

Lake County, Illinois Plasterers & Cement Masons Retirement Savings Plan  
953 American Lane, Suite 100, Schaumburg, IL 60173  
Toll Free (888) 703-8872, Fax (847) 519-1979

## RETIREMENT APPLICATION

Please read this notice carefully. It contains important information regarding your application for a distribution from the Lake County, Illinois Plasterers and Cement Masons Retirement Savings Plan.

All forms are required to be signed, completed, and returned.

**Proof of Age.** You must provide proof of age when you apply for a distribution. A copy of your birth certificate is the best document for proof of age. If you do not have your birth certificate, you may submit a baptismal certificate or statement as to the date of birth from a church record, notification of registration of birth in a public registry of vital statistics, certification of record of age by the U.S. Census Bureau, a hospital birth record, or a valid passport. If you cannot provide any one of the above records contact the Fund Office.

**Social Security Number.** You must submit a copy of your Social Security card. You may call your local office of the Social Security Administrative Office for information if you do not have one.

**Notarization.** Some sections of the application require your election or your spouse's consent. Any spousal consent needs to be witnessed by a Notary Public.

For further information please refer to your Summary Plan Description booklet. If you have additional questions please call the Fund Office at (888) 703-8872. If there is any conflict between this Application and the legal documents, the legal documents will govern.

Please Return:

- Copy of Birth Certificate
- Copy of Social Security Card
- Signed Distribution Election Form
- Signed Beneficiary Designation Form
- Signed Rollover Election Form
- Signed Waiver of Thirty Day Notice Form
- Copy of Marriage Certificate (if married)
- Notarized English Translation of All Foreign Documents (if any)
- Copy of Qualified Domestic Relations Orders (QDROs) relating to this Retirement Savings Plan (if any)

DISTRIBUTION ELECTION FORM

Name: \_\_\_\_\_ S.S. No.: \_\_\_\_\_  
(Last) (First) (MI)

Address: \_\_\_\_\_  
(Street) (City) (State) (Zip)

Date of Birth: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Local Union No.: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

If Married

Spouse's Name: \_\_\_\_\_ Spouse's S.S. No.: \_\_\_\_\_

Spouse's Date of Birth: \_\_\_\_\_

Reason for Distribution (Please Check One)

- Retirement
- Disability
- Termination
- QDRO Payment

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

Date Last Worked: \_\_\_\_\_

Date of Disability: \_\_\_\_\_

Date Last Worked: \_\_\_\_\_

Attach copy of medical report of Social Security  
Disability award

Method of Distribution (Please Check One)

- Total Lump Sum Distribution (See explanation)
- Partial Lump Sum Distribution (See explanation)  
Indicate Dollar Amount of Distribution \_\_\_\_\_
- Monthly Installments (See explanation)  
(Available for participants retiring on and after January 1, 2018 after having attained age 55)

Indicate Number of Months of Installment Payout Period:

- \_\_\_ 120 months (10 years)
- \_\_\_ 180 months (15 years)
- \_\_\_ 240 months (20 years)

**EXPLANATION OF OPTIONS**

*Partial Lump Sum Distribution Option: You can request additional Partial Lump Sum distributions once each calendar year for up to ten calendar years by contacting the Fund office. At the end of the tenth calendar year the remaining Account Balance will be distributed to you. Under this option, if you want a second distribution in the same calendar year, the distribution must be for your entire remaining Account Balance. Upon death, any remaining Account Balance will be paid to the beneficiary of record. If married, your beneficiary must be your spouse unless a notarized spousal consent is on record.*

*Monthly Installment Option: At commencement, the monthly installment amount is determined by dividing your Account Balance by the number of months in the installment payout period selected. Unless you change your monthly installment amount, it will continue to be paid until the end of the installment period OR until your Account Balance is \$0. Under this option, you can increase or decrease the amount of your monthly installments once every twelve months by contacting the Fund office. Additionally, not more often than once in a twelve month period, you can request one additional payout in addition to your monthly installments by contacting the Fund office. Notwithstanding the above, at any time during the Monthly Installment period, you can request your remaining Account Balance. Upon death, any remaining Account Balance will be paid to the beneficiary of record. If married, your beneficiary must be your spouse unless a notarized spousal consent is on record.*

My signature below provides authorization for the Retirement Savings Plan to process my application for commencement of my benefit under the Method of Distribution I've requested and certifies that the information I've provided is true and correct. By signing, I am also stating that, unless otherwise indicated on this application, I do not have any pending or final Qualified Domestic Relations Orders (QDROs) relating to this Retirement Savings Plan.

