



# Death Benefit Claim Request

Refer to the Death Benefit Claim Guide while completing this form. Use blue or black ink only.

**International Union of Operating Engineers Local No. 132 Annuity and Savings Fund**

**457847-01**

## Decedent's Information

Last Name			First Name			MI			Social Security Number								
City, State and Country of Legal Domicile at Time of Death												Account Extension (if applicable)					
Mo			Day			Year			Mo			Day			Year		
Date of Birth						Date of Death											

## Claimant's Information

Last Name			First Name			MI			Specify Claimant's relationship to the decedent:														
Address - Number & Street												Has this account already been transferred to the Claimant? <input type="checkbox"/> Yes <input type="checkbox"/> No											
City			State			Zip Code			Is Claimant a <input type="checkbox"/> U.S. Citizen <input type="checkbox"/> U.S. Resident Alien?														
( )												<input type="checkbox"/> Other _____											
Daytime Phone												Country of Residence (Required) _____											
Mo			Day			Year			Is Claimant a minor? <input type="checkbox"/> Yes <input type="checkbox"/> No														
Date of Birth						If yes, complete information below regarding minor's representative.																	

## Minor's Representative Information

Relationship to Minor																				
Last Name			First Name			MI			Address - Number & Street											
City						State						Zip Code								

## Tax Identification Number

If Claimant is an individual, provide the Social Security number. If Claimant is not an individual, such as a trust or estate, provide the taxpayer identification number.

Social Security Number						Taxpayer Identification Number					
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## Supporting Documentation

1. If Claimant is an Estate - Attach Letters Testamentary or Letter of Administration
2. If Claimant is a Minor - Attach final judicial order appointing guardian or conservator of minor's property or minor's birth certificate, if requestor is a birth parent.
3. If Claimant is a Trust - Attach first page, signature and certification page and page designating trustee from the Trust document. Also, attach Trustee Acceptance of Appointment document signed by the current trustee(s).

## Type of Claim (check all that apply)

Effective Date \_\_\_\_\_

**Leave Funds in the Account** (Subject to minimum distribution rules and Plan document provisions)

An original or a certified death certificate must be attached for this option.

Check one:

- Spousal Claimant
- Non-Spousal Claimant

**Full Distribution of Claimant's Share**



# Death Benefit Claim Request

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Last Name	First Name	MI	Social Security Number
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**Periodic Payment of Claimant's Share**

Check this box if you are making a change to an existing payment.

Payment Start Date \_\_\_\_\_ Frequency:  Monthly  Quarterly  Semi-Annually  Annually

Payment of an Amount Certain \$ \_\_\_\_\_

Payment for a Period Certain (Years) \_\_\_\_\_

**Required Minimum Distribution** - If you want to elect Required Minimum Distribution payments, please complete and attach the Automated Minimum Distribution Request form.

**Annuity Purchase With Another Provider** - Name of Provider \_\_\_\_\_

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## Payment Options

**Payment to Claimant**

**Direct Rollover** - Complete Company Information section

### Spousal Claimants

Direct Rollover to an Eligible Plan:

Governmental 457(b)  401(a)  401(k)  403(b)

Direct Rollover to a Traditional IRA

Direct Rollover to a Roth IRA - Subject to ordinary income taxes

**Non-Spousal Claimants** - This option is only available to Claimants who are individuals or a trust whose beneficiaries are treated as designated beneficiaries. If a trust Claimant elects a rollover to an inherited IRA, by signing this form, the trustee of the trust certifies that the trust meets the requirements of Section 1.401(a)(9)-4 of the Treasury Regulations and that all documentation requirements are satisfied.

Direct Rollover to an Inherited Traditional IRA

Direct Rollover to an Inherited Roth IRA - Subject to ordinary income taxes

### Spousal/Non-Spousal Claimants

If you are a Claimant requesting a full withdrawal as a direct rollover and the minimum distribution requirements for the current year have not been met, provide the amount of your required minimum distribution below. Note: The required minimum distribution cannot be rolled over. If you have not yet satisfied the minimum distribution requirements for the current year, your required amount must be distributed prior to processing a rollover.

Required minimum distribution amount \$ \_\_\_\_\_

Do you wish to have 10% federal income tax withheld from your required minimum distribution?  Yes  No

Additional amounts may be withheld at your request \$ \_\_\_\_\_

## Company Information

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Company or Trustee's Name	Account Number
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Mailing Address	( )
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City/State/Zip Code	Phone Number
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# Death Benefit Claim Request

Last Name	First Name	MI	Social Security Number
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## Claim Delivery

**Check**  Mailing Address - \_\_\_\_\_

**Express Delivery** - \$25.00 non-refundable charge - Not available for periodic payments. Express delivery available Monday through Friday only. Not available to P.O. boxes.

**ACH** - Available on periodic payments at no charge. Available on one-time full/partial distribution payment to self for a \$15.00 non-refundable charge. ACH credit can only be made into a United States financial institution account. Any requests received referencing a foreign financial institution or referencing a United States financial institution with a further credit to an account associated with a foreign financial institution will be rejected.

Checking Account - must attach preprinted voided check

Savings Account - must attach a letter on financial institution letterhead signed by a representative of the financial institution that includes Claimant's name, savings account number and ABA routing number

Financial Institution Name Account Number ABA Number

Financial Institution Mailing Address City State/Zip Code

## Federal and State Income Tax Withholding - Applies to all applicable money sources

**Federal Income Tax** - No federal income tax will be withheld from direct rollovers. Twenty percent (20%) mandatory federal income tax withholding will apply to all distributions that are eligible for rollover, but are not rolled over. For all other payments, federal income tax will be withheld at the rate of 10%, unless Service Center is directed otherwise below.

A trust Claimant will be treated as an individual beneficiary for the purposes of tax withholding unless a trustee checks the box below:

By checking this box, the trustee of the trust certifies that the Claimant trust does not meet the requirements of Section 1.401(a)(9)-4 of the Treasury Regulations and should be treated as a non-individual Claimant for the purposes of tax withholding.

