

# NECA-IBEW 177 PENSION FUND

c/o National Employee Benefits Administrators, Inc.  
8657 Baypine Road, Bldg. 5 – Ste 200, Jacksonville, FL 32256  
(904) 538-0100 – Fax (904)538-0088 – (888) 396-5899

Dear Participant,

Please complete the attached Pension Application in order for us to determine if you are eligible for benefits at this time. Please submit the following information.

- ✓ Complete the enclosed Application for Benefits in full.
- ✓ Send proof of age, for both you and your beneficiary. If your beneficiary is your spouse, please send a copy of your Marriage License.
- ✓ Complete the Verification of Employment in the Electrical Industry form.
- ✓ Complete the Hardship Application and provide proof of hardship.

As soon as **ALL** of the requested information is received, your application will go before the Application Committee for review.

Sincerely,

National Employee Benefits  
Administrators, Inc.

Pension Department

# INSTRUCTIONS TO APPLICANT FOR A PENSION

In order to determine eligibility for retirement benefits, the applicant/participant must complete, in its entirety, the following Application for Pension Benefits form and the Non-Applicability form. Completed forms must be submitted to the Fund's office (Administrative Manager) at the address below.

NECA-IBEW 177 PENSION FUND  
c/o NATIONAL EMPLOYEE BENEFITS ADMINISTRATORS, INC.  
8657 Baypine Road Bldg. 5, Ste 200  
Jacksonville FL 32256  
Phone: (904) 538-0100  
Fax: (904) 538-0088  
Toll-Free: (888) 396-5899

## PROOF OF AGE

In order to be eligible for retirement benefits, the applicant/participant is required to produce proof of age. The following is a list of the documents which may serve as proof of age. Some of these documents are better than others. This list is arranged starting with the best type of proof and going down to the less desirable types of documents.

It is required that you furnish the best type of proof which is available. It is recognized of course, that in many cases, a birth certificate will not be available, particularly for those who were born outside of the United States. In that case, you should secure the next best type of proof.

You do not have to furnish the original of any of these documents, you may submit a copy\*.

1. A birth certificate.
2. A baptismal certificate or a statement as to the date of birth shown by a church record, certified by the custodian of such records.
3. Notification of registration of birth in a public registry of vital statistics.
4. Hospital birth record, certified by the custodian of such records.
5. A foreign church or government record.
6. A signed statement by the physician or midwife who was in attendance at birth, as to the date of birth shown on their records.
7. Naturalization record.
8. Immigration papers.
9. Military record.
10. Passport.
11. School record, certified by the custodian of such records.
12. Vaccination record, certified by the custodian of such records.
13. Marriage records showing date of birth or age (applications for marriage license or church record, certified by the custodian of such records, or marriage certificate).
14. An insurance policy which shows the age or date of birth,
15. Other evidence, such as signed statements from persons who have knowledge of the date of birth, voting records, poll-tax receipts, driver's license, etc.

**\* Usually only one document is necessary when a document(s) described in items 1, 2, 3, or 4 is submitted. When submitting a document described in 5 through 15, more than one document should be submitted.**

**NECA-IBEW 177 PENSION FUND**

**APPLICATION FOR BENEFITS**

**INSTRUCTIONS:**

1. Please print and provide all requested information (this will avoid delay in processing your application).
2. The application must be signed and dated.
3. Mail the completed application and all requested information to :

NECA-IBEW 177 PENSION FUND  
c/o National Employee Benefits Administrators, Inc.  
8657 Baypine Road, Bldg. 5, Ste 200  
Jacksonville, FL 32256

Name: \_\_\_\_\_ Soc. Sec. No.: \_\_\_\_\_ Birthdate: \_\_\_\_\_  
Street: \_\_\_\_\_ Phone Number: (\_\_\_\_\_) \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**NAME AND ADDRESS OF YOUR HOME IBEW LOCAL UNION:**

IBEW Local #: \_\_\_\_\_ Date of Initiation: \_\_\_\_\_  
Street: \_\_\_\_\_ Date of Termination: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ How Terminated: \_\_\_\_\_

Please indicate the type of benefit for which you are applying:

- |  |                                   |
|--|-----------------------------------|
| 1. Early Retirement Benefit*: _____    | 5. Disability Benefit**: _____    |
| 2. Normal Retirement Benefit*: _____   | 6. Hardship Withdrawal: _____     |
| 3. Pre-Retirement Death Benefit: _____ | 7. Mandatory Distribution : _____ |
| 4. Refund to Temporary Employee: _____ | IRS – 70 ½ Rule                   |

\*Proof of Age is required (See instructions for submitting proof documents on reverse side of this form.)

