

SHEET METAL LOCAL 10 SUPPLEMENTAL RETIREMENT FUND

1681 East Cope Avenue, Suite B
Maplewood, MN 55109-2631

(651) 770-0991 1-800-396-2903
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SUPPLEMENTAL APPLICATION FOR BENEFIT CHANGE

Must complete all sections

Social Security Number	Last Name	First Name	MI
Mailing Address			
City	State	Zip Code	Phone Number

Section 1 - Option Election

I would like to change the status of my monthly benefit from the Sheet Metal Local 10 Supplemental Retirement Fund in the following manner:

1. ____ I would like to be paid a **Lump Sum** payment of any remaining balance I have in my individual account at this time. I understand that this payment will be subject to a mandatory 20% Federal income tax withholding.
2. ____ I would like a **Partial Lump Sum** payment to be made to me in the amount of \$_____ and continue receiving monthly payments thereafter. I understand that this Partial Lump Sum payment is subject to a 20% mandatory Federal income tax withholding. I also understand that I can take a Partial Lump Sum once per quarter.
3. ____ I would like to re-establish the **Monthly** payment to be in the following amount \$_____, with a termination date of _____ based on my current balance. Noting that this term cannot extend beyond my life expectancy. I also understand that if these payments are to be withdrawn over a period less than 10 years (120 months), the Fund will be required to withhold mandatory 20% Federal income tax.

Section 2 - Tax Withholding

_____ I elect to have **Federal** income tax withheld from my distribution. \$_____ OR _____% per installment. (This information is required in connection with installment payments that are not eligible for rollover. If it is not provided, federal withholding on such payments will be based on the rates of a married person claiming three allowances.)

_____ I elect to have **State** income tax withheld from my distribution. I want my State Withholding to be \$_____ per installment.
Specify State _____

_____ I elect **not** to have Federal or State income tax withheld from my distribution.

SEE NEXT PAGE FOR COMPLETION

Participant Name _____ **Last 4 SSN** _____

Section 3 – Direct Deposit

[Attach a voided check here, if you wish to have your funds directly deposited]

Section 4- Notarized Signatures

Participant's Signature

Date

Signed before me on this _____ day of _____, 20_____

NOTARY PUBLIC / PLAN REPRESENTATIVE

[STAMP or SEAL]

Spouse's Signature

Date

Signed before me on this _____ day of _____, 20_____

NOTARY PUBLIC / PLAN REPRESENTATIVE

[STAMP or SEAL]