

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 (All information requested must be completed.):

Participant (or Beneficiary): Complete sections 1 through 4, sign sections 6 and 7, then return the completed form to the Fund Office.

Fund Office: Complete and sign section 5. Retain a copy, and forward the original to Merrill Lynch.

1. Participant (or Beneficiary) Information

Name _____
Last First Middle Initial

Address _____
Street City State Zip

Social Security Number

2. Reason for Distribution (Check One)

<p>Type of Benefit</p> <p><input type="checkbox"/> Retirement</p> <p><input type="checkbox"/> Separation</p> <p><input type="checkbox"/> Death</p> <p><input type="checkbox"/> Disability</p> <p><input type="checkbox"/> QDRO Payment</p>	<p>PAYMENT METHOD</p> <p><input type="checkbox"/> Single Sum</p> <p><input type="checkbox"/> Installment payment, over a certain period, to be paid over _____ years. (Not to exceed 10)</p> <p><input type="checkbox"/> Monthly <input type="checkbox"/> Semi-Annually</p> <p><input type="checkbox"/> Quarterly <input type="checkbox"/> Annually</p>
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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.

Single Life Annuity 75% Joint & Survivor Annuity

50% Joint & Survivor Annuity

3. Distribution Election

Any taxable portion of your distribution that is eligible to be rolled over to an IRA or a qualified retirement plan and that is not directly rolled will automatically be subject to 20% withholding for federal income tax purposes, unless you are a non-spousal beneficiary. If you are a non-spousal beneficiary and you do not roll your money directly to an IRA or a qualified plan, 10% federal withholding will apply unless you elect another amount. Please read the Special Tax Notice Regarding Plan Payments prior to requesting a distribution. Please indicate your election by checking all that apply of the following (A through F):

A. Direct Rollover or Transfer to a Merrill Lynch 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 the Fund Office 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. Direct Rollover to a Qualified Plan or non Merrill Lynch IRA account - The amount or percentage indicated below will be sent to you, payable to the Trustee of the Plan FBO _____ (participant name).

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

Trustee Name: _____

Account #: _____

C. Annuity Option

Single Life Annuity 75% Joint & Survivor Annuity

50% Joint & Survivor Annuity

D. Direct Payment to You - The amount or percentage 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 withdrawal (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.

A. Federal taxes.

For taxable amounts withdrawn for which withholding is not required (The IRS requires 20% be withheld if the distribution amount is eligible to be rolled over and, unless otherwise elected, 10% be withheld on money not eligible to be rolled over):

B. State taxes. Depending on the state in which you reside, you may have state taxes withheld.

C. 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 Fund Office

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Date of Last Contribution

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Date of Birth

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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.

For Plan Sponsor Use

Plan Sponsor's Signature _____ Date _____

Plan Sponsor's Signature _____ Date _____

Please make a copy of this form for yourself, and return the original to the Fund Office.

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Are Not FDIC Insured	Are Not Bank Guaranteed	May Lose Value
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