Do NOT withhold federal income tax from Claimant's distribution only if distribution is not eligible for rollover.

If Claimant would like **additional** federal income tax withheld, indicate amount \$ \_\_\_\_\_ or \_\_\_\_\_ % of the claim amount.

If Claimant is electing a periodic payment for a period certain of 10 years or longer or for his/her life expectancy, he/she may complete and attach IRS Form W-4P. You may obtain a Form W-4P at <http://www.irs.gov>.

**State Income Tax** - For all Claimants, if Claimant lives in a state that mandates state income tax withholding, it will be withheld.

Check here if Claimant lives in a state that does not mandate state income tax withholding and would like state income tax withheld.

Check here if Claimant does not want state income tax withheld (only available to the residents of states that allow to elect out of withholding).

If Claimant would like **additional** state income tax withheld, indicate amount \$ \_\_\_\_\_ or \_\_\_\_\_ % of the claim amount.

# Death Benefit Claim Request

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Last Name	First Name	MI	Social Security Number
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## Required Signatures and Date

Any person who knowingly presents a false or fraudulent claim is subject to criminal and civil penalties.

My signature acknowledges that I have received, read, understand and agree to all pages of the Death Benefit Claim Request, the Death Benefit Claim Guide and the 402(f) Notice of Special Tax Rules on Distributions, and affirms that all information that I have provided is true and correct. By requesting my distribution via ACH deposit, I certify, represent and warrant that the account requested for an ACH deposit is established at a financial institution or a branch of a financial institution located within the United States and there are no standing orders to forward any portion of ACH deposit to an account that exists at a financial institution or a branch of a financial institution in another country. I understand that it is my obligation to request a stop to this ACH deposit request if an order to transfer any portion of payments to a financial institution or a branch of a financial institution outside the United States will be implemented in the future. Service Center reserves the right to reject the ACH request and deliver any payment via check in lieu of direct deposit. I understand that funds may impose redemption fees on certain transfers, redemptions or exchanges if assets are held less than the period stated in the fund's prospectus or other disclosure documents. I will refer to the fund's prospectus and/or disclosure documents for more information. The amount of this request may be reduced by a distribution fee.

I understand that for at least 30 days after my receipt of the 402(f) Notice of Special Tax Rules on Distributions, I have the right to consider whether to consent to a distribution of the vested account balance or elect a direct rollover of any vested portion of the eligible rollover distribution. By signing this form less than 30 days after I received the 402(f) Notice of Special Tax Rules on Distributions, I affirmatively waive any unexpired portion of the 30 day period and affirmatively elect a distribution from the account pursuant to this Death Benefit Claim Request form.

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<b>Claimant Signature</b>	<b>Date (Required)</b>	<b>Title if you are acting in a representative capacity</b>
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# Death Benefit Claim Request

_____	_____	_____	_____
Last Name	First Name	MI	Social Security Number

This request is in compliance with the terms of the Plan and I have provided the Claimant with a written explanation of the tax rules and any other Internal Revenue Service, Department of Labor or other notice requirements to the Claimant that apply to this request and the appropriate consent and waivers have been obtained by the Plan Administrator and Service Center is authorized to rely on the information on this request. I hereby instruct Service Center to process and forward the distribution described on this form. I hereby verify that the above Claimant is a named beneficiary under the Plan. I certify that if the trust Claimant elected a rollover to an inherited IRA, the trust satisfied documentation requirements under Section 1.401(a)(9)-4 of the Treasury Regulations. **This Claimant is entitled to \_\_\_\_\_% of the benefits payable in respect of the decedent.**

I understand that a certified death certificate is required for processing this death benefit. \_\_\_\_\_ If my initials are not provided here, I understand that the original or a certified death certificate must be attached. **If Claimant has requested to leave funds in the account, the original or certified death certificate must be attached.**

I certify that the recordkeeping system has the accurate vesting percentage, if applicable. Please process the request using this information.

OR

I certify that the decedent's accurate vested percentage in the money sources listed below is as follows:

ERB 1 - EMPLOYER PROFIT SHARING - TRANSFERRED ASSETS	100 %
ERB 2 - EMPLOYER PROFIT SHARING PYE 2009	100 %
ERB 3 - EMPLOYER PROFIT SHARING PYE 2010	100 %
ERB 4 - EMPLOYER PROFIT SHARING PYE 2011	100 %
ERB 5 - EMPLOYER PROFIT SHARING PYE 2012	100 %

Please use this when processing the distribution.

**Note:** Please be advised that balances may not exist in all money sources listed above. Additionally, all money sources may not be available for all distribution reasons.

\_\_\_\_\_  
Authorized Plan Administrator Signature

\_\_\_\_\_  
Date

**Claimant** forward to Plan Administrator  
**Plan Administrator** forward to Service Center at:  
Retirement Service Center  
PO Box 173764  
Denver, CO 80217-3764  
**Express Address:**  
8515 E. Orchard Road, Greenwood Village, CO 80111  
**Phone#:** 1-877-715-4015  
**Fax#:** 1-866-745-5766  
**Web site:** frps.retirementpartner.com

# DEATH BENEFIT CLAIM GUIDE

## 401(a) Plan

This Guide will assist Claimant in completing the Death Benefit Claim Request form ("the Form") for Internal Revenue Code ("Code") section 401(a) plans. Claimant should read all pages of this Guide before Claimant begins to complete the Form. The Guide will assist Claimant in completing each section of the Form and give Claimant the information Claimant needs to make informed decisions regarding his or her claim. If Claimant needs further clarification about the information discussed in this Guide, call a representative at Retirement Service Center, ("Service Center"). Claimant can also call the Voice Response System at 1-877-715-4015 to speak with a service representative.

Claimant is strongly urged to consult with an accountant and/or tax advisor in the preparation of the Form. While our representatives are able to explain Claimant's options to Claimant, they cannot tell Claimant which payment and income tax-withholding method is best for Claimant. Claimant's local representative or any Service Center representative will not provide tax or legal advice. Additionally, neither this Guide nor the Form represents tax or legal advice.

