

## Heat and Frost Insulators Local #34 Pension Plan

Return Completed forms to the Fund Office:

Wilson-McShane Corporation

3001 Metro Drive – Suite 500, Bloomington, MN 55425

952-851-5948 or 800-535-6373

### Application for Benefits

#### Part 1: Participant Information – Please print

Name \_\_\_\_\_  
Last First Middle  
SSN \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ DOB \_\_\_\_ / \_\_\_\_ / \_\_\_\_ **Proof of age required (attach copy of birth certificate).**  
Phone ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_  
Street Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Last Day Worked (In Covered Employment) \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Employer \_\_\_\_\_  
Marital Status:  Single  Married  Divorced  Widowed

**Please select ONE eligibility requirement that applies to you:**

- Age 52 or Later and Retired. Retired means you quit working with the intent of never returning to work in the industry  
**Please note: Contributions made to the plan prior to 11/01/2014 are subject to the rules of the plans that were in place during that time.**
- Cessation of Contributions – Must not have worked for an Employer obligated to make contributions to the Plan on your behalf for a period of six (6) consecutive months.
- Disability Benefit – You must return the **Certification of Disability form**
- Alternate payee due to Qualified Domestic Relations Order (“QDRO”)
- Survivor Benefit (Due to Death)
- Age 62 In-Service Distribution
- Age 70 ½ - The April 1 following your attainment of age 70 ½ is considered your Required Beginning Date under federal law.

#### Part 2: Payment Election

Benefits are payable in a Single Life Annuity or a Qualified Joint & 50% Survivor Annuity unless that form of payment is rejected in writing. Please indicate below which form of distribution you wish to receive:

\_\_\_\_\_ Single Life Annuity Form of Payment  
\_\_\_\_\_ Qualified Joint & 50% Survivor Annuity  
\_\_\_\_\_ Qualified Optional Joint & 75% Survivor Annuity  
\_\_\_\_\_ Lump sum payment of my **entire** balance  
\_\_\_\_\_ A **partial** payment \_\_\_\_\_  
\_\_\_\_\_ \$ \_\_\_\_\_ **each** \_\_\_\_\_ (Desired month of distribution)  
\_\_\_\_\_ **Equal** monthly installments for any period of time, not exceeding your life expectancy  
\_\_\_\_\_ \$ \_\_\_\_\_ **each month**

**Please check one of the following – (Note: If you are separated, you are still legally married)**

- I swear I am **not married** and I choose to reject the **Single Life Annuity** form of payment
- I swear I **AM married** at this time and we choose to reject the Qualified Joint & 50% Survivor Annuity form of payment

**Employee Statement:** *I understand that by rejecting the Qualified Joint & 50% Survivor Annuity form of payment, no benefits will be paid to my spouse by this Plan after my death, unless I elect another form of payment that may provide such benefit. I swear that the person co-signing this document is my legal spouse.*

Under the Qualified Joint & 50 Survivor Annuity, the monthly payments will be made to you as long as you are living. If you die before your spouse, monthly payments will continue to be paid to your spouse in the form of a Survivor Annuity. These payments will stop when the spouse dies. The amount of the monthly benefit to the surviving spouse will be 50% of the annuity payment made while both spouses are alive. If you have further questions about this distribution option, please contact the Fund Office.

Please check **ONE** of the following

- I am married and I hereby swear that the person co-signing the attached waiver form is my current legal spouse.
- I hereby swear that I am not legally married at this time or subject to a judgment by reason of divorce or separation.
- I hereby swear that I am unable to locate my spouse. (Additional proof or information is needed if you check this box.)

**ELECTION OPTION A: DIRECT ROLLOVER**

**If you wish to rollover all or part of your distribution, complete this section.**

- I hereby authorize a Direct Rollover of \_\_\_\_\_% of the portion of the distribution which is qualified as an eligible rollover distribution. **I authorize a Direct Rollover to another financial institution.**
- Send check to me (made payable to the financial institution) and I will send to rollover institution
- Send check directly to rollover institution

**This is (please check one):**

- A qualified retirement Plan
- A (IRA) Traditional Individual Retirement Account
- A Roth Individual Retirement Account

Name of Plan/Financial Institution \_\_\_\_\_ Account No. \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**ELECTION OPTION B: DIRECT PAYMENT TO YOU**

**If you want all or part of your distribution paid directly to you, complete this section.**

- I authorize a Direct Payment to ME. **I understand the money I receive directly will result in a mandatory deduction of 20% for federal income tax withholding. I may also be liable for state income tax and an early withdrawal penalty as detailed on the enclosed Special Tax Notice.**

**\*\*PLEASE READ\*\***

**If you would like to receive your payment via direct deposit to your bank account, you must contact John Hancock directly at 1-833-38UNION during the hours of 8:00 AM – 10:00 PM ET whenever the stock market is open or via their website at [www.myplan.johnhancock.com](http://www.myplan.johnhancock.com) to provide your banking information.**

**Signature:**

X \_\_\_\_\_  
Participant Signature

\_\_\_\_\_  
Date

## WAIVER OF JOINT AND SURVIVOR FORM OF BENEFIT

**IF YOU ARE MARRIED, your SPOUSE must complete and sign this page in front of a notary or plan representative.**

**IF YOU ARE SINGLE, SKIP THIS PAGE.**

### **Part 3: Annuity Rejection & Signature Section for Spouse**

I, the undersigned spouse of the Participant, hereby certify that I am the spouse of the Participant identified in this Benefit Application Form and consent to the above waiver of the automatic post-retirement joint and survivor form of benefit and acknowledge that the effect of my consent to the waiver eliminates any right I would otherwise have to receive the post-retirement joint and survivor form of benefit. I hereby swear, under oath, I am the spouse of the above participant. I am signing this consent voluntary.

X \_\_\_\_\_  
Spouse's Signature \_\_\_\_\_  
Date

State of \_\_\_\_\_

County of \_\_\_\_\_

On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, before me came \_\_\_\_\_  
known to me to be the person who executed the foregoing statement and who acknowledged to  
me that he/she executed the same.

\_\_\_\_\_  
Notary Public or \_\_\_\_\_  
Signature of Designated Plan Representative

(Seal)

#### **For Office Use Only:**

Date of Termination: \_\_\_\_\_

X \_\_\_\_\_  
Administrator's Signature \_\_\_\_\_  
Date

Form ID (Check Appropriate Box):

5004 (Age 62 In-Service)     5017 (Normal Lump Sum)     5022 (Normal Partial)

5018 (Age 70 ½)     5031 (QDRO)