



**SHEET METAL WORKERS DEFINED CONTRIBUTION PENSION PLAN  
APPLICATION FOR BENEFITS/ROLLOVER ELECTION FORM**

**PARTICIPANT INFORMATION**

SOCIAL SECURITY NO: \_\_\_\_\_ NAME: \_\_\_\_\_  
 HOME ADDRESS: \_\_\_\_\_  
 CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_ DAYTIME PHONE: \_\_\_\_\_  
 BIRTH DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_ HIRE DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_ TERMINATION DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 MARITAL STATUS: \_\_\_\_\_ E-MAIL ADDRESS: \_\_\_\_\_

**REASON FOR DISTRIBUTION**

TERMINATION OF EMPLOYMENT  
 REQUIRED MINIMUM DISTRIBUTION  
 QDRO, COMPLETE ALTERNATE PAYEE INFORMATION  
 DEATH, DATE OF DEATH: \_\_\_\_/\_\_\_\_/\_\_\_\_

DISABILITY  
 OTHER: \_\_\_\_\_  
 HARDSHIP (COMPLETE CERTIFICATION FORM ATTACHED)  
 IN-SERVICE WITHDRAWAL

**ALTERNATE PAYEE INFORMATION, ONLY REQUIRED IF QDRO**

SOCIAL SECURITY NO: \_\_\_\_\_ NAME: \_\_\_\_\_  
 HOME ADDRESS: \_\_\_\_\_  
 CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_ DAYTIME PHONE: \_\_\_\_\_  
 BIRTH DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_ RELATIONSHIP TO PARTICIPANT: \_\_\_\_\_  
 MARITAL STATUS: \_\_\_\_\_ E-MAIL ADDRESS: \_\_\_\_\_

**DISTRIBUTION OPTIONS**

**PLEASE READ THE "SPECIAL TAX NOTICE REGARDING PLAN PAYMENTS" BEFORE COMPLETING THIS SECTION**

FORM OF PAYMENT: CASH

PAY THE DISTRIBUTION DIRECTLY TO ME \$ \_\_\_\_\_ OR \_\_\_\_\_ % OF MY VESTED ACCOUNT BALANCE  
 (MUST COMPLETE "WITHHOLDING INFORMATION" SECTION ON PAGE 2)

PAY THE DISTRIBUTION IN ACCORDANCE WITH THE DIRECT ROLLOVER INSTRUCTIONS BELOW

AMOUNT \$ \_\_\_\_\_ OR \_\_\_\_\_ % OF MY VESTED ACCOUNT BALANCE

I REPRESENT THAT THE IRA OR PLAN DESIGNATED BELOW IS A PROPER RECIPIENT FOR A DIRECT ROLLOVER.

NAME OF NEW TRUSTEE/CUSTODIAN WHERE FUNDS WILL BE HELD: \_\_\_\_\_

IRA/QUALIFIED PLAN ACCOUNT NUMBER: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

NAME AND PHONE OF CONTACT PERSON AT NEW INSTITUTION: \_\_\_\_\_



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**WITHHOLDING INFORMATION**

IF YOU ELECT A DISTRIBUTION PAID TO YOU AND THE DISTRIBUTION IS ELIGIBLE FOR ROLLOVER, MANDATORY FEDERAL INCOME TAXES (20%) AND ANY APPLICABLE STATE TAXES MUST BE WITHHELD.

WITHHOLD MANDATORY FEDERAL INCOME TAX AT \_\_\_\_\_% (IF GREATER THAN 20% IS PREFERRED)

IF YOU ELECT A DISTRIBUTION PAID TO YOU AND THE DISTRIBUTION IS **NOT** ELIGIBLE FOR ROLLOVER, THERE IS NO MANDATORY WITHHOLDING. HOWEVER, YOU MAY ELECT VOLUNTARY FEDERAL INCOME TAX WITHHOLDING BELOW. IF YOU MAKE A VOLUNTARY FEDERAL INCOME TAX WITHHOLDING ELECTION, STATE WITHHOLDINGS MAY APPLY.