Please note that Service Center cannot release the claim until the authorized Plan Administrator confirms that Claimant is a named beneficiary under the Plan and is otherwise entitled to assert a claim.

**Waivers or Consents of Inheritance and Estate Taxes** - Certain states require Service Center to obtain waivers or consents from the state's Department of Revenue or Taxation before Claimant is able to assert a claim. If the decedent lived in a state that requires this waiver, Claimant MUST attach the waiver to the Form at the time the Form is submitted to Service Center. It is Claimant's responsibility to ensure that the decedent's state of residence does not require any form of waiver or consent.

Additionally, certain states require that Service Center will provide notice to the state that a distribution will be made to a Claimant. If the decedent's state of residence requires a notice of distribution, Service Center will so notify the appropriate state department.

Service Center is required to comply with the regulations and requirements of the Office of Foreign Assets Control, Department of the Treasury ("OFAC"). As a result, Service Center cannot conduct business with persons in a blocked country or any person designated by OFAC as a specially designated national or blocked person. For more information, please access the OFAC Web site at: <http://www.treasury.gov/about/organizational-structure/offices/Pages/Office-of-Foreign-Assets-Control.aspx>.

**The Form** - The Form is divided into several sections, with each section requiring Claimant to provide specific information.

The sections on the Form are:

- Decedent's Information
- Claimant's Information
- Minor's Representative Information
- Tax Identification Number
- Supporting Documentation
- Type of Claim
- Payment Options
- Claim Delivery
- Federal and State Income Tax Withholding
- Required Signatures and Date

**Note: If there is more than one account or plan number, Claimant must complete a separate Form for each account or plan number.**

**Incomplete or Inaccurate Information** - In the event that any section of the Form is incomplete or inaccurate, Service Center may not be able to process the claim requested on the Form. Claimant may be required to complete a new Form or provide additional or proper information before his or her claim will be processed.

**Changes to Claimant's Request** - If Claimant makes a change to the Form as Claimant is completing it, Claimant must cross out any previously elected choice(s) and initial all changes. If Claimant does not initial all changes, the Form may be returned to Claimant for verification.

### **The Form**

Note: Please use blue or black ink when completing the Form.

### **Decedent's Information**

**Last Name, First Name, MI** - The decedent's full name is required in order to properly identify the account.

**City, State, and Country of Legal Domicile at Time of Death** - This information is required in order for the claim to be properly filed and tax reported.

**Social Security Number** - The decedent's Social Security number is required to properly identify the account and report any applicable withholding information to the Internal Revenue Service.

**Account Extension** - The account extension identifies funds that were transferred through a divorce or death. If an account extension has been issued, but this field is blank, Service Center will return the Form.

**Date of Birth** - The decedent's date of birth is required to properly process the claim.

**Date of Death** - The decedent's date of death is required to properly process the claim.

### **Claimant's Information**

**Last Name, First Name, MI** - The full name of Claimant is required in order to properly identify the claim.

**Address - Number & Street**

**City, State, Zip Code** - This information is required in order to properly process the claim.

**Daytime Phone** - This information will allow Service Center to contact Claimant, if necessary, regarding the claim.

**Specify Claimant's Relationship to the Decedent** - Claimant's relationship to the decedent is required in order to properly process the claim.

**Transfer to Claimant** - Indicate whether the account has already been transferred to Claimant.

**Is Claimant a U.S. Citizen or U.S. Resident Alien?** - Claimant's citizenship status is required to properly tax report the distribution. If Claimant is not a U.S. citizen or U.S. resident alien, please provide Claimant's country of residence.

**Date of Birth** - Claimant's date of birth is required to properly process the claim.

**Is Claimant a Minor?** - If the answer to this question is yes, complete the next section on the Form regarding the minor's representative information.

### **Minor's Representative Information**

This section must be completed if Claimant is a minor. All correspondence and claims will be addressed to the minor's representative for the benefit of Claimant.

Payments may be made to a guardian of a minor's estate or a conservator who has been appointed as such for the minor by final judicial order. A copy of the court order must be submitted to the Plan Administrator and forwarded to Service Center with the completed Form.

Under the Uniform Transfers to Minors Act, if a guardian or conservator has not been appointed by an appropriate court, certain states allow funds to be transferred to a custodian for the minor who is an adult member of the minor's family. In general, transfers under this law may not be made if a state has not adopted it, or the proceeds exceed a specified dollar amount under the state's statutory law. Payments cannot be made to a person solely because he/she is the parent of the minor or has custody of the minor unless a state law in the minor's state of residence specifically authorizes such payment, a proper court order authorizing payment has been obtained or the Plan Document allows for such payment.

It is Claimant's responsibility to determine whether and to what extent the Uniform Transfers to Minors Act has been adopted in his or her state of residence.

If Service Center is unable to make payment because a guardian or conservator has not been appointed by final judicial order, or a state law where the minor resides or the Plan Document does not authorize payment to a custodian or other person, the proceeds must remain in the decedent's account until the minor reaches the age of majority.

**Tax Identification Number** - Provide a complete and correct taxpayer identification number for Claimant on the Form. If Claimant is an individual, provide the individual's Social Security number. If Claimant is a trust or estate, generally a taxpayer identification number ("TIN") must be provided. In cases of a trust Claimant, a Social Security number may be appropriate if the grantor is living and is also the trustee.

Payments may be made to a personal representative appointed by an appropriate final judicial order. Personal representatives must provide a TIN for the decedent's estate. If a personal representative has not been appointed by an appropriate court because the value of the estate is small, certain states will allow certain successors of the decedent to submit a small estate affidavit allowing them to receive payment. In such cases, only one affidavit containing the notarized signatures of all successors should be submitted to Service Center. If appropriate documentation is not submitted, Service Center may be unable to make payment. Claimants should obtain and submit appropriate documentation to Service Center on a timely basis to avoid penalties and taxes.

