

**N.E.C.A. LOCAL NO. 145 I.B.E.W. ANNUITY
AND PROFIT SHARING PLAN #201429**

Distribution Request Form

Instructions for Completing This Form: **Participant (or Beneficiary):** Complete sections 1 through 4, sign sections 6 and 7, then return the completed form to your employer. **Employer:** Complete and sign section 5. Retain a copy, and forward the original to Merrill Lynch.

All information requested must be completed.

1. Participant (or Beneficiary) Information

Name _____
Last First Middle Initial

Address _____
Street City State Zip

Social Security Number

2. Reason for Distribution

Type of Benefit <input type="checkbox"/> Retirement <input type="checkbox"/> Separation <input type="checkbox"/> Death <input type="checkbox"/> Disability <input type="checkbox"/> QDRO Payment	<p style="text-align: center;"><u>PAYMENT METHOD</u></p> <input type="checkbox"/> Single Sum <input type="checkbox"/> Installment payment, over a certain period, to be paid over _____ years. (Not to exceed 10) <input type="checkbox"/> Monthly <input type="checkbox"/> Semi-annually <input type="checkbox"/> Quarterly <input type="checkbox"/> Annually
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Note: In the event of your termination of employment, if your vested account balance exceeds \$5,000, you may be eligible to defer the distribution of your account until a later date. Please refer to your Summary Plan Description for more information.

3. Distribution Election

Any taxable portion of your distribution that is not directly rolled over to an IRA or a qualified retirement plan will automatically be subject to 20% withholding for federal income tax purposes (unless the form of payment is ineligible for rollover. Non-spousal beneficiaries may not elect a rollover. Please read the Special Tax Notice Regarding Plan Payments prior to requesting a distribution). Please indicate your election by checking one of the following (A through F):

A. Direct Rollover or Transfer to a Merrill Lynch IRA Account - The amount indicated below will be rolled over into a Merrill Lynch IRA account. Indicate the method of payment and account number of the account below. If you do not have a Merrill Lynch account, please contact your Benefits Department for the name and number of a Merrill Lynch Financial Advisor.

Merrill Lynch Account Number - (if available)

Dollar amount or percentage: \$ _____ or _____ % of your vested account balance.

The form of the assets to be rolled over or transferred should be:

In-kind to the extent available, the remainder in cash.
 Cash

B. Transfer to a Merrill Lynch Account - The amount indicated below will be transferred to a Merrill Lynch brokerage account. Indicate the method of payment and account number of the account below. If you do not have a Merrill Lynch account, please contact your Benefits Department for the name and _____ number of a Merrill Lynch Financial Advisor.

Merrill Lynch Account Number - (if available)

Dollar amount or percentage: \$ _____ or _____ % of your vested account balance.

The form of the assets to be rolled over or transferred should be:

In-kind to the extent available, the remainder in cash.
 Cash

C. Direct Rollover to a Non-Merrill Lynch IRA - If you elect this option, you must attach verification of the existence of your IRA account, including the account number, at the institution listed below before your benefits will be distributed. The amount indicated below will be sent to you, **payable to the financial institution, FBO participant name IRA.**

Dollar amount or percentage: \$ _____ or _____ % of your vested account balance.

Institution Name: _____
 Account #: _____

D. Direct Transfer to a Non-Merrill Lynch Account - If you elect this option, you must attach verification of the existence of your account, including the account number, at the institution listed below before your benefits will be distributed. The amount indicated below will be sent to you, **payable to the financial institution, FBO participant name.**

Dollar amount or percentage: \$ _____ or _____ % of your vested account balance.

Institution Name: _____
 Account #: _____

E. Direct Rollover to a Qualified Plan - The amount indicated below will be sent to you, **payable to the Trustee, FBO plan name FAO participant name.**

Dollar amount or percentage: \$ _____ or _____ % of your vested account balance.