\*\*Attach Social Security Disability Award Letter

**PARTICIPANT: I certify that the information on this form and any attached material is true and correct to the best of my knowledge.**

\_\_\_\_\_  
Signature of Participant Date

**APPLICATION COMMITTEE: This is to certify that the information on this form is correct and suitable evidence of birth date and/or disability has been submitted and verified, if applicable.**

Application Approved: \_\_\_\_\_ Application Denied: \_\_\_\_\_

\_\_\_\_\_  
Authorized Committee Representative Authorized Committee Representative

Date: \_\_\_\_\_ Date: \_\_\_\_\_

# NECA-IBEW 177 PENSION FUND

c/o National Employee Benefits Administrators, Inc.  
8657 Baypine Road, Bldg. 5 – Ste 200, Jacksonville, FL 32256  
Phone: (904) 538-0100 – Fax: (904) 538-0088 – Toll-Free: (888) 396-5899  
Email: nebajax@secure.neba-fl.com

**To:** Pension Applicant

**From:** Application Committee

**Re:** VERIFICATION OF EMPLOYMENT IN THE ELECTRICAL INDUSTRY

Dear Participant:

As a condition for the withdrawal of the contributions made on your behalf to the NECA-IBEW 177 Pension Fund and prior to the Application Committee making a decision on your application, the committee needs to know if you are currently employed in the Industry. “**Industry Employment**” is defined as, Employment by a former Employee for which no Contributions are made to the Trust Fund but which occurs within the jurisdictional area of a Union and in a job classification or trade activity which would have constituted Covered Employment had such employment been performed for an Employer contributing to the Trust Fund. Such employment shall include, but not limited to, self-employment. Please complete the items below, sign, date and return the form with your application.

Sincerely,

National Employee Benefits Administrators, Inc. - Pension Department

☐ I am presently working in Industry Employment.

☐ I am **not** presently working  
in Industry Employment.

**Last Date Worked:** \_\_\_\_\_

**Last Employer:** \_\_\_\_\_

**Last Working Local:** \_\_\_\_\_

☐ I am working, but not in Industry Employment, as noted below:

A) Employer's Name: \_\_\_\_\_

Employer's Address: \_\_\_\_\_

B) Job Title: \_\_\_\_\_

C) Job Location: \_\_\_\_\_

D) Description of Duties: \_\_\_\_\_

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Authorized Committee Representative**

Signature: \_\_\_\_\_

Signature: \_\_\_\_\_

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c/o National Employee Benefits Administrators, Inc.  
8657 Baypine Road, Bldg. 5 – Ste 200, Jacksonville, FL 32256  
Phone: (904) 538-0100 – Fax: (904) 538-0088 – Toll-Free: (888) 396-5899  
Email: nebajax@secure.neba-fl.com

## VERIFICATION OF NONAPPLICABILITY OF JOINT AND SURVIVOR OPTION

### Known All Men By These Presents, that

**Whereas**, The undersigned is a participant in the NECA-IBEW Local 177 Pension Fund (the “Plan”); and

**Whereas**, The undersigned has applied to the Board of Trustees (the “Trustees”) of the Plan for a retirement benefit under the Plan; and

**Whereas**, The undersigned acknowledges that he has been advised that the standard form of retirement benefit available under the Plan is a Joint and Survivor spousal annuity benefit; and

**Whereas**, The undersigned has been advised that the benefit must be calculated and paid in this form unless, for a married participant, the spouse elects out of the form or, for an unmarried participant, the participant satisfies the requirements of the Trustees for evidence that no spouse exists or cannot be located; and

**Whereas**, The participant has represented to the Trustees in his Application for Benefits that he has no lawful spouse (or that he/she has a lawful spouse who cannot be located); and

**Whereas**, The undersigned desires to make the necessary appropriate representations to the Plan’s Administrative Office of this fact so the Trustees may act upon his Application for Benefits under the Plan.

