

**SACRAMENTO AREA ELECTRICAL WORKERS
PENSION AND PROFIT SHARING PLAN**

REQUEST FOR DISTRIBUTION DUE TO TERMINATION

To Be Completed By Participant

Participant's Name: _____ SSN: _____

Spouse's Name: _____ SSN: _____

Street Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Mailing Address (if different from above): _____

DIRECTIONS: Please read and initial the statements below.

_____ I hereby state that I have not worked under the Collective Bargaining Agreement and have not worked for any employer whose
Initial employees are covered by the Sacramento Area Electrical Workers Pension and Profit Sharing Plan for the past 3 months.

My last day was _____.

_____ I understand that, as a terminated employee, I am entitled to receive a lump sum cash distribution of the entire value of my
Initial Basic Account or \$15,000, whichever is the lesser.

_____ I understand that this option is only available to me once prior to normal retirement.
Initial

_____ I understand that any funds in my Basic Account greater than \$15,000 shall remain in my account under the Plan until my
Initial Regular Retirement Date, Early Retirement Date, Death or Disability as defined by the Plan rules, at which time I would be entitled to receive a distribution of the remaining value of my Basic Account.

Please be advised that all distributions (except for members over 70½) are subject to, and will be reduced by, a 20% Federal withholding tax and any additional withholdings requested by you, the member. ADDITIONALLY, IF YOU ARE UNDER AGE 59 ½, FEDERAL AND STATE TAX PENALTIES WILL APPLY. THESE PENALTIES ARE IN ADDITION TO ANY ORDINARY TAX LIABILITY YOU MAY HAVE AS A RESULT OF THE DISTRIBUTION.

Amount Requested

Net amount requested \$ _____

1. **At least 20% will be withheld from the gross distribution for Federal income taxes.** If you want more withheld please note what percentage of the gross distribution you want withheld for Federal income taxes. _____%.
2. Check **ONE** of the following:
 - a) withhold California income taxes at 2% or,
 - b) do not withhold anything for California income taxes

Do you want additional amounts to cover penalties?

Check ONE

[10% Federal] Yes No

[2.5% State] Yes No

United Administrative Services
6800 Santa Teresa Blvd. Suite 100
San Jose, CA 95119
(408) 288-4556

PLEASE NOTE THAT TO RECEIVE YOUR DISTRIBUTION BY THE FIRST OF THE FOLLOWING MONTH, YOUR REQUEST MUST BE RECEIVED NO LATER THAN THE TENTH (10th) OF THE CURRENT MONTH

Your signature must be notarized or witnessed by a Plan Representative.

Signature of Applicant

Date

To Be Completed By Plan Representative

The above signature of _____ was witnessed this ____ day of _____, 20__ in

the presence of: _____ Form of I.D. _____
Signature Plan Representative

Print Name

Date Participant Last Worked: _____ Last Employer: _____

Comments: _____

Verified by: _____
Account Analyst

or

See Next Page for Notarization

CALIFORNIA NOTARY ACKNOWLEDGEMENT

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California
County of _____

On _____ before me, _____ (insert name and title of the officer), personally appeared _____, who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature _____ (Seal)

DECLARATION OF MARITAL STATUS

SACRAMENTO AREA ELECTRICAL WORKERS PENSION TRUST

Please complete each section in full. This will avoid delay in the processing of your pension benefit.

I. PARTICIPANT DATA:

NAME OF PARTICIPANT: _____

SOCIAL SECURITY NUMBER: _____ BIRTH DATE: _____

MARITAL STATUS: Married Single (never married)
 Divorced Widowed Other

II. SPOUSAL INFORMATION:

A. Name of present spouse: _____ Spouse's SS#: _____

Spouse's Birth Date: _____ Date of Marriage _____

B. Name of prior spouse, (if none, indicate none): _____

Date of prior marriage: _____ Date prior marriage terminated: _____

Marriage terminated because of _____
(death, divorce/dissolution, other - please specify)

Prior Spouse's Present
Name and Address (if presently alive) _____

ARE THERE ANY OTHER PRIOR MARRIAGES? Yes No

PLEASE NOTE: If you have had more than one marriage please attach a separate sheet of paper providing the information requested in Part B above for each such marriage.

