

Pipefitters Local 195 Defined Contribution Plan

**Defined Contribution
Fund Office
8441 Gulf Freeway
Suite 304
Houston, TX 77017-5066
Phone: 713-643-9300
Toll Free: 866-236-3148
Fax: 866-316-4794**

Enclosed is your application for Disbursement.

Please complete the application.

Please include the following:

1. Copy of your birth certificate
2. Copy of your spouse's birth certificate (if married)
3. Copy of your marriage license
4. Copy of your driver's license or ID card

For proof of retirement, please include a copy of your Social Security Award letter.

All checks are sent out at the beginning of the month.

If you need any additional information, please call the Fund Office.

Options

Please select from the following option(s): (May be continued on next page.)

(15) To leave the total of my vested account balance within my employer's plan until no later than the Required Minimum Distribution date. You may be required to receive a distribution of your account if your balance is less than a specified amount designated by your plan. *(This option only applies if you are no longer employed by the employer sponsoring the plan.)*

(73) **Direct Rollover**-Please complete applicable sections below.

1. Types of money in your account.	2. What do you want to roll over?	3. What type of account are you rolling to?	4. Please choose a specific product/plan below.
Tax-Deferred and After-Tax Account. (Excludes Roth Accounts. May include one or more of the following: Your own contributions (pre-tax, after-tax, or both), made by your employer, money you've rolled over from another employer-based plan.)	<input type="checkbox"/> The entire Account. <input type="checkbox"/> A portion of the Account	<input type="checkbox"/> Another eligible employer-based plan. <input type="checkbox"/> A Traditional IRA. <input type="checkbox"/> A Roth IRA. ¹	Financial Institution ² _____ _____ Address _____ _____ Account number: _____

¹This type of rollover is subject to current taxes. Please complete the section called "Election for Withholding Federal Income Taxes When Rolling Non-Roth Money to a Roth IRA" below.

²If the address of the institution is not given, your direct rollover check will be sent to you. You are responsible for completing the direct rollover to your financial institution in a timely manner in accordance with applicable law. If rolling over to multiple institutions, please list additional institutions or IRA (note if Traditional or Roth) on a separate page.

(20) Partial Single Sum & Remaining balance as Direct Rollover-I request to receive \$ _____ of my account in a check made payable to me. The remaining balance will be processed as a Direct Rollover. *Depending on the terms of your plan, the funds will either be prorated across all available contribution types and investments or taken in a specific sequence.* If you select this option, please complete the Direct Rollover section with the financial institution information.

(20) Total Single Sum-To receive my total eligible vested account balance in a check made payable to me. In-Service Withdrawals will be employee contributions only. Participant must be Age- Qualified (59 ½) to be eligible for an In-Service Withdrawal.

Election for Withholding Federal Income Taxes When Rolling Non-Roth Money to a Roth IRA

Only complete this section if you elected to roll non-Roth money to a Roth IRA above. If you do not complete this section, no federal income tax will be withheld if you elect to rollover non-Roth money to a Roth IRA.

A rollover of non-Roth money to a Roth IRA is generally taxable. However, this distribution is not subject to 20% mandatory federal withholding. You may elect withholding by making an election below.

- Please withhold _____% (percent) or \$_____ (amount)
- Please do not withhold federal income taxes

(Note: If you elect federal income tax withholding for this type of rollover, you will receive a second 1099-R for the withholding amount. If you are under age 59.5 and you elect withholding, the withholding amount may be subject to a 10% early distribution penalty.) Consult with your tax advisor to understand the tax implications for you.

Election for Withholding of Federal Income Taxes
(For Single Sum Payments)

We will automatically withhold 20% federal income tax from the taxable portion of your distribution. Only complete this section if you elected a total or partial single sum distribution made payable to you and you wish to have an additional amount withheld from your distribution.

In addition to the 20%, I want _____% or \$_____, _____ federal income tax withheld from my distribution.

Election For Withholding of State Income Taxes
(For Single Sum Payments and Rollovers of non-Roth money to a Roth IRA)

A. Mandatory State Withholding: If you reside in a state where state income tax withholding is mandatory **AR, CA*, DE, IA, KS, MA, MD (mandatory for eligible rollover distributions only, subject to 20% mandatory federal withholding), ME, NC, NE, OK*, OR*, VA or VT*** applicable withholding will be deducted automatically, unless an election out is applicable (see below). Note: Some states require withholding if federal income tax is withheld from the distribution.

My resident state is **AR, DE, KS, ME, NC, NE, or VA (for NE and VA, election out is allowed for payments from IRA's only)** and I do not want state income tax withholding deducted from my distribution. (An election out of **AR, DE, KS, ME, NC, or VA** state tax is not allowed for eligible rollover distributions, subject to 20% mandatory federal withholding.) **Important note to Maine (ME) residents. If you elect out of ME withholding, you must either have elected out of federal withholding, or have no Maine State tax liability in the prior or current years.**

*My resident state is one of the following: **CA, OK, OR, **VT** and withholding is required if federal income tax is withheld, unless I elect out of state withholding. By checking this box I am electing out of state withholding.
**An election out is not allowed for eligible rollover distributions, subject to 20% mandatory federal withholding.

B. Voluntary State Withholding: Please check the appropriate box below. If state income tax withholding is not mandatory in your state, you may be allowed to request state tax withholding. If your state of residence is not listed, or if you choose a method of withholding that is not offered for your state, we cannot withhold state income tax.

I reside in one of the following voluntary withholding states: **AL, CO, CT, DC, GA, ID, IL, IN, KY, LA, MD (non-eligible rollover distributions only), MI, MN, MO, MS, MT, ND, NE, NJ, NM, NY, OH, PA, RI, SC, UT, VA, WI, WV (NE and VA state withholding is voluntary for payments from IRA's only)** and would like state income tax withheld. (Specify a percentage or dollar amount to be withheld.)

_____ % or \$_____

I reside in one of the voluntary withholding states listed above and I do not want state income tax withholding deducted from my distribution.

C. No State Withholding: Some states do not have state income tax withholding.

My resident state is one of the following: **AK, FL, HI, NV, NH, SD, TN, TX, WA, WY** and there is no state income tax withholding.

My resident state is **AZ** and there is no state income tax withholding on non-periodic (single sum) payments.

**Your
Plan**

This section must be completed and signed by an authorized plan representative.

Authorization

Date of Termination: (if applicable)
month day year

X _____ Date
Authorized plan representative's signature

Print name and title