### **Type of Claim**

It is Claimant's responsibility to ensure that the distribution method and effective date selected meet the requirements of the Code and applicable federal Treasury regulations.

**Effective Date** - The effective date of the claim will be the later of the date selected as the effective date and the date Service Center receives a properly completed Form.

**Leave Funds in the Account - An original or certified death certificate must be attached for this option.** If the decedent died prior to his or her required beginning date, Claimant can elect to leave the funds in the Plan until distributions are required to begin. You should refer to your 402(f) Notice of Special Tax Rules on Distributions for additional information about minimum distribution requirements.

If the decedent died after his or her required beginning date, Claimants may not select the Leave Funds in the Account option.

By selecting this type of claim, Claimant understands that a recordkeeping account will be set up under Claimant's name as a beneficiary of decedent. All existing monies will remain in the same investment option(s) in effect on the date the Death Claim form is received in good order. Claimant will have the option of transferring the monies to other investment options by visiting the Web site at frps.retirementpartner.com or by calling the Voice Response System at 1-877-715-4015. However, some investment options may not be available for transfer. Claimant may not make any additional deposits to this account.

Claimant must also complete a Beneficiary Designation form. Claimant may obtain this form by contacting his or her local Service Center representative.

If a trust is named as a beneficiary, the beneficiaries of the trust can be treated as the designated beneficiaries if the trust meets the requirements of Section 1.401(a)(9)-4 of the Treasury Regulations. Please consult your accountant and/or tax advisor.

**Full Distribution of Claimant's Share** - Check this box if Claimant wants a full distribution of his or her share of the account. The full vested value of each investment option will be distributed based on the instructions on the Form. Service Center will liquidate the funds pro-rata from all available investment options with a balance.

**Periodic Payment of Claimant's Share** - Claimant must select a payment start date. The payment start date is the date the funds will be distributed from the account. Claimant may choose any day of the month with the exception of the 29th, 30th or 31st. Claimant must also select the frequency of payment - monthly, quarterly, semi-annually or annually. Allow approximately 5 - 10 business days from the payment start date to receive the distribution. It is solely the responsibility of Claimant to ensure that the payment option elected satisfies the minimum distribution requirements.

#### **The Periodic Payment Options are as Follows:**

1. Payment of an Amount Certain - Designate the dollar amount Claimant wishes to receive on a regular installment basis (monthly, quarterly, semi-annually or annually). The payments will continue until the account balance is zero. The number of payments Claimant receives will vary depending on the performance of the underlying investment options.
2. Payment for a Period Certain (Years) - Claimant will receive payments on a regular installment basis (monthly, quarterly, semi-annually or annually). Payment amounts will depend on the length of time in years during which Claimant elected to receive payments, the periodic basis that Claimant chooses, and the performance of the underlying investment options.

The payment amount will be calculated by dividing the current account balance by the number of remaining payments. For example, if the payout is to be monthly for 4 years, the initial payout amount will be equal to 1/48 of the account balance. The second payment will be 1/47 of the balance, the third will be 1/46, and so on.

The payment is recalculated each time a payment is distributed; therefore, the amount of each payment typically differs. The payment amount will vary depending on the performance of the underlying investment options. The balance will be zero by the end of the term selected.

**Required Minimum Distribution** - If you want to elect Required Minimum Distribution payments, please complete and attach the Automated Minimum Distribution Request form.

#### **Payment Options**

**Payment to Claimant** - By selecting this box, Claimant is requesting that the distribution be paid directly to Claimant.

**Direct Rollover to an Eligible Plan, Traditional IRA or Roth IRA** - This option is only available to Claimants who are individuals or a trust maintained for one or more designated beneficiaries. Claimant must determine whether the Plan or IRA accepts eligible rollover distributions.

Claimant may not roll over any portion of a distribution equal to the minimum distribution amount required for a particular calendar year that has not been previously paid. Any required minimum distribution amount will be paid out first before the rollover will be processed.

If Claimant is the spouse of the decedent and is requesting a direct rollover, an eligible rollover distribution is paid from the Plan directly to an eligible Code Section 401(a), 401(k), 403(a), 403(b), or governmental 457(b) plan or to a Traditional IRA. An eligible rollover distribution may be paid directly to a Roth IRA. A rollover distribution to a Roth IRA is subject to income tax. If Claimant is not the spouse of the decedent and is requesting a direct rollover, a rollover distribution is paid from the Plan directly to an Inherited Traditional IRA or an Inherited Roth IRA. If a trust Claimant elects a rollover to an inherited IRA, the trustee of the trust

certifies by signing the form that the trust meets the requirements of Section 1.401(a)(9)-4 of the Treasury Regulations. The trustee must submit required documentation to support its claim.

Indicate the dollar amount Claimant wants to roll over and provide the company name, account number, mailing address, city, state, zip code and a phone number for the direct rollover. In the event of an inconsistency between information contained on the Form and any other information provided with the Form, the information on the Form will be used. Once Service Center has processed a direct rollover, it cannot be returned.

If Claimant chooses this type of claim, a Form 1099-R will be issued for reporting purposes; however, no federal income tax will be automatically withheld from amounts directly rolled over.

### **Claim Delivery**

The delivery of the claim may depend on the type of claim elected on the Form. Certain delivery options are not available on all types of claims. Below is a description of each delivery option.

**Check** - Claimant can receive the claim by check regardless of the distribution method selected on the Form.

**Mailing Address** - Check this box if Claimant wants the check to be sent to an address other than the address provided on the first page of the Form.

**Express Delivery** - Express delivery is not available for periodic payments. The amount of the claim check will be reduced by \$25.00 for this service. Express delivery is available for Monday through Friday delivery only and is not available to P.O. boxes. Delivery is not guaranteed to all areas.