**Now, Therefore**, in consideration of these premises, the agreement of the Trustees to act upon the Application for Benefits of the undersigned for a retirement benefit under the Plan and other good and valuable consideration, the undersigned warrants and represents to the Trustees as follows:

1. (a) At the present time, I am an unmarried person and have no lawful spouse.  
Attached hereto as Exhibit “A” is a listing of any prior spouse(s) which I may have had an explanation of the termination of that marriage.  
  
(b) I am a married person with a lawful spouse, but she cannot be located because  
  
\_\_\_\_\_  
  
\_\_\_\_\_
2. I have received and read the explanations of the Joint and Survivor Annuity and the Pre-Retirement Survivor Annuity from the Plan’s Administrative Office, and I am fully advised as to the standard form of benefit applicable under the Plan.
3. The statements and representations made by me in this Application for Benefits are true, correct, and complete.
4. The Trustees of the Plan and the Plan’s Administrative Office may rely upon my representations in processing and reviewing my Application for Benefits.
5. I have been fully advised of all my rights and the facts in connection with my Application Benefits, including this verification of non-spousal situation and I have been given the opportunity to consult with advisors of my choice before filling the Application for Benefits and make these representations.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
\*Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Social Security Number

State of \_\_\_\_\_

County of \_\_\_\_\_

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_.

\_\_\_\_\_  
Notary Public

\*Signature must be witnessed by a notary public.

**EXHIBIT "A"**

PLEASE LIST BELOW THE NAMES OF EACH AND EVERY PRIOR SPOUSE AND THE REQUESTED INFORMATION REGARDING THE TERMINATION OF YOUR MARRIAGE TO THAT SPOUSE.

NAME OF SPOUSE	DATE OF MARRIAGE	DATE OF TERMINATION	STATE & COUNTY IN WHICH MARRIAGE WAS TERMINATED

**IF MARRIAGE WAS TERMINATED BY ORDER OF THE COURT, PLEASE ATTACH A CERTIFIED COPY OF THE ORDER (DIVORCE DECREE AND ANY AGREEMENT CONTAINED THEREIN).**

\_\_\_\_\_ YES \_\_\_\_\_ NO **A PORTION OF MY BENEFIT UNDER THE PLAN HAS BEEN ASSIGNED TO MY FORMER SPOUSE.**

**IF THE MARRIAGE WAS TERMINATED BY DEATH OF A SPOUSE, PLEASE ATTACH A COPY OF THE DEATH CERTIFICATE.**

**IF NEITHER AN ORDER NOR DEATH CERTIFICATE TERMINATING THE MARRIAGE IS AVAILABLE, PLEASE EXPLAIN WHY:** \_\_\_\_\_

NAME: \_\_\_\_\_

SOCIAL SECURITY NUMBER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
(STREET OR P. O. BOX) (CITY) (STATE) (ZIP)

\_\_\_\_\_  
\*Signature

\_\_\_\_\_  
Date

State of \_\_\_\_\_

County of \_\_\_\_\_

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_. \_\_\_\_\_

Notary Public

\*Signature must be witnessed by a notary public.

# NECA-IBEW 177 PENSION PLAN

## APPLICATION FOR POST-TERMINATION FINANCIAL HARDSHIP DISTRIBUTION

Trustees of the NECA-IBEW 177 Pension Plan  
c/o National Employee Benefits Administrators, Inc.  
8657 Baypine Road, Building 5, Suite 200  
Jacksonville, Florida 32256-8364

### I. PARTICIPANT INFORMATION

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Soc. Sec. No.: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Marital Status:    ( ) Married    ( ) Not Married    ( ) Divorced\*

I am a(n):            ( ) Participant    ( ) Alternate Payee\*\*

\*A copy of the divorce decree must be furnished with this application.

