LOCAL 665 I.A.T.S.E. ANNUITY TRUST FUND

c/o BENEFIT & RISK MANAGEMENT SERVICES, INC.
560 N NIMITZ HWY STE 209 HONOLULU HI 96817
Phone: (808) 509-2990 / Fax: (808) 537-1074
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APPLICATION FOR ANNUITY BENEFIT

PARTICIPANT'S NAME ______________________

NAME OF APPLICANT ______________________
(IF OTHER THAN PARTICIPANT)
IF NON-PARTICIPANT APPLICANT (check one): ☐ APPLYING ON BEHALF OF THE PARTICIPANT ☐ APPLYING AS THE BENEFICIARY OF THE PARTICIPANT

ADDRESS ______________________ PHONE ______________

SOCIAL SECURITY NO. ______________ DATE OF BIRTH ______________

UNDER AND SUBJECT TO THE PROVISIONS OF THE LOCAL 665 I.A.T.S.E. ANNUITY PLAN, I HEREBY WISH TO WITHDRAW MY ANNUITY FUND ACCOUNT BALANCE UNDER THE FOLLOWING CIRCUMSTANCE (CHECK ONE BELOW):

( ) RETIREMENT BENEFIT - Retirement at or after age 55. (A copy of your birth certificate is required.)

( ) DISABILITY BENEFIT - Entitlement to a Social Security Disability Benefit under Title II of the Social Security Act. (You must submit a copy of your Social Security Disability Award Letter or any other proof as the Trustees may require.) (A copy of your birth certificate is required.)

( ) TERMINATION OF PARTICIPATION - Failure to work at least 300 hours in Covered Employment for a period of two (2) consecutive Plan Years (June 1 - May 31), prior to reaching age 55. (A copy of your birth certificate is required.)

( ) TERMINATION OF PARTICIPATION - Failure to work any hours in Covered Employment for a period of twenty-four (24) consecutive months, prior to reaching age 55. (A copy of your birth certificate is required.)

( ) DEATH BENEFIT - Death of Participant prior to his/her retirement (Certificate of Death required).

( ) MANDATORY DISTRIBUTION AT OR OVER AGE 70-1/2. (A copy of your birth certificate is required.) (DECLARATION REQUIREMENT BELOW NOT APPLICABLE)

(√) SPECIAL WINDOW TERMINATION BENEFIT – 3 consecutive months with no reported hours between 5/1/2023 to 12/31/2023 (one time distribution capped at $25,000.00). (A copy of your birth certificate is required. DECLARATION REQUIREMENT BELOW NOT APPLICABLE)

EFFECTIVE DATE: ______________

I DECLARE, UNDER PENALTY OF PURJURY, THAT I AM NOT CURRENTLY IN THE EMPLOY (IN A POSITION NOT COVERED BY A CONTRIBUTION AGREEMENT) OF ANY EMPLOYER THAT IS SUBJECT TO A CONTRIBUTION AGREEMENT WITH THE LOCAL 665 I.A.T.S.E.

YOU MUST CHECK ALL SECTIONS THAT APPLY AND COMPLETE THE APPROPRIATE BLANKS BELOW:

( ) I hereby affirm that **I am not legally married** (single or divorced) at this time. I further affirm that I ___ **am** ___ **am not** subject to any domestic relations order (i.e., divorce decree or child support decree or any other decree, judgement or order resulting from a prior marriage) which became effective on or after January 1, 1985. (You must enclose a copy of all such decrees, judgements or orders which apply to you.)

( ) I hereby affirm that **I am legally married** at this time (you must enclose proof of marriage). I further affirm that I ___ **am** ___ **am not** subject to a domestic relations order (i.e., divorce decree or child support decree or any other decree, judgement or order resulting from a prior marriage) which became effective on or after January 1, 1985. (You must enclose a copy your marriage certificate and all such decrees, judgements or orders which apply to you.)

( ) I hereby affirm that I am unable to locate my spouse. (If you check this box, the Trust Fund Office will require additional documents from you.)

PARTICIPANT'S/APPLICANT'S STATEMENT: I hereby certify that all of the information contained on this application is true and accurate and agree to submit all documents that the Administrator may deem necessary to prove my claim. I also declare, under penalty of perjury, that I am not engaged in employment for wages or profit in the type of work covered by a Contribution Agreement with the I.A.T.S.E. Local 665.

NOTE: Signature must be signed in the presence of a Trust Fund Official or Notary Public.