DO NOT WITHHOLD VOLUNTARY FEDERAL INCOME TAX

WITHHOLD VOLUNTARY FEDERAL INCOME TAX AT \_\_\_\_\_% (MINIMUM 10%)

**CERTIFICATION AND SIGNATURE**

THE ELIGIBLE DISTRIBUTION OF YOUR VESTED ACCOUNT BALANCE WILL BE MADE AS SOON AS ADMINISTRATIVELY POSSIBLE BASED UPON THE TERMS OF YOUR PLAN AFTER YOUR COMPLETED FORM HAS BEEN RECEIVED BY THE TRUST COMPANY OF OKLAHOMA. THE FINAL AMOUNT OF YOUR PAYMENT MAY BE SUBJECT TO MARKET FLUCTUATION AND THEREFORE MAY DIFFER FROM THE AMOUNT AT THE TIME THIS REQUEST WAS MADE. THE TRUST COMPANY OF OKLAHOMA WILL NOT BE RESPONSIBLE FOR ANY MARKET CHANGES ON YOUR FINAL DISTRIBUTION AMOUNT BETWEEN THE TIME THE COMPLETED FORM IS RECEIVED AND THE TIME THE FUNDS ARE ACTUALLY WITHDRAWN FROM YOUR INVESTMENTS.

I HAVE RECEIVED THE "SPECIAL TAX NOTICE REGARDING PLAN PAYMENTS" PROVIDED TO ME BY THE PLAN ADMINISTRATOR. I HEREBY REQUEST PAYMENT FROM THE PLAN IN THE MANNER INDICATED. I HEREBY WAIVE MY RIGHT TO A 30-DAY PERIOD IN WHICH TO CONSIDER THE DECISION OF WHETHER OR NOT TO ELECT A DIRECT ROLLOVER. I CERTIFY UNDER PENALTIES OF PERJURY THAT ALL INFORMATION PROVIDED BY ME IS TRUE AND ACCURATE, AND THAT NO TAX ADVICE HAS BEEN GIVEN TO ME BY THE PLAN ADMINISTRATOR AND/OR PLAN SPONSOR AND THAT ALL DECISIONS REGARDING THIS WITHDRAWAL ARE MY OWN. I EXPRESSLY ASSUME THE RESPONSIBILITY FOR ANY ADVERSE CONSEQUENCES WHICH MAY ARISE FROM THIS WITHDRAWAL AND I AGREE THAT THE PLAN ADMINISTRATOR AND/OR PLAN SPONSOR SHALL IN NO WAY BE RESPONSIBLE FOR THOSE CONSEQUENCES.

\_\_\_\_\_  
PARTICIPANT'S SIGNATURE

\_\_\_\_/\_\_\_\_/\_\_\_\_  
DATE

\_\_\_\_\_  
PLAN ADMINISTRATOR'S SIGNATURE

\_\_\_\_/\_\_\_\_/\_\_\_\_  
DATE

**PARTICIPANT'S QJSA WAIVER ELECTION**

AS A PARTICIPANT IN MY EMPLOYER'S QUALIFIED RETIREMENT PLAN, I CERTIFY UNDER PENALTIES OF PERJURY THAT I HAVE READ THE INFORMATION ABOUT QUALIFIED JOINT AND SURVIVOR ANNUITIES ON THE "SPECIAL TAX NOTICE REGARDING PLAN PAYMENTS". I UNDERSTAND THAT BENEFITS WILL BE PAID TO ME IN THE FORM OF A QUALIFIED JOINT AND SURVIVOR ANNUITY UNLESS I WAIVE THAT FORM OF PAYMENT. I UNDERSTAND THAT IF I AM MARRIED, MY SPOUSE MUST ALSO CONSENT TO THE WAIVER. I HEREBY ELECT TO WAIVE THE QUALIFIED JOINT AND SURVIVOR ANNUITY FORM OF PAYMENT.

\_\_\_\_\_  
PARTICIPANT'S SIGNATURE

\_\_\_\_/\_\_\_\_/\_\_\_\_  
DATE



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**PARTICIPANT'S CERTIFICATION IF NO SPOUSE OR IF SPOUSE IS UNLOCATABLE**

I HEREBY CERTIFY THAT I AM NOT MARRIED AND THAT THERE ARE NO PLAN BENEFITS PAYABLE TO A FORMER SPOUSE UNDER A PRIOR QUALIFIED DOMESTIC RELATION ORDER (QDRO).

I HEREBY CERTIFY THAT I AM NOT MARRIED; HOWEVER, THERE MAY BE A REDUCTION IN MY BENEFITS AS A RESULT OF A PRIOR QUALIFIED DOMESTIC RELATION ORDER (QDRO).

