

Building Trades United Pension Trust Fund

ELECTION OF PAYMENT FOR LUMP SUM BENEFITS: Participants, Surviving Spouses, or Alternate Payees

Applicant's Name \_\_\_\_\_ Social Security # \_\_\_\_\_

I acknowledge receiving the Special Tax Notice regarding Plan payments from the Fund's Board of Trustees. My choice, as shown below, is based on the information in the Special Notice.

I direct and authorize the Trustees to: (check applicable line(s), and fill in percentage amounts)

\_\_\_\_\_ pay \_\_\_\_\_% of the lump sum benefit directly to me. I understand that 20% of the percentage marked here will be withheld for Federal Income Tax withholding. I also want \_\_\_\_\_% withheld for Wisconsin state income tax withholding.

\_\_\_\_\_ rollover \_\_\_\_\_% of the lump sum benefit directly to my Individual Retirement Account (IRA). I have provided the necessary information on the lines below to proceed with this payment.

\_\_\_\_\_ rollover \_\_\_\_\_% of the lump sum benefit directly to my Roth Individual Retirement Account (IRA). I have provided the necessary information on the lines below to proceed with this payment. Please withhold \_\_\_\_\_% for Federal Income Tax withholding and \_\_\_\_\_% for Wisconsin state income tax withholding.

\_\_\_\_\_ rollover \_\_\_\_\_% of the lump sum benefit to the qualified pension plan named below which accepts rollovers. I have provided the necessary information on the lines below to proceed with this payment.

— Complete this section for rollover to an Individual Retirement Account (IRA) or Roth IRA —

Name of institution at which IRA is maintained \_\_\_\_\_

Name of specific mutual fund \_\_\_\_\_

Address of institution \_\_\_\_\_

Name(s) in which IRA is maintained \_\_\_\_\_

Account number \_\_\_\_\_

— Complete this section for rollover to another Qualified Pension Plan, 403(b) or 457(b) Plan —

Name of the qualified pension plan or 403(b) or 457(b) plan receiving the rollover: \_\_\_\_\_

Address of qualified pension plan or 403(b) or 457 (b) plan receiving rollover: \_\_\_\_\_

Account number \_\_\_\_\_

Are both the following statements regarding the receiving Qualified Pension Plan true?

- 1. The plan is a tax-qualified plan under Internal Revenue Code Section 401(a) [ ] Yes [ ] No
2. The plan accepts direct rollover contributions [ ] Yes [ ] No

[Both statements must be true to qualify for a direct rollover to another Qualified Plan]

I hereby certify that the information entered on this form is true, correct, and complete.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_