**Automated Clearing House (ACH)** - Check this box and complete this section only if Claimant wants the payment to be electronically deposited into his or her checking or savings account. Claimant may not designate a business account or an IRA. Claimant can select ACH if Claimant selected periodic payments at no charge or if Claimant is requesting a one-time full/partial distribution payment to self. ACH credit can only be made into a United States financial institution (bank/credit union). If Claimant is requesting a one-time full/partial distribution payment to self, Claimant's payment amount will be reduced by \$15.00 for this service. Complete the financial institution name, account number, ABA routing number, financial institution mailing address, city, state and zip code. For a checking account, Claimant must attach a preprinted voided check. If a preprinted voided check is not available, Claimant must attach a signed letter from Claimant's financial institution, on their letterhead, that confirms the ABA routing number and Claimant's name and account number. For a savings account, Claimant must attach a letter on financial institution letterhead signed by a representative of the financial institution that includes Claimant's name, savings account number and ABA routing number.

**General ACH Information** - By choosing an ACH credit to Claimant's financial institution account, Claimant is authorizing Service Center to initiate credit entries and, if necessary, debit entries and adjustments for any credit entries in error to Claimant's checking or savings account. Claimant is also authorizing Claimant's financial institution, in the form of an electronic funds transfer, to credit and/or debit the same to such account. Service Center will make payments in accordance with the directions Claimant has specified on the Form until such time that Claimant notifies Service Center in writing that Claimant wishes to cancel the ACH agreement. Claimant must provide notice of cancellation at least 30 days prior to a payment date for the cancellation to be effective with respect to all of Claimant's subsequent payments.

Service Center reserves the right to terminate the ACH transfers for any reason and will notify Claimant in the event of such termination by sending notice to Claimant's last known address on file with Service Center.

It is Claimant's obligation to notify Service Center of any address or other changes affecting Claimant's electronic fund transfers during Claimant's lifetime. Claimant is solely responsible for any consequences and/or liabilities that may arise out of Claimant's failure to provide such notification.

By selecting an ACH method of delivery, Claimant acknowledges that Service Center is not liable for payments made by Service Center in accordance with a properly completed Form. By selecting this method of distribution delivery, Claimant is authorizing and directing Claimant's financial institution not to hold any overpayments made by Service Center on Claimant's behalf, or on behalf of Claimant's estate or any current or future joint accountholder, if applicable.

**Additional Instructions for Periodic Payments** - ACH is a form of electronic funds transfer by which Service Center can transfer payments directly to Claimant's financial institution. Allow at least 15 days from the date Service Center receives the properly completed Form to begin using ACH for Claimant's payments. Upon receipt of a properly completed Form, Service Center will notify the financial institution of the ACH request with the account information provided. The pre-notification process takes approximately 10 days. During the pre-notification process, the financial institution will confirm with Service Center that the account and routing information submitted is correct and that it will accept the ACH transfer. After this confirmation is received, the payments will be transferred to Claimant's financial institution within 2 days of the first payment date. If the payments are withdrawn from investments that are subject to time delays upon withdrawal, the deposit to the Claimant's financial institution may be delayed accordingly. In the event of a change to the periodic payments, the electronic funds transfer may be subject to a delay, and a check will be sent to Claimant's last known address on file with Service Center.

If Claimant's financial institution rejects the pre-notification, Claimant will be notified and checks will be mailed to Claimant until Claimant submits an Electronic Funds Transfer (ACH) form. As a result, it is important that Claimant continues to notify Service Center in writing of any changes to Claimant's mailing address.

ACH delivery is not available to a foreign financial institution or to a United States financial institution for subsequent transfer to a foreign financial institution. Any requests received containing foreign financial institution instructions will be rejected and require new ACH or Check delivery instructions.

### **Federal and State Income Tax Withholding**

**Federal Income Tax** - No federal income tax will be withheld from direct rollovers. Twenty percent (20%) mandatory federal income tax withholding will apply to all distributions that are eligible for rollover, but are not rolled over. For distributions not eligible for rollover, the distribution is subject to federal income tax withholding unless Claimant elects not to have withholding apply. If Claimant elects not to have federal income tax withholding apply to his or her distribution, or if he or she does not have enough federal income tax withheld from the distribution, Claimant may be responsible for payment of estimated tax. Claimant may incur penalties under the estimated tax rules if his or her withholding and estimated tax payments are not sufficient.

A trust Claimant will be treated as an individual non-spousal beneficiary for the purposes of tax withholding unless a trustee of the trust certifies that the trust does not meet the requirements of Section 1.401(a)(9)-4 of the Treasury Regulations and should be treated as a non-individual beneficiary.

**State Income Tax** - For all Claimants, if Claimant lives in a state that mandates state income tax withholding, it will be withheld. If Claimant wishes to have additional state income tax withheld, Claimant may indicate dollar amount or percentage to be withheld.

If Claimant lives in a state that does not mandate state income tax withholding and would like state income tax withheld, please check an appropriate box in the Federal and State Income Tax Withholding section on this form. If Claimant made such an election, we will withhold state income tax based on the default rate provided by the state of Claimant's residence. It remains Claimant's responsibility to ensure that state withholding is sufficient to cover Claimant's state income tax liability.

If Claimant lives in a state that allows to elect out of state withholding, please check an appropriate box. Please note that if withholding is mandatory, Claimant's election will be disregarded.

### **Income Tax Withholding Applicable to Payments Delivered Outside the U.S.**

If Claimant is a U.S. citizen or a U.S. resident alien and Claimant's payment is to be delivered outside the U.S. or its possessions, Claimant may not elect out of federal income tax withholding.

If Claimant is a non-resident alien, Claimant must attach IRS Form W-8BEN with an original signature. In general, the withholding rate applicable to the claim is 30% unless a reduced rate applies because Claimant's country of residence has entered into a tax treaty with the U.S. and the treaty provides for a reduced withholding rate or an exemption from withholding. In order to claim a treaty rate, Claimant must complete appropriate fields and provide a U.S. Taxpayer Identification number on Form W-8BEN. To obtain IRS Form W-8BEN, call 1-800-TAX-FORM.

Contact your tax professional for more information.

### **Required Signatures and Date**

Claimant must sign and date the Form. Read the disclosure on the Form in this section before signing. By signing the Form, Claimant attests to receiving, reading, understanding and agreeing to all provisions of the Form, the Guide and the 402(f) Notice of Special Tax Rules on Distributions.