\*\*I am an Alternate Payee and have not elected a hardship withdrawal during the last twelve months.

### IMPORTANT!

**A FORMER PARTICIPANT MAY NOT RECEIVE MORE THAN THREE (3) HARDSHIP WITHDRAWALS DURING ANY CALENDAR YEAR. AN ALTERNATE PAYEE MAY RECEIVE A HARDSHIP WITHDRAWAL ONLY ONCE DURING ANY TWELVE MONTH PERIOD.**

Hardship withdrawals have an immediate and long-term affect on your pension savings. Therefore, you may want to consult a tax or financial planning professional before taking a hardship withdrawal.

## II. DISTRIBUTION REQUEST

I request a financial hardship distribution in the amount of \$\_\_\_\_\_ (limited to 100% of your account balance on the date of your request) from the NECA-IBEW 177 Pension Plan (the "Plan") for one or more of the following reasons (please check appropriate space below):

- ( ) Payment of medical/prescription/dental expenses (including COBRA and "Self-Contribution" continuation of coverage expenses) for my spouse, my dependent(s) or myself. (**NOTE:** COBRA and "Self-Contribution" expenses, if approved, may include an amount not to exceed the next six (6) months of continuation coverage). If your request includes an amount for future premiums, please indicate the number of months of future premiums requested ☐ 1, ☐ 2, ☐ 3, ☐ 4, ☐ 5 or ☐ 6.

**REQUIRED DOCUMENTATION:** Incurred medical/dental invoices or explanation of benefit showing your unreimbursed medical/prescription/dental costs, self-contribution statement or COBRA notifications.

- ( ) Purchase, excluding mortgage payments, of my principal residence.

**REQUIRED DOCUMENTATION:** Copy of signed purchase agreement, mortgage application and a copy of estimated cash needs at closing. **NOTE: THE HARDSHIP DISTRIBUTION AMOUNT REQUESTED ABOVE, CANNOT EXCEED 20% OF THE PURCHASE PRICE OF YOUR PRINCIPAL RESIDENCE OR, IF LESS, THE AMOUNT REQUIRED IN THE CLOSING DOCUMENTS (BOTH NET OF REQUIRED WITHHOLDING).**

- ( ) Payment of tuition, including room, board and books, for the **next** 12 months of post-secondary education for my spouse, my dependent(s), or myself.

**REQUIRED DOCUMENTATION:** Post-secondary school invoices or statements showing amount you owe for the next SEMESTER, quarter, or 12-month period.

- ( ) The need to prevent my eviction from my principal residence or foreclosure upon the mortgage of my principal residence. (**NOTE:** eviction/foreclosure payments, if approved, may include an amount not to exceed the next six (6) months of mortgage/rental payments). If your request includes an amount for future mortgage/rental payments, please indicate the number of months of future payments requested ☐ 1, ☐ 2, ☐ 3, ☐ 4, ☐ 5 or ☐ 6.

**REQUIRED DOCUMENTATION:** Copy of notice of foreclosure or eviction from owned or rented home (including a detailed statement of the amount of unpaid rent or mortgage payments), proof of monthly mortgage/rental payments if requesting additional months of payments.

- ( ) Payment of any delinquent or past due child support. (**NOTE:** child support payments, if approved, may include an amount not to exceed the next six (6) months of child support payments.) If your request includes an amount for future child support payments, please indicate the number of months of future payments requested ☐ 1, ☐ 2, ☐ 3, ☐ 4, ☐ 5 or ☐ 6.

**REQUIRED DOCUMENTATION:** Copy of the order or judgment establishing the child support obligation, together with either (i) an order or judgment enforcing collection of the delinquent child support payments, or (ii) if collections are not handled through the state, a notarized statement of the delinquency from former spouse.

### **ELECTION TO INCLUDE TAX WITHHOLDING:**

- ( ) I do OR ( ) I do not elect to have my hardship distribution increased (grossed-up) to include the automatic 20% tax withholding.

