

# Painting Industry

## INSURANCE AND ANNUITY FUNDS

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8257 DOW CIRCLE  
CLEVELAND, OHIO 44136  
(440) 260-0615  
FAX (440) 260-0597

SHAWN D. KROEGER, CPA (Inactive), CEBS  
Administrative Manager

Date: \_\_\_\_\_

Dear Member: \_\_\_\_\_

Enclosed is the annuity distribution form that you requested. Please return it in the envelope provided or drop it off in person by: \_\_\_\_\_.

**ALL** applications go before the Painting Industry Board of Trustees for approval.  
*(see page 7 thru 10 of the Summary Plan Description for the Painting Industry Profit Sharing-Annuity Plan.)*  
The next board meeting is tentatively set for \_\_\_\_\_. If approved, please allow 7 to 10 days for the check to be issued from John Hancock Retirement Plan Services. Please keep in mind that the check will be sent to the address listed on the application. If you would like to set up a direct deposit to your bank account, please contact Kelley at 440-260-0615.

**YOU MUST INCLUDE A COPY OF YOUR CURRENT W2 AND A COPY OF YOUR MOST RECENT IRS 1040 FILING.**

***\*Be sure that all necessary signatures are in place, and if married, the spouse signature must be notarized.***

If you have any questions, feel free to call this office at the above phone number.

The Unemployment Compensation Act of 1992 (UCA) requires that we withhold up to 20% of any lump sum distribution from the Plan. Please note that this 20% is simply a withholding and your actual tax may be higher or lower, depending on your income for the year.

The only exception to this withholding requirement occurs when we issue a check directly to a qualified IRA or a plan similar to ours which your new employer provides and into which that employer will accept payments from our plan.

Please feel free to contact us if you have any questions in this regard.

Very truly yours,

THE PAINTING INDUSTRY INSURANCE FUND

Shawn Kroeger, CPA, CEBS  
Administrator

*Enclosure*

# PAINTING INDUSTRY PROFIT SHARING ANNUITY PLAN (the "Plan")

## DISTRIBUTION FORM

Call with questions at: 440-260-0615

Please return completed forms to the Fund Office at: 8257 Dow Circle, Cleveland, OH 44136

- This form serves as a request for a distribution from the Painting Industry Profit Sharing Annuity Plan.
- Participants must fully complete Sections 1 to 5 with all applicable notarized signatures and return this form to the Fund Office.
- If your distribution will be sent to an address outside of the United States, Puerto Rico, the U.S. Virgin Islands or Guam, please consult your tax advisor regarding the submission of additional tax forms. If you do not submit the required, 30% tax withholding could apply to your final distribution.
- If you do not roll your payment into another qualified plan or IRA, a minimum 20% tax withholding amount will apply, unless you withhold a greater amount. Please complete the Direct Rollover form for all rollover distributions.
- This form is not valid without your signature.
- Spouses must formally consent to a lump sum distribution if a Plan participant is married at the time of a distribution request.
- The Plan Administrator at the Fund Office must approve your request for a distribution from the Plan in order to complete any payments from the Plan.
- Once the Plan Administrator approves your distribution request, John Hancock will complete the distribution process.

### 1. PARTICIPANT INFORMATION

LAST NAME FIRST NAME M.I.

ADDRESS CITY STATE ZIP CODE

Check here if your address changed

MARITAL STATUS  M  S

SOCIAL SECURITY NUMBER

E-MAIL ADDRESS

( ) -

( ) -

DAYTIME TELEPHONE NUMBER

EVENING TELEPHONE NUMBER

CURRENT EMPLOYER

(You must attach a copy of your last pay stub)

### 2. REASON FOR DISTRIBUTION (check one)

- Termination (Must complete attached Affidavit of Termination of Employment and provide 1040 Form with W-2 and pay stub from current year.)
- Retirement
- Disability (Proof of Disability Required)
- Death (Please provide death certificate)

### 3. FORM OF PAYMENT (Check one option below):

Option 1:  Joint and Survivor Annuity or Pre-Retirement Survivor Annuity (Only available to married participants)