Participant's/Applicant's Signature	Relationship to Participant (If other than Participant)	Date
Trust Fund Official's Signature	Print Name	Date

NOTARIZATION

On this ______ day of ____________, 20___, before me personally appeared ______________________, to me known to be the person described in and who executed the foregoing statement and acknowledged that he/she duly executed the same as his/her free act and deed.

____
Notary Public

My Commission Expires: ______________

LOCAL 665 I.A.T.S.E. ANNUITY FUND

BENEFIT DISTRIBUTION EXPLANATION AND ELECTION FORM

Under the Local 665 I.A.T.S.E Annuity Plan, your account balance will be used to buy a Qualified Joint and Survivor Annuity ("QJSA") contract from an insurance company unless you and your spouse (if you are married), reject that form of payment.

If you are **married**, the QJSA will pay you a monthly benefit until you die and 50% of your amount to your spouse for the remainder of his/her lifetime if he/she survives you. If your spouse dies first, the payments will cease upon your death. If you are **unmarried**, the QJSA will pay a monthly benefit to you until you die.

If you reject the QJSA, you may have your account balance paid out in a lump-sum payment or other forms of benefit payment which may be available through an insurance company. If the QJSA is rejected, your spouse (if any) would not be entitled to lifetime benefits under the Annuity Fund after your death.

If you want to receive the QJSA or more information about it, complete below and sign at the bottom of the page.

If you want to reject the QJSA, go to the section under the heading "Qualified Joint and Survivor Annuity (QJSA) Rejection" (see next page), complete and sign. In order for the rejection of the QJSA to be valid, this form must be completed within the 180-day period ending on the effective date of your distribution or, if later, ending on the date payment commences. If you are married and you want to reject the QJSA, your spouse must complete and sign the "Spouse's Statement" at the end of this form **in the presence of a notary public** during the same 180-day period.

Also, by law, you must be given an election period of not less than 30 days to make your QJSA election/rejection (or to revoke your election/rejection). However, a shorter period of 7 days will be used if you waive your rights to the 30-day election period. If you wish to waive your rights to the 30-day election period, you must indicate this in the appropriate place on this form.

Notwithstanding the above, if the value of your account balance is $5,000.00 or less, your account balance will be paid to you in the form of a lump-sum payment without regard to any election of a different form of benefit payment.

( ) I want to receive my account balance in the form of a QJSA from an insurance company. I understand that, unless I waive my rights, I am entitled to a 30-day election period in which to make my QJSA election/rejection or to change such an election. At this time, I ___ do ___ do not wish to waive my rights to this election period. (NOTE: If you waive your rights to the 30-day election period, a shorter period of 7 days will apply. Failure to answer this question will be treated as an election to retain your 30-day election period rights.)

( ) I may want to receive my account balance in the form of a QJSA. Please inform me of the monthly amount that would be payable under this QJSA form of payment. I understand that when I receive this information, I will again have the chance to make a final election regarding the QJSA.

My date of birth is ________________ (submit proof of age)

My spouse's date of birth is ________________ (submit proof of age)

My spouse's Social Security Number is ________________________

Our date of marriage is ________________ (submit proof of marriage)

____

Participant's name (please print)

____ ________________________

Participant's Signature Date

LOCAL 665 I.A.T.S.E. ANNUITY FUND

QUALIFIED JOINT AND SURVIVOR ANNUITY (QJSA) REJECTION

I, (print Participant's full name) ______________________, **do not** wish to receive my account balance in the form of a QJSA. Instead, I elect to have my account balance paid to me under the following optional form of payment:

( ) The purchase of a life annuity contract from an insurance company...

( ) with 5-year period certain (60 monthly payments guaranteed). If I die prior to receiving 60 months of payments, the person(s) named below is(are) my beneficiary(ies) for any unpaid benefits.

( ) for my life only (no guaranteed minimum number of payments). In the unlikely event that there are any unpaid benefits remaining at the time of my death, the person(s) named below is(are) my beneficiary(ies) for any unpaid benefits.

( ) for my life with 75% continuation to my spouse, if I should die prior to my spouse, payable for the duration of his/her life. (Note: This option is available only to married Participants.)

( ) Lump-sum payment. (NOTE: If your account balance is $5,000.00 or less, your account balance will be paid to you in this lump-sum payment form). In the unlikely event that there are any unpaid benefits remaining at the time of my death, the person(s) named below is(are) my beneficiary(ies) for any unpaid benefits.