**PROPER DOCUMENTATION MUST BE ATTACHED TO SUBSTANTIATE YOUR CIRCUMSTANCES. PLEASE SUBMIT DOCUMENTATION REQUIRED AS DESCRIBED ABOVE. THIS APPLICATION WILL BE RETURNED TO YOU IF THE REQUIRED DOCUMENTATION IS NOT INCLUDED.**



### III. FINANCIAL CERTIFICATION

Initial

\_\_\_\_\_ 1.a. I am a Participant and hereby certify that I have terminated all industry employment<sup>1</sup>.

or

\_\_\_\_\_ 1.b. I am an Alternate Payee pursuant to a Qualified Domestic Relations Order (QDRO) previously approved by the Plan and I hereby certify that I have not elected a hardship withdrawal during the last twelve (12) months. In addition, I understand that my eligibility to receive a Hardship Distribution will not be contingent upon the employment status of the Participant named in the QDRO.

\_\_\_\_\_ 2. I understand that I may not receive more than three (3) hardship withdrawals during any calendar year or, if I am an Alternate Payee, no other hardship withdrawal during the next twelve (12) months.

\_\_\_\_\_ 3. I hereby certify that a financial hardship distribution from the Plan is necessary to satisfy an immediate and heavy personal financial need that cannot reasonably be relieved by reimbursement or compensation by insurance or otherwise, by liquidation of my assets or the assets of my spouse and dependent(s) that are reasonably available to me, by other distributions available from the Plan, or by borrowing from commercial sources an amount sufficient to satisfy the need.

\_\_\_\_\_ 4. I hereby certify that the amount requested does not exceed the amount necessary to meet the need specified in Section II above, including any amounts necessary to pay federal, state, and local income taxes and penalties reasonably anticipated to result from the distribution.

\_\_\_\_\_ 5. I understand that this application must be returned to the Plan Trustees at the address at the top of this form and that the Plan may request additional evidence in support of my application for a financial hardship distribution as it deems necessary.

\_\_\_\_\_ 6. I understand that financial hardship distributions are subject to federal income tax and, unless I am age 59½ at the time the distribution is made, will generally be subject to an additional penalty tax equal to ten percent (10%) of the amount withdrawn. I understand that financial hardship distributions may also be subject to state or local income tax, depending on the state and city in which I live. I acknowledge that I have been advised to consult with a tax adviser to determine the tax consequences of the requested distribution.

\_\_\_\_\_ 7. I understand and authorize you to deduct an amount sufficient to satisfy all applicable tax withholding obligations from the amounts distributed hereunder and to forward the net payments to me at the above address.

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<sup>1</sup> Industry employment is employment in a job classification or trade activity which would be covered by the Plan or which would have been covered by the Plan had such employment been performed for an employer contributing to the Plan.

\_\_\_\_\_ 8. I understand that my request for a financial hardship distribution cannot be approved unless my spouse consents to the request by signing the form in the presence of a notary public.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

#### IV. SPOUSAL CONSENT

I understand that my spouse has requested a hardship withdrawal payment from his or her retirement benefits under the NECA-IBEW 177 Pension Plan (the "Plan"). I understand that by consenting to this withdrawal that the effect of my consent is to reduce the amount that may be available to me upon the death of my spouse. I further understand that this consent is irrevocable. With that understanding, I consent to my spouse's request of a financial hardship distribution as indicated on this application form.

\_\_\_\_\_  
Spouse's Signature\*\*\*

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name of Spouse

\_\_\_\_\_  
Address  
\_\_\_\_\_

State of \_\_\_\_\_

County of \_\_\_\_\_

I, \_\_\_\_\_, a notary public in and for said County, in the State aforesaid, DO HEREBY CERTIFY that \_\_\_\_\_ personally appeared before me this day in person and [ ] is personally known to me or [ ] has produced \_\_\_\_\_ as identification, and that he/she signed, sealed and delivered the said instrument as his/her free and voluntary act, for the uses and purposes therein set forth.