Option 2:  Lump Sum Distribution \*\* Spousal Consent required below for married Participants  
Percentage or Amount of Tax Withheld: \_\_\_\_\_  
(Rollovers require completion of Direct Rollover Form)

Option 3:  Substantially Equal Installment Payments (See Plan Document for restrictions)  
\*\* Spousal Consent required below for married Participants  
Amount of Tax Withholding from each payment: \$ \_\_\_\_\_

Option 4:  Partial Lump Sum Distribution (not more frequently than quarterly)  
\*\* Spousal Consent required below for married Participants  
Amount: \$ \_\_\_\_\_  
Additional Tax Withholding Amount: \$ \_\_\_\_\_

Please Complete Reverse Side

**4. CERTIFICATION AND SIGNATURE OF MARRIED PARTICIPANT**

I certify that if I am married and my spouse has completed the Spousal Consent to waive a Joint and Survivor Annuity below. I have read the enclosed tax Annuity Notice and waive payment of benefits in the form of an annuity. I understand (1) that I have the right to receive benefits in the form of a joint and survivor annuity if I am married; (2) that I have the right to waive such annuity payments, provided that if I am married, my spouse must consent in writing to the waiver; (3) the terms of the annuity and the financial effect of a waiver; and (4) that I may revoke any waiver in effect at any time before benefit payments begin. I also waive the 30-day election period described in the Annuity Notice. I FURTHER CERTIFY THAT ALL INFORMATION THAT I PROVIDED ON THIS REQUEST FOR A DISTRIBUTION FROM THE PLAN IS ACCURATE AND CURRENT.

\_\_\_\_\_  
Participant's Signature

\_\_\_\_\_  
Date (MM-DD-YYYY)

**SPOUSAL SIGNATURE AND WAIVER OF JOINT AND SURVIVOR ANNUITY must be signed in the presence of a Notary Public.**

I have read the enclosed Annuity Notice and consent to my spouse's election not to have benefits paid in the form of a joint and survivor annuity. I understand (1) that by giving my consent I will forfeit annuity benefits I might otherwise receive upon my spouse's death; (2) that my spouse's waiver is not valid unless I consent to it; and (3) that my consent is irrevocable unless my spouse revokes this waiver.

\_\_\_\_\_  
Spouse's Signature

\_\_\_\_\_  
Date (MM-DD-YYYY)

On \_\_\_\_\_ (date) before me personally appeared \_\_\_\_\_ (Name) and executed this instrument, acknowledging that he or she is the participant's spouse and that he or she signed this instrument as his or her free act and deed.

\_\_\_\_\_  
Signature, Notary Public/residing in (*stamp or seal required*)

\_\_\_\_\_  
My commission expires on

**CERTIFICATION AND SIGNATURE OF SINGLE PARTICIPANT OR BENEFICIARY OF DECEASED PARTICIPANT**

**I CERTIFY THAT ALL INFORMATION THAT I PROVIDED ON THIS REQUEST FOR A DISTRIBUTION FROM THE PLAN IS ACCURATE AND CURRENT.**

**Single Participant's/Beneficiary's Signature:                      Date**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**5. PLAN ADMINISTRATOR'S AUTHORIZATION (Required for processing all distributions)**

\_\_\_\_\_  
Authorized Plan Administrator's/ Fund Office Signature

\_\_\_\_\_  
Date (MM-DD-YYYY)

**PAINTING INDUSTRY PROFIT SHARING ANNUITY PLAN**  
**Participant's Affidavit of Termination of Employment**

Participant's Name \_\_\_\_\_  
Address \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
DOB: \_\_\_\_\_ Sex: \_\_\_\_\_ Social Security No.: \_\_\_\_\_  
Date of Termination: \_\_\_\_\_ Date of Completion of Information: \_\_\_\_\_  
STATE OF: \_\_\_\_\_ COUNTY OF: \_\_\_\_\_:

The undersigned, being duly sworn according to law, deposes and says that:

