



Plumbers & Pipefitters Local 172 Voluntary 401(k) Plan

6525 Centurion • Drive Lansing • MI • 48917

(517)321-7502 or (833)767-0172

Distribution Application

BPAS Plan Number 170203

NOTE: A \$50 fee will be assessed to your account when this application is processed. All distributions will be based on the value of your account as of the date this application is processed. You will be responsible for any taxes, if applicable, that may occur as a result of this distribution. See the enclosed "Special Tax Notice" which explains the 20% withholding tax and the 10% IRS penalty tax.

Section A. Personal Information

| | | |
|--|-------------------------|---|
| Name | | |
| SSN | | |
| Address | | |
| Phone Number | | |
| Birth Date | | |
| Marital Status | | |
| Spouse Name (if applicable) | | |
| Spouse SSN (if applicable) | | |
| Spouse Birth Date (if applicable) | | |
| Have you been previously divorced? | Yes No | If yes, provide former spouse(s) name(s): |

Section B. Reason for Distribution – Check One (Options 1 – 7)

1: EARLY RETIREMENT – I have attained age 55 and I am receiving a pension benefit from the Plumbers and Pipefitters Local No. 172 Pension Fund or the National Pension Fund.

| | |
|-----------------|--|
| Last Day Worked | |
|-----------------|--|

2: NORMAL RETIREMENT – I have attained age 62.

| | |
|-----------------|--|
| Last Day Worked | |
|-----------------|--|

3: IN-SERVICE – I have attained age 59 ½. Only one In-Service Distribution per calendar quarter shall be permitted.

4: EMPLOYMENT TERMINATION – I have not worked for a period of at least 6 consecutive months in employment that requires contributions to the Plumbers and Pipefitters Local No. 172 Welfare Fund.

| | |
|-----------------|--|
| Last Day Worked | |
|-----------------|--|

5: DISABILITY – I am Disabled as defined by the Plan. Please submit evidence as to the finding of your total and permanent disability with this form (e.g., medical evidence; an award of Social Security disability benefits; the award of a disability pension from the Plumbers and Pipefitters Local No. 172 Pension Fund).

6: DEATH – I am the designated Beneficiary. I have attached a certified copy of the Death Certificate to this form.

| | |
|---------------------------|--|
| Participant Name | |
| Participant SSN | |
| Participant Date of Death | |

7: QDRO

| | |
|---------------------------------|--|
| Participant Name | |
| Participant SSN | |
| Date of Certified Copy of Order | |

Section C. Amount of Distribution – Check One (Options 1 - 2)**1: SINGLE LUMP SUM DISTRIBUTION** - A single payment of the entire amount available.**2: PARTIAL DISTRIBUTION** - A single payment in the amount indicated below:

| | |
|-------------------------|----|
| Amount Requested | \$ |
|-------------------------|----|

Section D. Payee Information – Check One (Options 1 – 3)**1: PAY THE DISTRIBUTION TO ME** - Mandatory 20% federal tax withholding will apply to the amount paid to you.**Select if you wish to withhold more than 20% federal tax**

Please withhold _____% federal tax

2: PAY THE DISTRIBUTION AS A DIRECT ROLLOVER:

| | | | |
|---|-------------|-----|-----|
| Pay to the IRA or EEP listed below: | (Check one) | IRA | EEP |
| Institution/Plan Name and Address – Please attach the forms from the IRA or other pension plan authorizing this Plan to make a Direct Rollover. | | | |
| Account Number | | | |

3: PAY THE DISTRIBUTION AS FOLLOWS:

| | |
|---|-------------------------------|
| Pay this amount to me | \$ |
| Mandatory 20% federal tax withholding will apply to the taxable amount paid to you. | |
| Pay the remainder to: | (Check one) IRA EEP |
| Institution/Plan Name and Address – Please attach the forms from the IRA or other pension plan authorizing this Plan to make a Direct Rollover. | |
| Account Number | |

Section E. Participant, Spouse, and Notary Signatures (REQUIRED)

I HEREBY ATTEST UNDER PENALTIES OF PERJURY, that the above is a true and correct statement. I request benefits in accordance with this application and consent to the payment of the benefits as requested here. I acknowledge that I have been advised to seek outside advice and counsel regarding this payment. If I have indicated that I am not married or have previously been divorced, I also certify that there are no Plan benefits payable to a former spouse under a Qualified Domestic Relations Order, unless I have informed the Plan otherwise. Furthermore I acknowledge that this request for a distribution is irrevocable.

Signature of Participant or Alternate Payee

Date

Signature of Spouse (if applicable)

Date

State of)
County of)SS
)

On this _____ day of _____, 20_____, before me, personally appeared

_____, and that he/she/they executed the foregoing by his/her/their own hand.

NOTARY PUBLIC County of Residence _____

Printed Name of Notary Public My Commission Expires _____