

Ironworkers District Council of the Pacific Northwest Field Ironworkers Annuity Trust Fund

Please read the following requirements for withdrawing your Annuity Benefits, and then complete and return the Application for Benefits.

Section 4.02 – Entitlement to Benefit

A Participant who terminates Covered Employment and Continuous Non-Covered Employment may apply for benefits as follows:

- (a) Upon qualification for and approval of benefits from the Northwest Ironworkers Retirement Plan or Alaska Ironworkers Pension Plan; or
- (b) When a Participant has not had contributions made or required to be made to the Plan (including money-follows-the-man contributions) in the preceding six-month period (or more) regardless of age, **and the Participant has not previously received a distribution under this six-month rule**; or
- (c) When a Participant has less than 250 hours reported for which contributions are made or required to be made to the Plan (including money-follows-the-man contributions) in the preceding 18-month period (or more) regardless of age; or
- (d) When the Participant becomes entitled to a Social Security Disability Benefit under Title II of the Social Security Act; or commences a Disability Retirement from either the Northwest Ironworkers Retirement Plan or the Alaska Ironworkers Pension Plan; or
- (e) Upon attainment of Normal Retirement Age (65) with no contributions for 60 days.

No less than 30 days and no more than 90 days before the Annuity Starting Date, a written explanation will be provided to the Participant of the terms and conditions of the joint and 50% survivor annuity and the effect of rejecting that form of payment. A Participant (with any applicable spousal consent) may waive the requirement that the written explanation be provided at least 30 days before the Annuity Starting Date, if the Participant's benefits commence more than 7 days after the written explanation is provided.

If a Participant is married:

A Participant and his legal spouse may reject the joint and 50% survivor annuity, or revoke a previous election, at any time not more than 90 days before the Annuity Starting Date. The election period will end on the thirtieth day after the date on which the written explanation is provided, if the written explanation is provided after the Annuity Starting Date.

Election of a form of payment, other than the joint and 50% survivor annuity, must be consented to by the Participant's spouse during the election period. The consent will acknowledge the effect of the election and be witnessed by a Plan representative or a notary public. Notwithstanding this consent requirement, if the Participant establishes to the satisfaction of the Trustees that such written consent cannot be obtained because there is no spouse or the spouse cannot be located, or for any other reason provided by the Secretary of the Treasury or his delegate, such election can be made without the consent of any person.

The Board may require such documentary proof or evidence as it deems necessary or desirable to implement this Section. Benefits will commence or will be paid within 60 days after an application is received, provided all requirements have been met.

If you have any questions regarding your Annuity withdrawal, please call (206) 441-7226 or (866) 986-1515 ext 4702.

Note: your current balance is based on investment performance posted through the prior quarter. The returns for the recent quarter typically post 3 months after the quarter ends. Rather than requiring you to wait until for all the quarterly returns to post, the Trustees will allowed us to release 90% of your balance to you on the earliest date you are eligible for a distribution, and hold 10% of your balance pending the posting of the quarterly returns. Once the returns post, any remaining balance would be automatically paid to you.

Ironworkers District Council of the Pacific Northwest Field Ironworkers Annuity Trust Fund

Physical Address 7525 SE 24th Street Suite 200 Mercer Island, WA 98040 • Mailing Address PO Box 34203 Seattle, WA 98124
Phone (206) 441-7226 or (866) 986-1515 • Fax (206) 505-9727 • Website www.ironworkerstrust.com

Administered by
Welfare & Pension Administration Service, Inc.

APPLICATION FOR BENEFITS

Please print or type the following information:

Name: _____ Social Security No: _____

Mailing Address: _____ City & State: _____

Zip Code: _____ Birth Date: _____ Home Phone: (____) _____

Cell Phone: (____) _____ Gender: M F Local Union Number: _____

Marital Status (past and present):

Never Married Married Widowed Separated Divorced – Date of Separation/Divorce** _____

****If your marriage(s) was dissolved after December 31, 1984, your election of benefits may be subject to the rights of a prior spouse. You are required to attach a complete copy of each of your prior dissolution decree(s) and property settlement agreement(s) and/or Qualified Domestic Relations Order(s). The copies must show the document was filed with the court and signed by the judge.**

If you are currently married your spouse is your beneficiary. Please enter spouse's name, birth date and social Security Number:

Spouse's Name: _____ Birth Date: _____ Social Security No.: _____

If not married, name of Beneficiary: _____ Relationship: _____

Address of Beneficiary: _____

Name and address of your most recent employer in the industry: _____

_____ Last day worked: _____

Name and address of your current employer (if different from above): _____

_____ My last date of employment was/or will be: _____

Have you at any time been an owner, partner, corporate officer or otherwise involved in the management of any business while covered by an International Association of Bridge, Structural, Ornamental and Reinforcing Iron Workers Union contract? No Yes

If you replied Yes, please provide the information requested below and additional information may be requested:

Position of Ownership or Management	Name & Address of Business

In accordance with the terms of the Plan, I hereby request payment of benefits from my annuity account. I agree to furnish any information which the Trustees may require for determination of my eligibility for a benefit or the amount thereof.

<p>NOTARIZATION OF EMPLOYEE'S SIGNATURE <i>Subscribed and sworn to before me</i> this _____ day of _____, 20____.</p> <p>_____</p> <p><i>Notary Public Signature</i> <i>Notary Public in and for the State of</i> _____ <i>Residing at</i> _____ <i>My commission expires:</i> _____</p>	<p>NOTARY SEAL</p>	<p>_____</p> <p>Employee's Signature</p> <p>_____</p> <p>Print Employee's Name</p> <p>Mailing Address: _____</p> <p>_____</p> <p>_____</p>
---	---------------------------	--

NOTE: If the value of your distribution is \$5,000 or more, the Trust is required by the Plan document to offer you a lifetime benefit in lieu of a lump sum payment, in which case additional forms will be mailed to you.