The authorized Plan Administrator signature is also required. The claim will not be processed without the Plan Administrator signature. If entitlement percentage is not provided, this form will be considered incomplete and will be returned to the Plan Administrator in order to determine the percentage to pay out. In this event, processing your request will be delayed.

### **Submitting the Form**

Once Claimant has completed the Form, forward it to the address indicated on the last page of the Form under the Required Signatures and Date section.

### **Important Note**

For more information about available investment options, including fees and expenses, you may obtain applicable prospectuses and/or disclosure documents from your representative. Read them carefully before investing.

Although every effort is made to keep the information in this Guide current, it is subject to change without notice. Federal, state, and local tax laws may be revised, and new plan provisions may be adopted by your Plan. For the most up to date version of this Guide, please visit the Web site at [frps.retirementpartner.com](http://frps.retirementpartner.com) or call the Voice Response System at 1-877-715-4015.

Access to the Voice Response System or the Web site may be limited or unavailable during periods of peak demand, market volatility, systems upgrades, maintenance or for other reasons.

**YOUR ROLLOVER OPTIONS**

You are receiving this notice because all or a portion of a payment you are receiving from the International Union of Operating Engineers Local No. 132 Annuity and Savings Fund (the "Plan") is eligible to be rolled over to an IRA or an employer plan. This notice is intended to help you decide whether to do such a rollover.

This notice describes the rollover rules that apply to payments from the Plan that are not from a designated Roth account (a type of account with special tax rules in some employer plans). If you also receive a payment from a designated Roth account in the Plan, you will be provided a different notice for that payment, and the Plan administrator or the payor will tell you the amount that is being paid from each account.

Rules that apply to most payments from a plan are described in the "General Information About Rollovers" section. Special rules that only apply in certain circumstances are described in the "Special Rules and Options" section.

**GENERAL INFORMATION ABOUT ROLLOVERS**

**How can a rollover affect my taxes?**

You will be taxed on a payment from the Plan if you do not roll it over. If you are under age 59 1/2 and do not do a rollover, you will also have to pay a 10% additional income tax on early distributions (unless an exception applies). However, if you do a rollover, you will not have to pay tax until you receive payments later and the 10% additional income tax will not apply if those payments are made after you are age 59 1/2 (or if an exception applies).

**Where may I roll over the payment?**

You may roll over the payment to either an IRA (an individual retirement account or individual retirement annuity) or an employer plan (a tax-qualified plan, section 403(b) plan, or governmental section 457(b) plan) that will accept the rollover. The rules of the IRA or employer plan that holds the rollover will determine your investment options, fees, and rights to payment from the IRA or employer plan (for example, no spousal consent rules apply to IRAs and IRAs may not provide loans). Further, the amount rolled over will become subject to the tax rules that apply to the IRA or employer plan.

**How do I do a rollover?**

There are two ways to do a rollover. You can do either a direct rollover or a 60-day rollover.

If you do a direct rollover, the Plan will make the payment directly to your IRA or an employer plan. You should contact the IRA sponsor or the administrator of the employer plan for information on how to do a direct rollover.

If you do not do a direct rollover, you may still do a rollover by making a deposit into an IRA or eligible employer plan that will accept it. You will have 60 days after you receive the payment to make the deposit. If you do not do a direct rollover, the Plan is required to withhold 20% of the payment for federal income taxes (up to the amount of cash and property received other than employer stock). This means that, in order to roll over the entire payment in a 60-day rollover, you must use other funds to make up for the 20% withheld. If you do not roll over the entire amount of the payment, the portion not rolled over will be taxed and will be subject to the 10% additional income tax on early distributions if you are under age 59 1/2 (unless an exception applies).

**How much may I roll over?**

If you wish to do a rollover, you may roll over all or part of the amount eligible for rollover. Any payment from the Plan is eligible for rollover, except:

- Certain payments spread over a period of at least 10 years or over your life or life expectancy (or the lives or joint life expectancy of you and your beneficiary)
- Required minimum distributions after age 70 1/2 (or after death)
- Hardship distributions
- ESOP dividends
- Corrective distributions of contributions that exceed tax law limitations
- Loans treated as deemed distributions (for example, loans in default due to missed payments before your employment ends)
- Cost of life insurance paid by the Plan
- Contributions made under special automatic enrollment rules that are withdrawn pursuant to your request within 90 days of enrollment
- Amounts treated as distributed because of a prohibited allocation of S corporation stock under an ESOP (also, there will generally be adverse tax consequences if you roll over a distribution of S corporation stock to an IRA).

The Plan administrator or the payor can tell you what portion of a payment is eligible for rollover.

**If I don't do a rollover, will I have to pay the 10% additional income tax on early distributions?**

If you are under age 59 1/2, you will have to pay the 10% additional income tax on early distributions for any payment from the Plan (including amounts withheld for income tax) that you do not roll over, unless one of the exceptions listed below applies. This tax is in addition to the regular income tax on the payment not rolled over.

The 10% additional income tax does not apply to the following payments from the Plan:

- Payments made after you separate from service if you will be at least age 55 in the year of the separation
- Payments that start after you separate from service if paid at least annually in equal or close to equal amounts over your life or life expectancy (or the lives or joint life expectancy of you and your beneficiary)
- Payments from a governmental defined benefit pension plan made after you separate from service if you are a public safety employee and you are at least age 50 in the year of the separation
- Payments made due to disability
- Payments after your death
- Payments of ESOP dividends
- Corrective distributions of contributions that exceed tax law limitations
- Cost of life insurance paid by the Plan
- Contributions made under special automatic enrollment rules that are withdrawn pursuant to your request within 90 days of enrollment
- Payments made directly to the government to satisfy a federal tax levy
- Payments made under a qualified domestic relations order (QDRO)
- Payments up to the amount of your deductible medical expenses
- Certain payments made while you are on active duty if you were a member of a reserve component called to duty after September 11, 2001 for more than 179 days
- Payments of certain automatic enrollment contributions requested to be withdrawn within 90 days of the first contribution.