GIVEN under my hand and official seal, this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

Notary Public: \_\_\_\_\_

My Commission Expires: \_\_\_\_\_

\*\*\* SPOUSE'S SIGNATURE MUST BE WITNESSED BY A NOTARY.

***SPECIAL TAX NOTICE REGARDING PLAN PAYMENTS AND  
RIGHT TO DEFER RETIREMENT BENEFITS***

**YOUR ROLLOVER OPTIONS**

You are receiving this notice because all or a portion of a payment you are receiving from the NECA-IBEW 177 Pension Plan (the “Plan”) is eligible to be rolled over to an IRA or an employer plan. This notice is intended to help you decide whether to pursue such a rollover.

This notice describes the rollover rules that apply to payments from the Plan that are not from a designated Roth account (a type of account with special tax rules in some employer plans).

Rules that apply to most payments from a plan are described in the “General Information About Rollovers” section. Special rules that only apply in certain circumstances are described in the “Special Rules and Options” section.

**GENERAL INFORMATION ABOUT ROLLOVERS**

**How can a rollover affect my taxes?**

You will be taxed on a payment from the Plan if you do not roll it over. If you are under age 59 1/2 and do not make a rollover, you will also have to pay a 10% additional income tax on early distributions (unless another exception, described below, applies). However, if you make a rollover, you will not have to pay tax until you receive payments later and the 10% additional income tax will not apply if those payments are made after you are age 59 1/2 (or if another exception applies).

**Where may I roll over the payment?**

You may roll over the payment to either an IRA (an individual retirement account or individual retirement annuity) or an employer plan (a tax-qualified plan, section 403(b) plan, or governmental section 457(b) plan) that will accept the rollover. The rules of the IRA or employer plan that holds the rollover will determine your investment options, fees, and rights to payment from the IRA or employer plan (for example, no spousal consent rules apply to IRAs and IRAs may not provide loans). Further, the amount rolled over will become subject to the tax rules that apply to the IRA or employer plan.

**How do I make a rollover?**

There are two ways to make a rollover. You can either elect a direct rollover or make a 60-day rollover.

If you elect a direct rollover, the Plan will make the payment directly to your IRA or an employer plan. You should contact the IRA sponsor or the Plan Administrator of the employer plan for information on how to make a direct rollover.

If you do not elect a direct rollover, you may still make a rollover by making a deposit into an IRA or eligible employer plan that will accept it. You will have 60 days after you receive the payment to make the deposit. If you do not elect a direct rollover, the Plan is required to withhold 20% of the payment for federal income taxes. This means that, in order to roll over the entire payment in a 60-day rollover, you must use other funds to make up for the 20% withheld. If you do not roll over the entire amount of the payment, the portion not rolled over will be taxed and will be subject to the 10% additional income tax on early distributions if you are under age 59 1/2 (unless another exception applies).

**How much may I roll over?**

If you wish to make a rollover, you may roll over all or part of the amount eligible for rollover. Any payment from the Plan is eligible for rollover, except:

- Certain payments spread over a period of at least 10 years or over your life or life expectancy (or the lives or joint life expectancy of you and your beneficiary)
- Required minimum distributions after age 70 1/2 (or after death)

- Hardship distributions
- Corrective distributions of contributions that exceed tax law limitations

The Plan Administrator or the payor can tell you what portion of a payment is eligible for rollover.

### **If I don't make a rollover, will I have to pay the 10% additional income tax on early distributions?**

If you are under age 59 1/2, you will have to pay the 10% additional income tax on early distributions for any payment from the Plan (including amounts withheld for income tax) that you do not roll over, unless one of the exceptions listed below applies. This tax is in addition to the regular income tax on the payment not rolled over.