( ) Equal ____ monthly/____ quarterly installments over ______ years (cannot exceed the lesser of the life expectancy of you, you and your spouse, or ten years). In the event there are any unpaid benefits remaining at the time of my death, the person(s) named below is(are) my beneficiary(ies) for any unpaid benefits.

Print the Full Name of your Designated Beneficiary(ies)	Beneficiary(ies) Social Security Number
Beneficiary(ies) Mailing Address	Beneficiary(ies) Relationship to You

I understand that by rejecting the QJSA, no benefits will be paid to my spouse, if any, by the Local 665 I.A.T.S.E. Annuity Fund after my death, unless I elect an optional form of payment (above) under which benefits are payable to my spouse. I certify that the information contained in this election form is true and complete to the best of my knowledge and belief.

I understand that, unless I waive my rights, I am entitled to a 30-day election period in which to make my QJSA election/rejection or to change such an election/rejection. At this time, I ____ **do** ____ **do not** wish to waive my rights to this election period. (NOTE: If you waive your rights to the 30-day election period, a shorter period of 7 days will apply. Failure to answer will be treated as an election to retain your 30-day election period rights.)

Participant's Signature	Participant's Name (please print)	Date

X

LOCAL 665 I.A.T.S.E. ANNUITY FUND

QUALIFIED JOINT AND SURVIVOR ANNUITY (QJSA) REJECTION (CONTINUED)

SPOUSE'S STATEMENT

I, (print Spouse's full name) ____________________, affirm that I am the legal spouse of (print Participant's full name) ____________________, and I understand that I have the right to have Participant's benefits paid in the form of a Qualified Joint and Survivor Annuity (QJSA) and I agree to give up that right. I understand that by signing this consent, I may receive less money than I would have received under the QJSA or I may receive nothing after Participant's death, depending on the benefit form or beneficiary that Participant chooses.

I hereby agree to Participant's election to receive Local 665 I.A.T.S.E Annuity Fund benefits in the following benefit form:

(print payment option elected) ____________________ and, if applicable, I also agree to Participant's choice of (print full name) ____________________ as the designated beneficiary who will receive survivor benefits, if any, after Participant's death. I understand that Participant cannot choose a different benefit form or a different beneficiary unless I agree to the change.

I understand that I do not have to sign this consent, that Participant's election of a benefit form other than the QJSA is not valid without my consent, and that if I do not consent to Participant's election, benefits will be automatically paid in the form of the QJSA. I hereby make this consent voluntarily without any duress or undue influence by any party. [***Do not sign if you are not giving consent***.]

____________________	____________________	__________
Spouse's Signature	Social Security Number	Date

On this ______ day of ____________, 2____ before me personally appeared ____________________ to me known to be the person described in and who executed the foregoing statement and acknowledged that he/she duly executed the same as his/her free act and deed.

____
Notary Public

My Commission Expires: ____________

LOCAL 665 I.A.T.S.E. ANNUITY FUND

TAX WITHHOLDING/TRANSFER ELECTION FORM

The benefits that you will or are receiving from the Local 665 I.A.T.S.E. Annuity Fund may be eligible for transfer into a Traditional, Roth or Inherited Individual Retirement Account ("IRA") or an eligible employer plan. Please read the **SPECIAL TAX NOTICE REGARDING PLAN PAYMENTS**, which has been enclosed with this form, to determine if your benefits would be eligible for this treatment. If, after you read the notice, you find that the benefit form you have selected could be transferred to an IRA or an eligible employer plan, please complete below and return this form to the Trust Fund Office for processing.

1. Please check **one** of the following options:

A. ☐ I want all of my plan distribution transferred to the eligible employer plan or IRA listed in 2 below (must be at least $500.00).

B. ☐ I want a portion of my plan distribution transferred to the eligible employer plan or IRA listed in 2 below, and the remainder paid to me in the form of a check. The amount that I want transferred to the eligible employer plan or IRA is $______ or ______% (must be at least $500.00) and I understand that the remaining amount will be subject to a minimum 20% federal income tax withholding. Complete 2 and 3 below.

C. ☐ I want all of my plan distribution paid to me in the form of a check. I understand that all of my distribution will be subject to a minimum 20% federal income tax withholding if the total amount I receive in a calendar year is $200.00 or greater. Complete 3 below.