**If I do a rollover to an IRA, will the 10% additional income tax apply to early distributions from the IRA?**

If you receive a payment from an IRA when you are under age 59 1/2, you will have to pay the 10% additional income tax on early distributions from the IRA, unless an exception applies. In general, the exceptions to the 10% additional income tax for early distributions from an IRA are the same as the exceptions listed above for early distributions from a plan. However, there are a few differences for payments from an IRA, including:

- There is no exception for payments after separation from service that are made after age 55.
- The exception for qualified domestic relations orders (QDROs) does not apply (although a special rule applies under which, as part of a divorce or separation agreement, a tax-free transfer may be made directly to an IRA of a spouse or former spouse).
- The exception for payments made at least annually in equal or close to equal amounts over a specified period applies without regard to whether you have had a separation from service.
- There are additional exceptions for (1) payments for qualified higher education expenses, (2) payments up to \$10,000 used in a qualified first-time home purchase, and (3) payments after you have received unemployment compensation for 12 consecutive weeks (or would have been eligible to receive unemployment compensation but for self-employed status).

**Will I owe State income taxes?**

This notice does not describe any State or local income tax rules (including withholding rules).

**SPECIAL RULES AND OPTIONS**

**If your payment includes after-tax contributions**

After-tax contributions included in a payment are not taxed. If a payment is only part of your benefit, an allocable portion of your after-tax contributions is generally included in the payment. If you have pre-1987 after-tax contributions maintained in a separate account, a special rule may apply to determine whether the after-tax contributions are included in a payment.

You may roll over to an IRA a payment that includes after-tax contributions through either a direct rollover or a 60-day rollover. You must keep track of the aggregate amount of the after-tax contributions in all of your IRAs (in order to determine your taxable income for later payments from the IRAs). If you do a direct rollover of only a portion of the amount paid from the Plan and a portion is paid to you, each of the payments will include an allocable portion of the after-tax contributions. If you do a 60-day rollover to an IRA of only a portion of the payment made to you, the after-tax contributions are treated as rolled over last. For example, assume you are receiving a complete distribution of your benefit which totals \$12,000, of which \$2,000 is after-tax contributions. In this case, if you roll over \$10,000 to an IRA in a 60-day rollover, no amount is taxable because the \$2,000 amount not rolled over is treated as being after-tax contributions.

You may roll over to an employer plan all of a payment that includes after-tax contributions, but only through a direct rollover (and only if the receiving plan separately accounts for after-tax contributions and is not a governmental section 457(b) plan). You can do a 60-day rollover to an employer plan of part of a payment that includes after-tax contributions, but only up to the amount of the payment that would be taxable if not rolled over.

**If you miss the 60-day rollover deadline**

Generally, the 60-day rollover deadline cannot be extended. However, the IRS has the limited authority to waive the deadline under certain extraordinary circumstances, such as when external events prevented you from completing the rollover by the 60-day rollover deadline. To apply for a waiver, you must file a private letter ruling request with the IRS. Private letter ruling requests require the payment of a nonrefundable user fee. For more information, see IRS Publication 590, Individual Retirement Arrangements (IRAs).

**If your payment includes employer stock that you do not roll over**

If you do not do a rollover, you can apply a special rule to payments of employer stock (or other employer securities) that are either attributable to after-tax contributions or paid in a lump sum after separation from service (or after age 59 1/2, disability, or the participant's death). Under the special rule, the net unrealized appreciation on the stock will not be taxed when distributed from the Plan and will be taxed

at capital gain rates when you sell the stock. Net unrealized appreciation is generally the increase in the value of employer stock after it was acquired by the Plan. If you do a rollover for a payment that includes employer stock (for example, by selling the stock and rolling over the proceeds within 60 days of the payment), the special rule relating to the distributed employer stock will not apply to any subsequent payments from the IRA or employer plan. The Plan administrator can tell you the amount of any net unrealized appreciation.

**If you have an outstanding loan that is being offset**

If you have an outstanding loan from the Plan, your Plan benefit may be offset by the amount of the loan, typically when your employment ends. The loan offset amount is treated as a distribution to you at the time of the offset and will be taxed (including the 10% additional income tax on early distributions, unless an exception applies) unless you do a 60-day rollover in the amount of the loan offset to an IRA or employer plan.

**If you were born on or before January 1, 1936**

If you were born on or before January 1, 1936 and receive a lump sum distribution that you do not roll over, special rules for calculating the amount of the tax on the payment might apply to you. For more information, see IRS Publication 575, Pension and Annuity Income.

**If your payment is from a governmental section 457(b) plan**

If the Plan is a governmental section 457(b) plan, the same rules described elsewhere in this notice generally apply, allowing you to roll over the payment to an IRA or an employer plan that accepts rollovers. One difference is that, if you do not do a rollover, you will not have to pay the 10% additional income tax on early distributions from the Plan even if you are under age 59 1/2 (unless the payment is from a separate account holding rollover contributions that were made to the Plan from a tax-qualified plan, a section 403(b) plan, or an IRA). However, if you do a rollover to an IRA or to an employer plan that is not a governmental section 457(b) plan, a later distribution made before age 59 1/2 will be subject to the 10% additional income tax on early distributions (unless an exception applies). Other differences are that you cannot do a rollover if the payment is due to an "unforeseeable emergency" and the special rules under "If your payment includes employer stock that you do not roll over" and "If you were born on or before January 1, 1936" do not apply.

**If you are an eligible retired public safety officer and your pension payment is used to pay for health coverage or qualified long-term care insurance**

If the Plan is a governmental plan, you retired as a public safety officer, and your retirement was by reason of disability or was after normal retirement age, you can exclude from your taxable income plan payments paid directly as premiums to an accident or health plan (or a qualified long-term care insurance contract) that your employer maintains for you, your spouse, or your dependents, up to a maximum of \$3,000 annually. For this purpose, a public safety officer is a law enforcement officer, firefighter, chaplain, or member of a rescue squad or ambulance crew.