Participant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### ROLLOVER ELECTION FORM

Before completing this form you should read the special tax notice regarding Retirement Savings Plan distributions. You also may wish to consult your tax advisor before making this election. Complete this section only if you will receive a pay-out as a lump sum distribution.

If you receive part or all of your benefits as an "eligible rollover distribution," you may elect to have part or all of that distribution transferred directly to an Individual Retirement Account (IRA) or to another qualified retirement plan (if it accepts rollovers). If you choose not to have an eligible rollover distribution transferred directly to an IRA or other retirement plan, the Retirement Savings Plan is required to withhold 20 percent of the lump sum distribution for federal taxes. This withholding does not increase your taxes, but will be credited against any income tax you owe.

Check below to indicate whether or not you are electing a direct rollover of your Retirement Savings Plan distribution.

- I do not want to roll over any of my distribution to an IRA or other qualified retirement plan. Please pay me the partial/full amount of my Account Balance, after withholding 20 percent for federal income taxes as required by law.
- I want to roll over my Retirement Savings Plan distribution directly to an IRA or other qualified retirement plan that accepts rollovers. The IRA or other retirement plan is named below.
- I would like to have only part of my Retirement Savings Plan distribution directly rolled over. Please roll over \$ \_\_\_\_\_ to the IRA or qualified retirement plan named below and pay the remainder of my benefit to me, after withholding 20 percent for federal income taxes as required by law.

If you elected a direct rollover, you must provide all the following information. Until you provide this information, no direct rollover can be made.

Please make payment of my benefits on my behalf to:

Name of IRA Trustee or Qualified Retirement Plan: \_\_\_\_\_

Address:				
Street or PO Box	City	State	Zip	
Account Number:				

I certify that the recipient of a direct rollover that I have named above is an Individual Retirement Account (not a Roth IRA), an Individual Retirement Annuity, or a qualified retirement plan that accepts rollovers. I understand that payment of my Retirement Savings Plan distribution to the Trustee of the IRA or qualified Plan will release the Trustees of the Lake County, Illinois Plasterers and Cement Masons Retirement Savings Plan from any further obligations or responsibilities with respect to the distribution made.

\_\_\_\_\_  
Participant's Signature

\_\_\_\_\_  
Date

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### WAIVER OF THIRTY DAY NOTICE AND CONSENT FORM

I have applied for a distribution from the Fund and I understand that at least thirty (30) days in advance of my actual receipt of the distribution, the Plan Administrator must provide me with certain information required by law regarding my options with respect to payment of benefits under the Plan and my personal tax consequences, including my rights to a direct rollover, with respect to the distribution. I hereby acknowledge receipt of notices from the Plan Administrator regarding my payment of benefits under the Plan and the special tax consequences of this payment, including my right to a direct rollover.

Having received these notices, I hereby elect to waive the requirement that these notices be given thirty (30) days in advance of my actual distribution and instruct the Plan Administrator to make a distribution to me in accordance with my election as soon as administratively practicable. I understand that a distribution cannot be made until the expiration of a seven-day period after receipt of the notices and that I may revoke this waiver of the thirty-day waiting period at any time prior to my receipt of the distribution. I understand that I may change my distribution option, including my option to elect or not elect a direct rollover, or I may decide not to receive a distribution, at any time prior to my receipt and distribution. I understand that no part of a hardship distribution is eligible for a rollover to an IRA or to another qualified plan.

Your signature below provides authorization for the Lake County, Illinois Plasterers and Cement Masons Retirement Savings Fund to process your Retirement application immediately and waives the 30 day notice requirement. You are also confirming that you have received all required notices regarding taxation of your benefit.

Print Participant's Name \_\_\_\_\_

Participant's Signature \_\_\_\_\_