NOTE: In the case of Age 70-½ distributions, the options above apply only to the portion of your distribution which is not subject to the required minimum distribution rules under IRC 401(a)(9).

2. If you have checked 1.A. or 1.B. above (amount must be at least $500.00), please provide the following additional information:

A. The transfer is being made to a ☐ Traditional IRA, ☐ Roth IRA, ☐ Inherited IRA, or ☐ Eligible Employer Plan.

B. Institution or Plan accepting transfer:

Name of Institution or Plan: ______

Address: ______

Account Number: ______

Contact Person: ______ Phone No.: ______

Check Made Payable to: ______

3. If you have checked 1.B. or 1.C. above, federal income taxes will be withheld from any direct payment to you based on your withholding election below. (Note: If this section is not completed, a mandatory 20% will be automatically withheld from your direct payment and sent to the IRS as federal income tax withholding.)

☐ 20% tax withholding, or

☐ other tax withholding (must be at least 20%), equal to a flat amount of $______ or ______%

4. Under penalty of perjury, I hereby certify that my name, resident address, social security number and date of birth as shown below are correct. I have received the tax notice regarding qualified plan distributions and have chosen the election shown above. I also understand that the election made above shall continue to apply to all future distributions of this type (if any) from this retirement plan until such time that I make a new election.

Name (type or print): ______

Social Security No.: ______ Date of Birth: ______

Street Address: ______

City/State/Zip Code: ______

Furthermore, I ☐ **do** ☐ **do not** wish to waive the 30-day notice period that I must wait before my election above is processed. (Failure to answer will be treated as an election to retain your 30-day election period rights.)

Your Signature: ______ Date: ______

Form **W-4R**

Department of the Treasury
Internal Revenue Service

Withholding Certificate for Nonperiodic Payments and Eligible Rollover Distributions

Give Form W-4R to the payer of your retirement payments.

OMB No. 1545-0074

2023

1a First name and middle initial	Last name	1b Social security number

Address

City or town, state, and ZIP code

Your withholding rate is determined by the type of payment you will receive.

- For nonperiodic payments, the default withholding rate is 10%. You can choose to have a different rate by entering a rate between 0% and 100% on line 2. Generally, you can't choose less than 10% for payments to be delivered outside the United States and its territories.
- For an eligible rollover distribution, the default withholding rate is 20%. You can choose a rate greater than 20% by entering the rate on line 2. You may not choose a rate less than 20%.

See page 2 for more information.

2 Complete this line if you would like a rate of withholding that is different from the default withholding rate. See the instructions on page 2 and the Marginal Rate Tables below for additional information. Enter the rate as a whole number (no decimals) . . . . **2** ______ %

Sign Here

Your signature (This form is not valid unless you sign it.) **Date**

General Instructions

Section references are to the Internal Revenue Code.

Future developments. For the latest information about any future developments related to Form W-4R, such as legislation enacted after it was published, go to *www.irs.gov/FormW4R*.

Purpose of form. Complete Form W-4R to have payers withhold the correct amount of federal income tax from your nonperiodic payment or eligible rollover distribution from an employer retirement plan, annuity (including a commercial annuity), or individual retirement arrangement (IRA). See page 2 for the rules and options that are available for each type of payment. Don't use Form W-4R for periodic payments (payments made in installments at regular intervals over a period of more than 1 year) from these plans or arrangements. Instead, use Form W-4P, Withholding Certificate for Periodic Pension or Annuity Payments. For more information on withholding, see Pub. 505, Tax Withholding and Estimated Tax.

Caution: If you have too little tax withheld, you will generally owe tax when you file your tax return and may owe a penalty unless you make timely payments of estimated tax. If too much tax is withheld, you will generally be due a refund when you file your tax return. Your withholding choice (or an election not to have withholding on a nonperiodic payment) will generally apply to any future payment from the same plan or IRA. Submit a new Form W-4R if you want to change your election.

2023 Marginal Rate Tables

You may use these tables to help you select the appropriate withholding rate for this payment or distribution. Add your income from all sources and use the column that matches your filing status to find the corresponding rate of withholding. See page 2 for more information on how to use this table.