**If you roll over your payment to a Roth IRA**

You can roll over a payment from the Plan made before January 1, 2010 to a Roth IRA only if your modified adjusted gross income is not more than \$100,000 for the year the payment is made to you and, if married, you file a joint return. These limitations do not apply to payments made to you from the Plan after 2009. If you wish to roll over the payment to a Roth IRA, but you are not eligible to do a rollover to a Roth IRA until after 2009, you can do a rollover to a traditional IRA and then, after 2009, elect to convert the traditional IRA into a Roth IRA.

If you roll over the payment to a Roth IRA, a special rule applies under which the amount of the payment rolled over (reduced by any after-tax amounts) will be taxed. However, the 10% additional income tax on early distributions will not apply (unless you take the amount rolled over out of the Roth IRA within 5 years, counting from January 1 of the year of the rollover). For payments from the Plan during 2010 that are rolled over to a Roth IRA, the taxable amount can be spread over a 2-year period starting in 2011.

If you roll over the payment to a Roth IRA, later payments from the Roth IRA that are qualified distributions will not be taxed (including earnings after the rollover). A qualified distribution from a Roth IRA is a payment made after you are age 59 1/2 (or after your death or disability, or as a qualified first-time homebuyer distribution of up to \$10,000) and after you have had a Roth IRA for at least 5 years. In applying this 5-year rule, you count from January 1 of the year for which your first contribution was made to a Roth IRA. Payments from the Roth IRA that are not qualified distributions will be taxed to the extent of earnings after the rollover, including the 10% additional income tax on early distributions (unless an exception applies). You do not have to take required minimum distributions from a Roth IRA during your lifetime. For more information, see IRS Publication 590, Individual Retirement Arrangements (IRAs).

You cannot roll over a payment from the Plan to a designated Roth account in an employer plan.

**If you are not a plan participant**

Payments after death of the participant. If you receive a distribution after the participant's death that you do not roll over, the distribution will generally be taxed in the same manner described elsewhere in this notice. However, the 10% additional income tax on early distributions and the special rules for public safety officers do not apply, and the special rule described under the section "If you were born on or before January 1, 1936" applies only if the participant was born on or before January 1, 1936.

**If you are a surviving spouse.** If you receive a payment from the Plan as the surviving spouse of a deceased participant, you have the same rollover options that the participant would have had, as described elsewhere in this notice. In addition, if you choose to do a rollover to an IRA, you may treat the IRA as your own or as an inherited IRA.

An IRA you treat as your own is treated like any other IRA of yours, so that payments made to you before you are age 59 1/2 will be subject to the 10% additional income tax on early distributions (unless an exception applies) and required minimum distributions from your IRA do not have to start until after you are age 70 1/2.

If you treat the IRA as an inherited IRA, payments from the IRA will not be subject to the 10% additional income tax on early distributions. However, if the participant had started taking required minimum distributions, you will have to receive required minimum distributions from the inherited IRA. If the participant had not started taking required minimum distributions from the Plan, you will not have to start receiving required minimum distributions from the inherited IRA until the year the participant would have been age 70 1/2.

**If you are a surviving beneficiary other than a spouse.** If you receive a payment from the Plan because of the participant's death and you are a designated beneficiary other than a surviving spouse, the only rollover option you have is to do a direct rollover to an inherited IRA. Payments from the inherited IRA will not be subject to the 10% additional income tax on early distributions. You will have to receive required minimum distributions from the inherited IRA.

**Payments under a qualified domestic relations order.** If you are the spouse or former spouse of the participant who receives a payment from the Plan under a qualified domestic relations order (QDRO), you generally have the same options the participant would have (for example, you may roll over the payment to your own IRA or an eligible employer plan that will accept it). Payments under the QDRO will not be subject to the 10% additional income tax on early distributions.

#### **If you are a nonresident alien**

If you are a nonresident alien and you do not do a direct rollover to a U.S. IRA or U.S. employer plan, instead of withholding 20%, the Plan is generally required to withhold 30% of the payment for federal income taxes. If the amount withheld exceeds the amount of tax you owe (as may happen if you do a 60-day rollover), you may request an income tax refund by filing Form 1040NR and attaching your Form 1042-S. See Form W-8BEN for claiming that you are entitled to a reduced rate of withholding under an income tax treaty. For more information, see also IRS Publication 519, U.S. Tax Guide for Aliens, and IRS Publication 515, Withholding of Tax on Nonresident Aliens and Foreign Entities.

#### **Other special rules**

If a payment is one in a series of payments for less than 10 years, your choice whether to make a direct rollover will apply to all later payments in the series (unless you make a different choice for later payments).

If your payments for the year are less than \$200 (not including payments from a designated Roth account in the Plan), the Plan is not required to allow you to do a direct rollover and is not required to withhold for federal income taxes. However, you may do a 60-day rollover.

Unless you elect otherwise, a mandatory cash-out of more than \$1,000 (not including payments from a designated Roth account in the Plan) will be directly rolled over to an IRA chosen by the Plan administrator or the payor. A mandatory cash-out is a payment from a plan to a participant made before age 62 (or normal retirement age, if later) and without consent, where the participant's benefit does not exceed \$5,000 (not including any amounts held under the plan as a result of a prior rollover made to the plan).

You may have special rollover rights if you recently served in the U.S. Armed Forces. For more information, see IRS Publication 3, Armed Forces' Tax Guide.

#### **FOR MORE INFORMATION**

You may wish to consult with the Plan administrator or payor, or a professional tax advisor, before taking a payment from the Plan. Also, you can find more detailed information on the federal tax treatment of payments from employer plans in: IRS Publication 575, Pension and Annuity Income; IRS Publication 590, Individual Retirement Arrangements (IRAs); and IRS Publication 571, Tax-Sheltered Annuity Plans (403(b) Plans). These publications are available from a local IRS office, on the web at [www.irs.gov](http://www.irs.gov), or by calling 1-800-TAX-FORM.

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