annuity payments from the insurance company. The actual level of monthly payments made under the annuity contract will depend on the annuity purchase rates used by the insurance company, your age, your Joint Annuitant's age and your account balance at the time the annuity contract is purchased. Your Accounts will be charged for any commission incurred incident to the purchase of the annuity contract.

SINGLE LIFE ANNUITY – Under a single life annuity, you will receive a monthly benefit which will commence at age 65 (or on any earlier date you elect) and be payable for the rest of your life, with no payments made after your death.

You can estimate the monthly benefit which would be provided to you under a single life annuity by multiplying your Account balance by the appropriate factor based upon your current age. For example, if your account balance is \$10,000 and you are currently age 53, your estimated monthly benefit, commencing at age 53, would be \$62.50 under a single life immediate annuity (\$10,000 times .00625).

JOINT & SURVIVOR ANNUITY – Under a joint & survivor annuity, you will receive a monthly benefit which will commence at age 65 (or on any earlier date you elect) and be payable for the rest of your life. Upon your death, monthly payments will continue to your Joint Annuitant, if your Joint Annuitant is then alive, for the remainder of your Joint Annuitant's lifetime. The amount of each monthly payment made to your surviving Joint Annuitant will be 50%, 67%, 75% or 100% of the monthly payment which is made during your lifetime.

You can estimate the monthly benefit which would be provided to you under a joint & survivor annuity by multiplying your Account balance by the appropriate factor based upon your current age. If you are age 53 and selected a 50% joint & survivor immediate annuity, you would receive an estimated \$59.40 per month commencing at age 53 (\$10,000 times .00594) and payable for the rest of your life; and upon your death, an estimated \$29.70 per month (50% of \$59.40) would continue to be paid to your Joint Annuitant, if your Joint Annuitant is then alive, for the remainder of your Joint Annuitant's lifetime.

SAMPLE ANNUITY FACTORS

Participant's Age	Single Life Immediate Annuity	50% J&S Immediate Annuity	Single Life Deferred to 65 Annuity	50% J&S Deferred to 65 Annuity	Participant's Age	Single Life Immediate Annuity	50% J&S Immediate Annuity	Single Life Deferred to 65 Annuity	50% J&S Deferred to 65 Annuity
21	0.00507	0.00501	0.10164	0.09350	44	0.00567	0.00548	0.02661	0.02448
22	0.00508	0.00502	0.09589	0.08821	45	0.00572	0.00552	0.02510	0.02309
23	0.00509	0.00503	0.09046	0.08322	46	0.00577	0.00557	0.02368	0.02179
24	0.00511	0.00504	0.08534	0.07851	47	0.00583	0.00561	0.02234	0.02055
25	0.00512	0.00506	0.08051	0.07406	48	0.00589	0.00566	0.02108	0.01939
26	0.00514	0.00507	0.07595	0.06987	49	0.00595	0.00571	0.01988	0.01829
27	0.00515	0.00508	0.07165	0.06591	50	0.00602	0.00576	0.01876	0.01726
28	0.00517	0.00509	0.06760	0.06218	51	0.00609	0.00582	0.01770	0.01628
29	0.00519	0.00511	0.06377	0.05866	52	0.00617	0.00588	0.01670	0.01536
30	0.00521	0.00513	0.06016	0.05534	53	0.00625	0.00594	0.01575	0.01449
31	0.00523	0.00514	0.05676	0.05221	54	0.00633	0.00601	0.01486	0.01367
32	0.00525	0.00516	0.05354	0.04926	55	0.00643	0.00609	0.01402	0.01289
33	0.00528	0.00518	0.05051	0.04647	56	0.00652	0.00617	0.01322	0.01217
34	0.00530	0.00520	0.04765	0.04384	57	0.00663	0.00625	0.01248	0.01148
35	0.00533	0.00522	0.04496	0.04136	58	0.00675	0.00634	0.01177	0.01083
36	0.00536	0.00524	0.04241	0.03901	59	0.00687	0.00644	0.01110	0.01021
37	0.00539	0.00527	0.04001	0.03681	60	0.00700	0.00654	0.01047	0.00964
38	0.00542	0.00529	0.03775	0.03472	61	0.00714	0.00666	0.00988	0.00909
39	0.00546	0.00532	0.03561	0.03276	62	0.00730	0.00678	0.00932	0.00858
40	0.00550	0.00535	0.03359	0.03090	63	0.00746	0.00691	0.00879	0.00809
41	0.00553	0.00538	0.03169	0.02915	64	0.00764	0.00705	0.00830	0.00763
42	0.00558	0.00541	0.02990	0.02750	65	0.00783	0.00720	0.00783	0.00720
43	0.00562	0.00545	0.02821	0.02595					

These annuity factors are based on the 1983 Group Annuity Mortality Table (Unisex), assuming a 6% annual interest rate.

Note that different insurance companies use different rates, and different rates will produce different monthly payments.

