



SAN MATEO COUNTY CHAPTER
NATIONAL ELECTRICAL
CONTRACTORS ASSOCIATION

SAN MATEO COUNTY

ELECTRICAL WORKERS JOINT TRUST FUNDS



LOCAL UNION 617
INTERNATIONAL BROTHERHOOD
OF ELECTRICAL WORKERS

DISTRIBUTION/ROLLOVER ELECTION FORM

(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

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