The 10% additional income tax does not apply to the following payments from the Plan:

- Payments made after you separate from service if you will be at least age 55 in the year of the separation
- Payments that start after you separate from service if paid at least annually in equal or close to equal amounts over your life or life expectancy (or the lives or joint life expectancy of you and your beneficiary)
- Payments made due to disability
- Payments after your death
- Corrective distributions of contributions that exceed tax law limitations
- Payments made directly to the government to satisfy a federal tax levy
- Payments made under a qualified domestic relations order (QDRO)
- Payments up to the amount of your deductible medical expenses
- Certain payments made while you are on active duty if you were a member of a reserve component called to duty after September 11, 2001 for more than 179 days

### **If I make a rollover to an IRA, will the 10% additional income tax apply to early distributions from the IRA?**

If you receive a payment from an IRA when you are under age 59 1/2, you will have to pay the 10% additional income tax on early distributions from the IRA, unless an exception applies. In general, the exceptions to the 10% additional income tax for early distributions from an IRA are the same as the exceptions listed above for early distributions from a plan. However, there are a few differences for payments from an IRA, including:

- There is no exception for payments after separation from service that are made after age 55.
- The exception for qualified domestic relations orders (QDROs) does not apply (although a special rule applies under which, as part of a divorce or separation agreement, a tax-free transfer may be made directly to an IRA of a spouse or former spouse).
- The exception for payments made at least annually in equal or close to equal amounts over a specified period applies without regard to whether you have had a separation from service.
- There are additional exceptions for (1) payments for qualified higher education expenses, (2) payments up to \$10,000 used in a qualified first-time home purchase, and (3) payments after you have received unemployment compensation for 12 consecutive weeks (or would have been eligible to receive unemployment compensation but for self-employed status).

### **Will I owe State income taxes?**

This notice does not describe any State or local income tax rules (including withholding rules).

## **SPECIAL RULES AND OPTIONS**

### **If you miss the 60-day rollover deadline**

Generally, the 60-day rollover deadline cannot be extended. However, the IRS has the limited authority to waive the deadline under certain extraordinary circumstances, such as when external events prevented you from completing the rollover by the 60-day rollover deadline. To apply for a waiver, you must file a private letter ruling request with the IRS. Private letter ruling requests require the payment of a nonrefundable user fee. For more information, see IRS Publication 590-A, Contributions to Individual Retirement Arrangements (IRAs).

**If you were born on or before January 1, 1936**

If you were born on or before January 1, 1936 and receive a lump sum distribution that you do not roll over, special rules for calculating the amount of the tax on the payment might apply to you. For more information, see IRS Publication 575, Pension and Annuity Income.

**If you roll over your payment to a Roth IRA**

If you roll over your payment from the Plan to a Roth IRA, a special rule applies under which the amount of the payment rolled over will be taxed. However, the 10% additional income tax on early distributions will not apply (unless you take the amount rolled over out of the Roth IRA within 5 years, counting from January 1 of the year of the rollover).

If you roll over the payment to a Roth IRA, later payments from the Roth IRA that are qualified distributions will not be taxed (including earnings after the rollover). A qualified distribution from a Roth IRA is a payment made after you are age 59 1/2 (or after your death or disability, or as a qualified first-time homebuyer distribution of up to \$10,000) and after you have had a Roth IRA for at least 5 years. In applying this 5-year rule, you count from January 1 of the year for which your first contribution was made to a Roth IRA. Payments from the Roth IRA that are not qualified distributions will be taxed to the extent of earnings after the rollover, including the 10% additional income tax on early distributions (unless an exception applies). You do not have to take required minimum distributions from a Roth IRA during your lifetime. For more information, see IRS Publication 590-A, Contributions to Individual Retirement Arrangements (IRAs) and IRS Publication 590-B, Distributions from Individual Retirement Arrangements (IRAs).

You cannot roll over a payment from the Plan to a designated Roth account in an employer plan.

**If you are not a plan participant**

Payments after death of the participant. If you receive a distribution after the participant's death that you do not roll over, the distribution will generally be taxed in the same manner described elsewhere in this notice. However, the 10% additional income tax on early distributions does not apply, and the special rule described under the section "If you were born on or before January 1, 1936" applies only if the participant was born on or before January 1, 1936.

