



The enclosed materials are to assist you with your request for a distribution from the Local No. 8 IBEW Retirement Plan and Trust as a beneficiary of a deceased participant or as an alternate payee under a qualified domestic relations order.

Please read the enclosed Legal Notices Regarding Plan Benefits which contains important information and details your payment options. After carefully reviewing all information, please return the Beneficiary and Alternate Payee Distribution Form to:

N.W.O. Electrical Administrators, Inc.
P.O. Box 60408
Rossford, OH. 43460

Please note, you have the option of expediting the delivery of your check. By checking the applicable box on the form, you agree to pay a \$40.00 fee for this service. Your check will be mailed to you by overnight delivery the day the check is written based on the settlement period(s) of the investments being liquidated for your withdrawal or distribution. If you elect any other distribution method, including direct deposit, prior to delivery of your check, your withdrawal or distribution may be delivered by that method and you will not receive a refund of this fee.

If you have any questions or require further assistance, please call a Customer Service Representative at our toll-free number 1-800-743-5274.



BENEFICIARY AND ALTERNATE PAYEE DISTRIBUTION FORM

1-800-743-5274

- Use this form to request a distribution as a beneficiary following the death of the member, or as an alternate payee under a “qualified domestic relations order”.
- Your choices on this form may affect your taxes. You may want to consult a tax or financial advisor.
- If your distribution will be sent to an address outside of the United States, Puerto Rico, the U.S. Virgin Islands or Guam, you must also submit either an IRS Form W-9 to certify you are a U.S. person or a Form W-8BEN if you are a non-resident alien with respect to the U.S. To obtain these forms or for assistance in determining which form you should submit, please go to the IRS website at www.irs.gov or consult with a tax advisor. If you do not submit one of these forms along with this form, 30% tax withholding will be applied to your distribution.
- Please return your completed form to: **N.W.O. Electrical Administrators, Inc., P.O. Box 60408, Rossford, OH 43460.**

1. Member Information Please print clearly in CAPITAL LETTERS.

Social Security Number

Last Name First Name MI

2. Reason for Distribution

The reason for the distribution is (check one and complete):

The death of the member. (Attach certified copy of death certificate)
Date of Death: _____

I am an alternate payee under a “qualified domestic relations order.” (The Plan Administrator must determine the qualified status of any order.) An alternate payee may only receive a distribution on the earlier of the date the member is eligible for a distribution.

3. Beneficiary or Alternate Payee Information

Social Security Number Date of Birth (MM-DD-YYYY) Relationship to Member

Last Name First Name MI

Mailing Address City State Zip Code

(_____) _____
Daytime Telephone Number Evening Telephone Number E-mail Address

4. Form of Payment

Your Summary Plan Description may describe other distribution options that apply only in limited circumstances or only to certain members that are not reflected here. You should consult your Summary Plan Description for details on the forms of payment of benefits that may be available to you.

I elect to have my account balances paid as follows (check only one):

- Immediate Lump-Sum Distribution (please skip sections 5 and 6).
- Payment to me of \$ _____ (insert gross amount).

Distribute \$ _____ or _____% of my account balance directly to me and roll over the remainder as indicated in section 6 (the minimum "direct rollover" amount is \$500).

Regular Installment Payments (check one & complete): \$ _____

Monthly Quarterly Semi-annually

Direct Deposit is available for Lump Sum, Installments, and Partial Distributions (not available for rollovers)

Direct Deposit to a bank account of which I am an account holder – deposited within 3 business days from date of processing.

To elect Direct Deposit, you must select either Checking or Savings and you must provide a voided check or copy of a pre-printed, account specific deposit slip or a bank specification sheet from your bank for validation

Checking Savings

Bank Name

Bank ABA/Routing

Bank Account No.

Expedited Check Delivery is available for Lump Sum Distributions and Direct Rollovers (Deliveries will not be made to P.O. Boxes)

By checking this box, I agree to pay a \$40.00 fee for expedited delivery of my check. I understand that my check will be mailed to me by overnight delivery the day the check is written based on the settlement period(s) of the investments being liquidated for this withdrawal or distribution. I understand that if I elect any other distribution method, including direct deposit, prior to delivery of my check, my withdrawal or distribution may be delivered by that method and I will not receive a refund of this fee.

5. Direct Rollover Election

If you are a surviving spouse or a former spouse who is an alternate payee under a "qualified domestic relations order," and if any part of your distribution is an "eligible rollover distribution" (as described in the "Special Tax Notice Regarding Plan Payments"), you may elect a tax-free "direct rollover" of that amount to an IRA or another employer plan as appropriate. If you do not elect a "direct rollover" of the eligible rollover amount, the benefit will be paid directly to you, and 20% of the amount will be withheld and credited against any federal income taxes you owe. (check one and complete section 6):

1. I elect a direct rollover of my entire eligible rollover distribution as follows:

Roll over my entire eligible rollover distribution as indicated in section 6.

