



Mechanical Contractors Association  
WESTERN WASHINGTON

## Western Washington U.A. Supplemental Pension Plan

### Request for Distribution Form – For Account Balances of Less Than \$5,000

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Last Name

First Name

Middle Initial

Social Security Number

#### CONFIRMATION OF ELIGIBILITY FOR DISTRIBUTION – Select one box below:

**Termination of Employment**

I am age 55 or younger, I have not engaged in any covered employment for **at least 6 consecutive months**, and my account balance in the Plan is less than \$5,000.

**Early Retirement**

I am age 55 to 59, I have not engaged in any covered employment for **at least 1 month**, and my account balance in the Plan is less than \$5,000.

**Normal Retirement**

I am age 60 or older and my account balance in the Plan is less than \$5,000. As proof of my age, I've attached the following (check the applicable box(es) below):

Copy of Birth Certificate

--OR-- copies of **2 pieces** of government issued identification, such as:

Valid Driver's License

State issued ID card

Document from Social Security with your birth date

Passport

Any government document with your birth date

Copy of page from family bible

#### GENERAL INFORMATION

**Option A – Lump Sum**

You may elect a lump sum distribution of your Account and have it paid directly to you and pay federal and any applicable state taxes on the distribution.

**Option B – Direct Rollover to an IRA or a Qualified Plan**

You may elect to rollover your Account to an IRA or a Qualified Plan.

#### 1. YOUR CURRENT MAILING ADDRESS

Street or P.O. Box: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ Telephone: (\_\_\_\_\_) \_\_\_\_\_



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**2. ELECTION OF FORM OF DISTRIBUTION** – I elect to receive my Account in the following manner (select A, B, C, or D below):

**OPTION A**

**Lump Sum**

I do not want to make a direct rollover and I request that my distribution check be made payable to me and mailed to my address as indicated on this form. I understand that under this option, an automatic 20% federal income tax and any applicable state income tax withholding will apply to the taxable portion of my distribution. My withdrawal may also be subject to a 10% nondeductible tax if I have not attained age 59½.

**OPTION B**

**Direct Rollover**

I elect a direct rollover of the following portion of my distribution. I understand that taxes will not be withheld from any amount directly rolled over and that the distribution check for such amount will be made payable to the recipient institution or qualified plan for my account (select one below):

The entire distribution.

Part of my distribution. The amount or percentage I wish to roll over is \$ \_\_\_\_\_ OR \_\_\_\_\_%. I understand that any amount not rolled over will be subject to an automatic 20% federal income tax withholding and will be paid by check sent to the address indicated on this form.

**Rollover Information** – I certify that the recipient plan identified below is an(a) (select one below):

IRA

Qualified Plan

**Rollover Payee Information** – my Rollover check should be made payable to:

\_\_\_\_\_  
IRA Trustee/Custodian Name (i.e. "ABC Bank as Custodian for John Doe IRA") or  
Qualified Plan Name (i.e. "XYZ Corp. Profit Sharing Plan")

IRA Account Number (if available/applicable): \_\_\_\_\_

**Rollover Mailing Information** (select one below):

Mail my Rollover check to me at the address listed in Section 1.

Mail my Rollover check to the following address:

Name of IRA Institution or Company: \_\_\_\_\_

Street or P.O. Box: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_



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#### 3. 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





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## 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  
P.O. Box 330, Seattle, WA 98111  
– or –  
Fax to: (206) 903-0409

**Questions:**  
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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.