III. COURT ORDER

Is there a court order in effect, or a court proceeding presently pending, which grants, seeks to grant, or reserves the right to grant your spouse or any former spouse, child or other dependent any right or rights to any of your accrued benefits?

NO YES

If yes, please attach a copy of that court order, or, if a court proceeding is presently pending, indicate the name of the court and the case number.

I CERTIFY UNDER PENALTY OF PERJURY THAT ALL OF THE INFORMATION PROVIDED ON THIS FORM IS COMPLETE AND ACCURATE. I UNDERSTAND THAT A FALSE STATEMENT MAY DISQUALIFY ME FOR BENEFITS, AND THAT THE TRUSTEES SHALL HAVE THE RIGHT TO RECOVER ANY PAYMENTS MADE TO ME BECAUSE OF FALSE STATEMENT.

NAME: _____ SS# _____

SIGNATURE: _____ DATE: _____

Your signature must be notarized or witnessed by a Plan Representative.

TO BE COMPLETED BY PLAN REPRESENTATIVE

Signature of spouse witnessed this ___day of _____, 20___ in the presence of:

Plan Representative Signature

Form of I.D. _____

Print Name

or

See Next Page for Notarization

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County of _____

On _____ before me, _____ (insert name and title of the officer), personally appeared _____, who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature _____ (Seal)

SPOUSAL WAIVER FORM

SACRAMENTO AREA ELECTRICAL WORKERS LOCAL 340 PENSION PLAN

FORM FOR SPOUSE TO CONSENT TO PARTICIPANT'S ELECTION TO RECEIVE PENSION IN A FORM OTHER THAN STANDARD JOINT AND 50% TO SPOUSE

For a married participant, federal law (ERISA) requires that the Plan's standard form of retirement is a Joint and 50% Survivor Annuity. The Joint and Survivor 50% Annuity provides a reduced lifetime benefit for a married participant, and upon the participant's death, 50% of the monthly pension amount will continue being paid to the surviving spouse for the spouse's lifetime. Pension Benefits will be paid in this form unless the spouse signs this waiver form consenting to an alternate benefit option. Spouse's signature must be notarized.

I declare under penalty of perjury that _____ is my spouse.
(Participant's Name)

I hereby consent to my spouse's election to receive our pension benefit in a form other than the "Standard Joint and 50% to Spouse Benefit". I understand that this means that if my spouse predeceases me, I will not receive the standard survivor's annuity I would otherwise receive as required by law. I further understand that this waiver is irrevocable after 90 days of the date this form was signed below.

Date: _____

Participant's Name (Please Print)

Spouse's Name (Please Print)

Social Security No.

Social Security No.

Spouse's Signature: _____

(Must be witnessed by a Notary Public or Plan Representative)

TO BE COMPLETED BY PLAN REPRESENTATIVE

Signature of spouse witnessed this ___ day of _____, 20___ in the presence of:

Form of I.D. _____

Plan Representative Signature

Print Name

or

See Next Page for Notarization

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County of _____

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I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature _____ (Seal)

INSTRUCTIONS CONCERNING SUBMISSION OF PROOFS OF AGE

The acceptable proofs of your age are listed below in two (2) groups. Submit a copy of one of the proofs listed in Group I, if you have it, or can possibly obtain it, since this class of proof of age is more convincing.

If you cannot submit a proof in the Group I classification, submit copies of two (2) of the proofs listed in Group II.

Additional proofs of age may be requested if the documents you submit do not constitute convincing proof of your age.

GROUP I

1. A Birth Certificate.
2. A Baptismal Certificate or a statement as to the date of birth shown by a church record, certified by the custodian of such record.
3. Notification of registration of birth in a public registry of vital statistics.
4. Certification of record of age by the US Census Bureau.
5. Hospital birth record, certified by the custodian of such record.
6. A foreign government record.
7. A signed statement by the Physician or midwife who was in attendance at birth, as to the date of birth shown on their records.
8. Naturalization Record.
9. Immigration Papers.

GROUP II

1. Military Record.
2. Passport.
3. School records, certified by the custodian of such record.
4. An insurance policy which shows the age or date of birth.
5. Marriage records showing date of birth or age (application for marriage license or church record, certified by the custodian of such record; or Marriage Certificate).
6. Other evidence such as signed statements from persons who have knowledge of the date of birth.
7. Letter from Social Security stating your date of birth as shown in their records.
8. Drivers' License.