2. Issue a portion of my eligible rollover distribution to me and roll over the remainder as indicated in section 6 determined as follows:

Pay the following dollar amount or percentage to me as cash, and roll over the balance:
\$ _____ or _____% directly to an inherited IRA.

Note: Non-spousal beneficiaries may only roll over to an inherited IRA.

6. Receiving IRA or Employer Plan

IMPORTANT: Your "direct rollover" check from the Plan will be made payable to the employer plan, IRA or Roth IRA that you describe below, for your benefit, and the "direct rollover" check will be mailed to you at the most recent address the Plan has for you on file. You should deliver the check to the IRA custodian or employer plan trustee as soon as you receive it.

However, if you provide the full name, address, and account number of an IRA you have already established, your "direct rollover" will be sent directly to the custodian or trustee of that IRA. In order to have the check sent directly to the custodian or trustee of the IRA, the account number must not be your social security number. If your account number is your social security number the check will be mailed to you. Please ensure that the IRA custodian or trustee or Plan Trustee will accept all assets you are requesting to be rolled over prior to submitting this form. (check one of the two options and complete mailing instructions below):

My "Direct Rollover" should be:

made to my employer's plan (for spouses or spousal alternate payees only).

made to my appropriate IRA (Please complete the proper forms to establish your IRA(s). If conversion to a Roth IRA applies, check below):

My "Direct Rollover" should be rolled over directly to a Roth IRA in a taxable rollover distribution. (Please refer to the Special Tax Notice Regarding Plan Payments for the tax consequences associated with rolling over to a Roth IRA.)

7. Mailing Instructions

Mail check to me made payable to:

NAME OF EMPLOYER PLAN OR IRA CUSTODIAN/TRUSTEE

Make Direct Payment to the following Custodian/Trustee:

NAME OF IRA CUSTODIAN/TRUSTEE IRA ACCOUNT NUMBER

ADDRESS
CODE

CITY

STATE

ZIP

8. Tax Withholding Election (Does not apply to eligible rollover distributions)

If any part of your distribution is not an "eligible rollover distribution" federal income tax will be withheld on that amount, unless you elect not to have withholding apply (e.g., if you are a non-spousal alternate payee who has elected a lump sum distribution, your distribution will be subject to 10% voluntary withholding. If you are a surviving spouse or former spouse who is an alternate payee and have elected installment payments over a term of 10 years or more, federal income tax will be withheld on each payment based on your election below). If you elect no withholding, you are still liable for any federal income taxes due on the taxable part of your distribution, and you could incur penalties if your withholding or estimated tax payments for the year are not enough. If any part of your distribution is an "eligible rollover distribution," your distribution is subject to 20% mandatory withholding. (check one):

Federal Tax Withholding Election

Do not withhold federal income tax from the portion of my distribution, if any, that is not an eligible rollover distribution.

Withhold federal income tax from the portion of my distribution, if any, that is not an eligible rollover distribution as follows:

(1) If I elected a lump sum distribution, at the rate of 10%, or

(2) If I elected installment payments, based on (check one):

the following percentage (complete): _____ % of each distribution.

State Tax Withholding Election

Refer to the Instructions for important information regarding State Withholding. If you make an election that is not in compliance with your state's regulations, MassMutual will default to your state's requirements.

No State Tax Withholding Election

I have read the *State Tax Information* document and I elect to have no state income tax withheld from my payment(s).

Voluntary State Income Tax Withholding

I have read the *State Tax Information* document and I elect to have the following voluntary state income tax withheld from my payment(s) (choose one):

1. _____ %

2. \$ _____ (whole dollar amount)

3. _____ based on my state's tax table formula, if applicable (MassMutual will apply the default tax allowance)

Additional State Income Tax Withholding

I have read the *State Tax Information* document and I elect to have an additional _____% or \$_____ (whole dollar amount) state income tax withheld from my payment(s).

9. Beneficiary or Alternate Payee Signature

I make the distribution elections indicated above. I have read the Special Tax Notice Regarding Plan Payments, and I know I have at least 30 days to decide whether or not to elect a direct rollover of any eligible rollover distribution. **To my knowledge, no other person is entitled or claims to be entitled to any part of the account that I have claimed.**

Signature of Beneficiary or Alternate Payee (or Guardian, if a minor)

_____-_____-_____
Date (MM-DD-YYYY)

10. Plan Administrator Authorization (*Fund Office Use Only*)

Signature of Authorized Plan Representative

_____-_____-_____
Date (MM-DD-YYYY)

Beneficiary is eligible for _____% of this account.