Single or Married filing separately		**Married filing jointly or Qualifying surviving spouse**		**Head of household**	
Total income over—	**Tax rate for every dollar more**	*Total income over—*	**Tax rate for every dollar more**	*Total income over—*	**Tax rate for every dollar more**
$0	**0%**	$0	**0%**	$0	**0%**
13,850	**10%**	27,700	**10%**	20,800	**10%**
24,850	**12%**	49,700	**12%**	36,500	**12%**
58,575	**22%**	117,150	**22%**	80,650	**22%**
109,225	**24%**	218,450	**24%**	116,150	**24%**
195,950	**32%**	391,900	**32%**	202,900	**32%**
245,100	**35%**	490,200	**35%**	252,050	**35%**
591,975*	**37%**	721,450	**37%**	598,900	**37%**

* If married filing separately, use $360,725 instead for this 37% rate.

General Instructions *(continued)*

Nonperiodic payments—10% withholding. Your payer must withhold at a default 10% rate from the taxable amount of nonperiodic payments **unless** you enter a different rate on line 2. Distributions from an IRA that are payable on demand are treated as nonperiodic payments. Note that the default rate of withholding may not be appropriate for your tax situation. You may choose to have no federal income tax withheld by entering "-0-" on line 2. See the specific instructions below for more information. Generally, you are not permitted to elect to have federal income tax withheld at a rate of less than 10% (including "-0-") on any payments to be delivered outside the United States and its territories.

Note: If you don't give Form W-4R to your payer, you don't provide an SSN, or the IRS notifies the payer that you gave an incorrect SSN, then the payer must withhold 10% of the payment for federal income tax and can't honor requests to have a lower (or no) amount withheld. Generally, for payments that began before 2023, your current withholding election (or your default rate) remains in effect unless you submit a Form W-4R.

Eligible rollover distributions—20% withholding. Distributions you receive from qualified retirement plans (for example, 401(k) plans and section 457(b) plans maintained by a governmental employer) or tax-sheltered annuities that are eligible to be rolled over to an IRA or qualified plan are subject to a 20% default rate of withholding on the taxable amount of the distribution. You can't choose withholding at a rate of less than 20% (including "-0-"). Note that the default rate of withholding may be too low for your tax situation. You may choose to enter a rate higher than 20% on line 2. Don't give Form W-4R to your payer unless you want more than 20% withheld.

Note that the following payments are **not** eligible rollover distributions: (a) qualifying "hardship" distributions, and (b) distributions required by federal law, such as required minimum distributions. See Pub. 505 for details. See also *Nonperiodic payments—10% withholding* above.

Payments to nonresident aliens and foreign estates. Do not use Form W-4R. See Pub. 515, Withholding of Tax on Nonresident Aliens and Foreign Entities, and Pub. 519, U.S. Tax Guide for Aliens, for more information.

Tax relief for victims of terrorist attacks. If your disability payments for injuries incurred as a direct result of a terrorist attack are not taxable, enter "-0-" on line 2. See Pub. 3920, Tax Relief for Victims of Terrorist Attacks, for more details.

Specific Instructions

Line 1b

For an estate, enter the estate's employer identification number (EIN) in the area reserved for "Social security number."

Line 2

More withholding. If you want more than the default rate withheld from your payment, you may enter a higher rate on line 2.

Less withholding (nonperiodic payments only). If permitted, you may enter a lower rate on line 2 (including "-0-") if you want less than the 10% default rate withheld from your payment. If you have already paid, or plan to pay, your tax on this payment through other withholding or estimated tax payments, you may want to enter "-0-".

Suggestion for determining withholding. Consider using the Marginal Rate Tables on page 1 to help you select the appropriate withholding rate for this payment or distribution. The tables are most accurate if the appropriate amount of tax on all other sources of income, deductions, and credits has been paid through other withholding or estimated tax payments. If the appropriate amount of tax on those sources of income has not been paid through other withholding or estimated tax payments, you can pay that tax through withholding on this payment by entering a rate that is greater than the rate in the Marginal Rate Tables.

The marginal tax rate is the rate of tax on each additional dollar of income you receive above a particular amount of income. You can use the table for your filing status as a guide to find a rate of withholding for amounts above the total income level in the table.

To determine the appropriate rate of withholding from the table, do the following. Step 1: Find the rate that corresponds with your total income not including the payment. Step 2: Add your total income and the taxable amount of the payment and find the corresponding rate.

If these two rates are the same, enter that rate on line 2. (See *Example 1* below.)

If the two rates differ, multiply (a) the amount in the lower rate bracket by the rate for that bracket, and (b) the amount in the higher rate bracket by the rate for that bracket. Add these two numbers; this is the expected tax for this payment. To get the rate to have withheld, divide this amount by the taxable amount of the payment. Round up to the next whole number and enter that rate on line 2. (See *Example 2* below.)