Trustee Name: _____
 Account #: _____

Note: Some qualified plans may not accept rollovers of money that was rolled into this plan from a 403(b) plan, a 457 plan or an IRA. If you are rolling this money into a qualified plan, you must confirm that the plan will accept any of this type of money if your account contains money from the above named sources. If your account contains assets from one of the above named sources, and the plan you are rolling your assets into does not accept a rollover of that money, please indicate what should be done with those assets:

Distribute as indicated in Part _____ of this Section (Indicate appropriate letter)
 Leave it in your account (May not be available to you. Please confirm with your Employer.)

F. Direct Payment to You - The amount indicated below will be made payable and sent directly to you.

Dollar amount or percentage: \$ _____ or _____ % of your vested account balance.

4. Income Tax Withholding Notice and Election

A distribution (except for any after-tax contributions) is subject to income tax in the year the check is dated and may be subject to Federal and state penalties. The special tax notice regarding plan payments you have received with your participant statement contains detailed information on federal taxes and penalties. Still, it is a good idea to consult a tax advisor before completing this form.

Please complete the following if you have chosen anything other than a direct rollover in Section 3.

1. **Federal taxes.** For taxable amounts withdrawn
- Withhold the minimum suggested or required by the IRS, **OR**
 - Withhold _____ % **OR**

Note: The law requires 20% withholding from a rollover eligible distribution that is not directly rolled to an IRA or qualified plan.

2. **State taxes.** For taxable amounts withdrawn
- Withhold the minimum required by the state, **OR**
 - Withhold _____ % (if different than your state requires), **OR**

Note: If you choose an amount other than what the state requires you must submit any necessary forms to your Human Resource Department.

3. **Outside U.S.** If your address is outside of the U.S., check one box below:
- I have attached IRS Form W-9 (I am a Non-Resident Citizen). Withhold Federal taxes accordingly.
 - I have attached IRS Form W-8 (I am a Non-Resident Alien) and Form 1001 (if applicable). Withhold Federal taxes accordingly.
 - I have not attached any IRS forms. I understand that the trustee must withhold 30% in Federal taxes.

5. To Be Completed By Employer

<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Vested %: _____%	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Date of Last Contribution		Termination Date	Date of Birth	Date of Participation

6. Certification

I hereby certify that the information specified above has been examined by me and that the information contained on this form is accurate. I also certify that I have received and have read the Special Tax Notice Regarding Plan Payments. I understand that I have the right to review these materials for at least thirty (30) days before deciding whether I want to directly roll over my benefits or have them paid directly to me. I further understand that, by executing and returning this distribution form in less than 30 days, I have waived my rights to the 30-day waiting period. Finally, I certify that no portion of the benefits to which I am entitled from this Plan is subject to a Qualified Domestic Relations Order which would affect the payment of any benefits from this Plan.

Participant's Signature (Beneficiary) _____ Date _____

7. Spousal Consent

*(If you are married, spouse must sign below and it must be witnessed. If you are not married, sign certification of no spouse.)**

I am the spouse of the participant named in Section 1 above. I have read this Distribution Request Form. I understand that this distribution may reduce any subsequent distribution that may be payable from the Plan. I understand that I do not have to sign this Form. I am signing this Form voluntarily. With this knowledge, I consent to the payment of this distribution to my spouse.

Spouse's Signature (Beneficiary) _____ Date _____

Witness to Spousal Consent:

Notary Public

Subscribed and sworn to before me this _____ day of _____, 20_____

Notary Public _____ State of _____

Commission Expires

OR

Plan Representative's Signature _____ Date _____

Participant's Certification, If no Spouse

I hereby certify that I am either: 1) not legally married; 2) legally separated; or 3) legally abandoned.

Note: A court order must be attached if you are legally separated or abandoned.

Participant Signature _____ Date _____

* Only if applicable under the terms of the Plan. For example, defined benefit and money purchase pension plans require spousal consent. Profit-sharing/401(k) plans generally will not require spousal consent unless spousal consent was required under a predecessor plan document. To determine if your plan requires spousal consent, please check your Summary Plan Description or call the Merrill Lynch service center and speak to a participant service representative.

Plan Trustee Signature _____ Date _____

Plan Trustee Signature _____ Date _____