I CERTIFY THAT I AM MARRIED BUT CANNOT LOCATE MY SPOUSE OR HAVE AN ORDER OF LEGAL SEPARATION. PLEASE EXPLAIN WHY YOU CANNOT LOCATE YOUR SPOUSE: \_\_\_\_\_

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
PARTICIPANT'S SIGNATURE DATE

THE SIGNATURE OF THE PARTICIPANT MUST BE WITNESSED BY A PLAN REPRESENTATIVE OR A NOTARY PUBLIC

WITNESS: NOTARY PUBLIC \_\_\_\_\_

SUBSCRIBED AN SWORN TO BEFORE ME ON THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_\_

NOTARY'S SIGNATURE \_\_\_\_\_ OR

PLAN REPRESENTATIVE'S SIGNATURE \_\_\_\_\_

**SPOUSAL CONSENT TO WAIVER OF QUALIFIED JOINT AND SURVIVOR ANNUITY**

I HAVE READ AND UNDERSTAND THE "SPECIAL TAX NOTICE REGARDING PLAN PAYMENTS" PROVIDED TO ME BY THE PLAN ADMINISTRATOR. I HEREBY APPROVE OF, AND CONSENT TO, PAYMENT OPTION ELECTED BY MY SPOUSE AS PROVIDED ABOVE. I UNDERSTAND THAT UNDER THE TERMS OF THE PLAN BENEFITS IN EXCESS OF \$5,000 MAY HAVE TO BE PAID IN THE FORM OF A JOINT AND 50% SURVIVOR ANNUITY UNLESS I CONSENT TO A DIFFERENT FORM OF PAYMENT AS PROVIDED ABOVE. I ALSO UNDERSTAND THAT THE EFFECT OF MY CONSENT MAY BE TO HAVE RETIREMENT BENEFITS UNDER THE PLAN PAID IN A DIFFERENT FORM.

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
NAME OF SPOUSE SPOUSE'S SIGNATURE DATE

THE SIGNATURE OF THE SPOUSE MUST BE WITNESSED BY A PLAN REPRESENTATIVE OR A NOTARY PUBLIC

WITNESS: NOTARY PUBLIC \_\_\_\_\_

SUBSCRIBED AN SWORN TO BEFORE ME ON THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_\_

NOTARY'S SIGNATURE \_\_\_\_\_ OR

PLAN REPRESENTATIVE'S SIGNATURE \_\_\_\_\_

**RETURN THIS FORM TO: TRUST COMPANY OF OKLAHOMA, P.O. BOX 3627, TULSA, OK 74101-3627 FAX 1-866-786-3655  
QUESTIONS? CONTACT PARTICIPANT SERVICES AT 1-866-239-1042**



### HARDSHIP ELIGIBILITY CERTIFICATION

Please review this Hardship Eligibility Certification, execute and return to the Plan Administrator along with the Application for Benefits Election Form. Both the Certification and the Application for Benefits Election Form must be executed prior to receiving a hardship distribution.

#### REASONS FOR HARDSHIP

As a Participant in the Plan, I hereby apply for a hardship distribution. I confirm that the reason for the hardship is for (*check one*):

- Payment of expenses for unreimbursed medical expenses previously incurred or necessary to obtain medical care for either myself, my spouse, my child(ren) or my other dependents.
- Purchase of a principal residence (excluding mortgage payments).
- Payment of tuition and related educational fees, including room and board for the next 12 months of post-secondary education for either me, my Spouse, my child(ren) or my other dependents.
- Prevention of foreclosure on or eviction from my principal residence.
- Payment for burial or funeral expenses of my deceased parent, Spouse, child or dependent.
- Payment of expenses for the repair of damage to my principal residence that would qualify for a casualty deduction under Section 165 of the Internal Revenue Code.

#### HARDSHIP WITHDRAWAL

To receive the hardship distribution, I understand that the following requirements must be satisfied:

- The distribution will not be in excess of my immediate financial need.
- I have previously obtained all distributions and non-taxable loans available under all retirement plans maintained by my Employer.
- I will not be able to make any salary reduction contributions [*or after-tax contributions*] to any other qualified or nonqualified plan maintained by my Employer for at least 6 months after I receive the hardship withdrawal.

#### CERTIFICATION

If I have not reached age 59½ and the reason for the hardship withdrawal is not the payment of certain tax-deductible medical expenses, this distribution from the Plan is subject to an additional 10% nondeductible premature distribution penalty tax.

Hardship withdrawals of contributions are not subject to the required 20% Federal income tax withholding, but will be subject to 10% Federal income tax withholding and any required state withholding unless I otherwise request on the Application for Benefits Election Form.

Under current law I am not able to roll any amount I received as a hardship to an IRA that I may maintain.

I agree to provide any additional information that the Plan Administrator may require. If I am married, my spouse has agreed to this hardship distribution, as provided for on the Application for Benefits Election Form.

\_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
**Participant's Signature**                      **Date**                      **Social Security Number**

\_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
**Plan Representative's Signature**                      **Date**                      **Plan Name**