If you prefer a simpler approach (but one that may lead to overwithholding), find the rate that corresponds to your total income including the payment and enter that rate on line 2.

Examples. Assume the following facts for *Examples 1* and *2*. Your filing status is single. You expect the taxable amount of your payment to be $20,000. Appropriate amounts have been withheld for all other sources of income and any deductions or credits.

Example 1. You expect your total income to be $60,000 without the payment. Step 1: Because your total income without the payment, $60,000, is greater than $58,575 but less than $109,225, the corresponding rate is 22%. Step 2: Because your total income with the payment, $80,000, is greater than $58,575 but less than $109,225, the corresponding rate is 22%. Because these two rates are the same, enter "22" on line 2.

Example 2. You expect your total income to be $42,500 without the payment. Step 1: Because your total income without the payment, $42,500, is greater than $24,850 but less than $58,575, the corresponding rate is 12%. Step 2: Because your total income with the payment, $62,500, is greater than $58,575 but less than $109,225, the corresponding rate is 22%. The two rates differ. $16,075 of the $20,000 payment is in the lower bracket ($58,575 less your total income of $42,500 without the payment), and $3,925 is in the higher bracket ($20,000 less the $16,075 that is in the lower bracket). Multiply $16,075 by 12% to get $1,929. Multiply $3,925 by 22% to get $863.50. The sum of these two amounts is $2,792.50. This is the estimated tax on your payment. This amount corresponds to 14% of the $20,000 payment ($2,792.50 divided by $20,000). Enter "14" on line 2.

Privacy Act and Paperwork Reduction Act Notice. We ask for the information on this form to carry out the Internal Revenue laws of the United States. You are required to provide this information only if you want to (a) request additional federal income tax withholding from your nonperiodic payment(s) or eligible rollover distribution(s); (b) choose not to have federal income tax withheld from your nonperiodic payment(s), when permitted; or (c) change a previous Form W-4R (or a previous Form W-4P that you completed with respect to your nonperiodic payments or eligible rollover distributions). To do any of the aforementioned, you are required by sections 3405(e) and 6109 and their regulations to provide the information requested on this form. Failure to provide this information may result in inaccurate withholding on your payment(s). Failure to provide a properly completed form will result in your payment(s) being subject to the default rate; providing fraudulent information may subject you to penalties.

Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation, and to cities, states, the District of Columbia, and U.S. commonwealths and territories for use in administering their tax laws. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by section 6103.

The average time and expenses required to complete and file this form will vary depending on individual circumstances. For estimated averages, see the instructions for your income tax return.

If you have suggestions for making this form simpler, we would be happy to hear from you. See the instructions for your income tax return.

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Special Tax Notice Regarding Plan Payments

YOUR ROLLOVER OPTIONS

You are receiving this notice because all or a portion of a payment you are receiving from the LOCAL 665 I.A.T.S.E. ANNUITY PLAN (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 in some employer plans that is subject to special tax rules). 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 59½ and do not do a rollover, you will also have to pay a 10% additional income tax on early distributions (generally, distributions made before age 59½), 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 59½ (or if an exception to the 10% additional income tax applies).

What types of retirement accounts and plans may accept my rollover?

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, IRAs are not subject to spousal consent rules, 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. Generally, 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 59½ (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 joint lives or joint life expectancies of you and your beneficiary); and
- Required minimum distributions after age 70½ (if you were born before July 1, 1949), after age 72 (if you were born after June 30, 1949), or after death.

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 59½, 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 applies to the part of the distribution that you must include in income and 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 joint lives or joint life expectancies of you and your beneficiary);
- Payments made due to disability;
- Payments after your death;
- Payments made directly to the government to satisfy a federal tax levy;
- Payments made under a qualified domestic relations order (QDRO);
- Payments of up to $5,000 made to you from a defined contribution plan if the payment is a

qualified birth or adoption distribution;

- Payments up to the amount of your deductible medical expenses (without regard to whether you itemize deductions for the taxable year);
- 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; and
- Payments excepted from the additional income tax by federal legislation relating to certain emergencies and disasters.

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 59½, you will have to pay the 10% additional income tax on early distributions on the part of the distribution that you must include in income, 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:

- The exception for payments made after you separate from service if you will be at least age 55 in the year of the separation does not apply;
- 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); and
- 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.

