



SAN MATEO COUNTY CHAPTER
NATIONAL ELECTRICAL
CONTRACTORS ASSOCIATION

SAN MATEO COUNTY

ELECTRICAL WORKERS JOINT TRUST FUNDS

DISTRIBUTION/ROLLOVER ELECTION FORM



LOCAL UNION 617
INTERNATIONAL BROTHERHOOD
OF ELECTRICAL WORKERS

(Complete Section A, Elect and Complete Sections B and/or C as appropriate.)

A. PARTICIPANT INFORMATION

Participant's Name _____

Participant's Social Security Number _____

B. DIRECT ROLLOVER

I direct that (elect one) my full eligible rollover distribution or \$ _____ (\$500 or more) of my eligible rollover distribution be distributed from the plan for a direct rollover.

ex. IRA trustees/custodian (Note: If you are under age 59 1/2 and rolling your Part B into an IRA, you must leave the funds in the IRA until you are at least 59 1/2 or you will be subject to a penalty of 10% in additional taxes. (Please consult a Tax Advisor for more information).

ex. Qualified Retirement Plan (Note: Plans are not required to accept rollovers. Check with the plan's sponsor before making this election).

Legal name, address, city, state, zip code & account number of plan: _____

C. CASH DISTRIBUTION

Monthly Distribution: I request a monthly distribution of \$ _____, effective _____.
Gross/Net (circle one)

Partial Lump Sum/Lump Sum: I request that my full distribution or \$ _____ of my distribution to paid to me directly.
Gross/Net (circle one)

I understand that any portion of the amount distributed to me that qualifies as an eligible rollover distribution will be subject to 20% federal withholding.

To receive your distribution by the first of the following month, your request must be received no later than the fifteenth of the current month.

Participant Signature
(See reverse side for spousal consent form)

Date

United Administrative Services, P.O. Box 5057, San Jose, CA 95150-5057
Telephone (408) 288-4400 Toll Free (800) 541-8059 Fax (408) 288-4439

SPOUSAL CONSENT FORM

I, _____, swear that I am the legal spouse of the Employee described above.
(Name)

I hereby consent to the Employee's election to receive our pension benefit in a form of a Direct Rollover or a Cash Distribution.

Spouse's Signature

Spouse's Social Security Number

.....

See Attached Notary Acknowledgement

CALIFORNIA ALL- PURPOSE CERTIFICATE OF ACKNOWLEDGMENT

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, _____,
(Here 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.

Notary Public Signature (Notary Public Seal)

ADDITIONAL OPTIONAL INFORMATION

DESCRIPTION OF THE ATTACHED DOCUMENT

(Title or description of attached document)

(Title or description of attached document continued)

Number of Pages _____ Document Date _____

CAPACITY CLAIMED BY THE SIGNER

- ☐ Individual (s)
☐ Corporate Officer

(Title)

- ☐ Partner(s)
☐ Attorney-in-Fact
☐ Trustee(s)
☐ Other _____

INSTRUCTIONS FOR COMPLETING THIS FORM

This form complies with current California statutes regarding notary wording and, if needed, should be completed and attached to the document. Acknowledgments from other states may be completed for documents being sent to that state so long as the wording does not require the California notary to violate California notary law.

- State and County information must be the State and County where the document signer(s) personally appeared before the notary public for acknowledgment.
- Date of notarization must be the date that the signer(s) personally appeared which must also be the same date the acknowledgment is completed.
- The notary public must print his or her name as it appears within his or her commission followed by a comma and then your title (notary public).
- Print the name(s) of document signer(s) who personally appear at the time of notarization.
- Indicate the correct singular or plural forms by crossing off incorrect forms (i.e. ~~he/she/they~~, is /are) or circling the correct forms. Failure to correctly indicate this information may lead to rejection of document recording.
- The notary seal impression must be clear and photographically reproducible. Impression must not cover text or lines. If seal impression smudges, re-seal if a sufficient area permits, otherwise complete a different acknowledgment form.
- Signature of the notary public must match the signature on file with the office of the county clerk.
 - ❖ Additional information is not required but could help to ensure this acknowledgment is not misused or attached to a different document.
 - ❖ Indicate title or type of attached document, number of pages and date.
 - ❖ Indicate the capacity claimed by the signer. If the claimed capacity is a corporate officer, indicate the title (i.e. CEO, CFO, Secretary).
- Securely attach this document to the signed document with a staple.