I acknowledge that I have applied for a distribution of the full value of my Credit Account under Article XI. of the Painting Industry Profit Sharing Annuity Plan (the "Plan."). In support of my application for benefits, I affirm all of the following:

- A. I have not engaged in any work within the trade jurisdiction (including, but not limited to, "working with the tools of the trade" or related supervisory activities), as defined in the current Constitution of the International Union of Painters and Allied Trades, AFL-CIO, within the geographical jurisdiction of the Union, as that jurisdiction is defined in the current Collective Bargaining Agreement, for a period of twelve (12) consecutive months;
- B. No Employer contributions (including contributions received pursuant to a reciprocity agreement) were made on my behalf for a period of twelve (12) consecutive months;
- C. I have no right to any other form of benefit under the Plan (for example, a Normal Retirement Benefit or a Total and Permanent Disability Retirement Benefit); and
- D. By signing this Affidavit, I have also executed a written waiver of my right to any other form of benefit under the Plan.

\_\_\_\_\_  
(SEAL)  
Participant's Signature

Name (print): \_\_\_\_\_

Date: \_\_\_\_\_

Sworn to and subscribed before me this

\_\_\_\_ day of \_\_\_\_\_, 20\_\_

Notary Public

\_\_\_\_ County, State of \_\_\_\_\_

My Commission Expires: \_\_\_\_\_

**Required Approval from Plan Administrator:**

\_\_\_\_\_

**Painting Industry Profit Sharing Annuity Plan**

**DIRECT ROLLOVER FORM**

Call with Question at: 440-260-0615

Please return completed forms to the Fund Office at: 8257 Dow Circle, Cleveland, OH 44136

- Use this form to provide information needed to make a direct rollover of all or a portion of your eligible rollover distribution from the Plan to an individual retirement account ("IRA") or another qualified plan. Please complete in ink.
- **This form must accompany one of the following forms if you are making a direct rollover election: Distribution Form or Beneficiary and Alternate Payee Distribution Form.**
- Your choices on this form may affect your taxes. You may wish to consult your own tax or financial advisor.

**1. PARTICIPANT INFORMATION**

_____ SOCIAL SECURITY NUMBER		_____ DATE OF BIRTH (MM-DD-YYYY)		_____ DATE OF HIRE (MM-DD-YYYY)			
_____ LAST NAME		_____ FIRST NAME		_____ M.I.			
_____ MAILING ADDRESS		_____ CITY		_____ STATE		_____ ZIP CODE	
_____ DAYTIME TELEPHONE NUMBER		_____ EVENING TELEPHONE NUMBER		_____ E-MAIL ADDRESS			

**2. RECEIVING IRA OR QUALIFIED PLAN**

My direct rollovers should be paid to the following  qualified employer plan  traditional IRA  Roth IRA\* (check one and complete; contact plan administrator for proof of this plan's qualified status.):

_____ NAME OF QUALIFIED PLAN, TRUSTEE OR CUSTODIAN		_____ PLAN SPONSOR OR FINANCIAL INSTITUTION					
_____ MAILING ADDRESS		_____ CITY		_____ STATE		_____ ZIP CODE	

Account # \_\_\_\_\_  Please mail directly to new trustee or custodian.  Please mail directly to me.  
*(If an account number is not provided or if your account number is your social security number, your direct rollover will be made payable to the new trustee or custodian designated above but mailed to your address of record.)*

**Note: Non-spousal beneficiaries may only roll over to an IRA.**  
**\*Please refer to the Special Tax Notice Regarding Plan Payments for tax consequences associated with rolling to a Roth IRA.**

**3. PARTICIPANT SIGNATURE**

I am electing to make the direct rollover elections indicated above. I have read the Special Tax Notice Regarding Plan Payments and understand that I have at least 30 days to decide whether or not to elect a direct rollover of any eligible rollover distribution. I have read the Notice of Distribution Options and understand my distribution alternatives and my right to defer distributions under the Plan. I represent that I have taken all necessary action so that the receiving IRA or qualified plan will accept my rollover contribution.

_____ Signature of Participant	_____ Date (MM-DD-YYYY)
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