Additional exceptions apply for payments from an IRA, including:

- Payments for qualified higher education expenses;
- Payments up to $10,000 used in a qualified first-time home purchase; and
- Payments for health insurance premiums 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 address any State or local income tax rules (including withholding rules).

SPECIAL RULES AND OPTIONS

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. Under certain circumstances, you may claim eligibility for a waiver of the 60-day rollover deadline by making a written self-certification. Otherwise, to apply for a waiver from the IRS, 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-A, *Contributions to Individual Retirement Arrangements (IRAs).*

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 you roll over your payment to a Roth IRA

If you roll over a payment from the Plan 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. In general, the 10% additional income tax on early distributions will not apply. However, if you take the amount rolled over out of the Roth IRA within the 5-year period that begins on January 1 of the year of the rollover, the 10% additional income tax will apply (unless an exception applies).

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 59½ (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-A, *Contributions to Individual Retirement Arrangements (IRAs)*, and IRS Publication 590-B, *Distributions from Individual Retirement Arrangements (IRAs).*

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 generally will be taxed in the same manner described elsewhere in this notice. However, the 10% additional income tax on early distributions and the special rule described under the section "If you were born on or before January 1, 1936" applies only if the deceased 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 59½ 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 70½ (if you were born before July 1, 1949) or age 72 (if you were born after June 30, 1949).

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 70½ (if the participant was born before July 1, 1949) or age 72 (if the participant was born after June 30, 1949).

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 QDRO

If you are the spouse or former spouse of the participant who receives a payment from the Plan under a QDRO, you generally have the same options and the same tax treatment that 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). However, 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 do 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 federal income taxes. However, you may do a 60-day rollover.

You may have special rollover rights if you recently served in the U.S. Armed Forces. For more information on special rollover rights related to the U.S. Armed Forces, see IRS Publication 3, *Armed Forces' Tax Guide*. You also may have special rollover rights if you were affected by a federally declared disaster (or similar event), or if you received a distribution on account of a disaster. For more information on special rollover rights related to disaster relief, see the IRS website at www.irs.gov.

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-A, *Contributions to Individual Retirement Arrangements (IRAs)*; IRS Publication 590-B, *Distributions from 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, or by calling 1-800-TAX-FORM.

NOTICE OF YOUR RIGHT TO DEFER RECEIPT OF YOUR BENEFITS UNDER THE LOCAL 665 I.A.T.S.E. ANNUITY PLAN

Introduction

This notice, which federal law requires participants to receive prior to electing to commence receipt of benefits, includes important information about your right to defer receipt of your benefits.

Your Normal Retirement Date

Your Normal Retirement Date is the first day of the month on which, or after which, you attain age 62.

Benefit Commencement *Prior to* Your Normal Retirement Date

If the value of your individual account balance is greater than $1,000.00, any distribution of your benefits prior to your Normal Retirement Date requires your consent. If the value of your individual account balance is greater than $5,000.00 and you are married, distribution of your benefits prior to your Normal Retirement Date requires your spouse's consent. (Distribution of account balances that are $1,000.00 or less in value can be made without any consent.)

If you consent to receive your benefits prior to your Normal Retirement Date, you should be aware of the following consequences that your decision could have on the taxation and accumulation of your benefits. By not deferring receipt of your distribution,

(1) you have to make a rollover to a traditional IRA or eligible employer plan or else be taxed on the amount of the distribution that is not rolled over (refer to the Special Tax Notice for a more detailed discussion on eligible rollover distributions),

(2)a 10% early distribution penalty applies to your taxable distribution if you are under age 59-1/2, except under certain conditions, and

(3)you will forego any future net investment income or loss that would otherwise be credited to your Participant Account if you were to elect to defer taking a distribution (NOTE: Net investment income or losses are allocated as of each May 31 (valuation date) to the Participant Accounts that have not been distributed as of that valuation date.)

Benefit Commencement *On or After* Your Normal Retirement Date

Unless you elect otherwise, your benefits will commence no later than the 60th day following the close of the Plan Year (June 1 to May 31) in which the last of the following three events occurs:

(1) The date you attain age 62
(2)The 10th anniversary of your participation in the Plan
(3)The date you terminate employment with your Employer

If you continue to work for a contributing Employer beyond your Normal Retirement Date, you are required to begin receiving your benefits by April 1 of the calendar year following the calendar year in which you turn age 70-1/2, or retire, if later.

Where to Get More Information

For more information about this notice, you may contact:

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