**If you are a surviving spouse.** If you receive a payment from the Plan as the surviving spouse of a deceased participant, you have the same rollover options that the participant would have had, as described elsewhere in this notice. In addition, if you choose to do a rollover to an IRA, you may treat the IRA as your own or as an inherited IRA.

An IRA you treat as your own is treated like any other IRA of yours, so that payments made to you before you are age 59 1/2 will be subject to the 10% additional income tax on early distributions (unless an exception applies) and required minimum distributions from your IRA do not have to start until after you are age 70 1/2.

If you treat the IRA as an inherited IRA, payments from the IRA will not be subject to the 10% additional income tax on early distributions. However, if the participant had started taking required minimum distributions, you will have to receive required minimum distributions from the inherited IRA. If the participant had not started taking required minimum distributions from the Plan, you will not have to start receiving required minimum distributions from the inherited IRA until the year the participant would have been age 70 1/2.

**If you are a surviving beneficiary other than a spouse.** If you receive a payment from the Plan because of the participant's death and you are a designated beneficiary other than a surviving spouse, the only rollover option you have is to do a direct rollover to an inherited IRA. Payments from the inherited IRA will not be subject to the 10% additional income tax on early distributions. You will have to receive required minimum distributions from the inherited IRA.

Payments under a qualified domestic relations order. If you are the spouse or former spouse of the participant who receives a payment from the Plan under a qualified domestic relations order (QDRO), you generally have the same options the participant would have (for example, you may roll over the payment to your own IRA or an eligible employer plan that will accept it). Payments under the QDRO will not be subject to the 10% additional income tax on early distributions.

**If you are a nonresident alien**

If you are a nonresident alien and you do not elect a direct rollover to a U.S. IRA or U.S. employer plan, instead of withholding 20%, the Plan is generally required to withhold 30% of the payment for federal income taxes. If the amount withheld exceeds the amount of tax you owe (as may happen if you make a 60-day rollover), you may request an income tax refund by filing Form 1040NR and attaching your Form 1042-S. See Form W-8BEN for claiming that you are entitled to a reduced rate of withholding under an income tax treaty. For more information, see also IRS Publication 519, U.S. Tax Guide for Aliens, and IRS Publication 515, Withholding of Tax on Nonresident Aliens and Foreign Entities.

**Other special rules**

If a payment is one in a series of payments for less than 10 years, your choice whether to make a direct rollover will apply to all later payments in the series (unless you make a different choice for later payments).

If your payments for the year are less than \$200 (not including payments from a designated Roth account in the Plan), the Plan is not required to allow you to do a direct rollover and is not required to withhold for federal income taxes. However, you may do a 60-day rollover.

Unless you elect otherwise, a mandatory cashout of more than \$1,000 (not including payments from a designated Roth account in the Plan) will be directly rolled over to an IRA chosen by the Plan Administrator or the payor. A mandatory cashout is a payment from a plan to a participant without consent, where the participant's benefit does not exceed \$5,000 (not including any amounts held under the plan as a result of a prior rollover made to the plan).

You may have special rollover rights if you recently served in the U.S. Armed Forces. For more information, see IRS Publication 3, Armed Forces' Tax Guide.

**RIGHT TO DEFER RETIREMENT BENEFITS AND CONSEQUENCES  
OF NOT DEFERRING UNDER THE PLAN****Right to Defer Your Retirement Benefit**

You have the right to defer the receipt of your retirement benefit under the Plan until any future date except that distributions must commence by the April 1 following the calendar year in which you reach age 70-1/2 or terminate Covered Employment, if later. Because you have this right, you should consider the consequences of electing to receive your benefits now instead of waiting until later.

If you do not take your retirement benefit now, your Account will continue to be subject to the gains and losses of the Plan's investments. Although the fees for maintaining your Account in the Plan may change in the future, they will not change as a result of your termination of employment. The Plan allocates its assets to multiple investment managers that charge fees based on the level of assets assigned to them. The investment fees you pay if you leave your benefit in the Plan may be higher or lower than if you would take a distribution and invest these amounts in a similar product outside of the Plan.

**FOR MORE INFORMATION**

You may wish to consult with the Plan Administrator or payor, or a professional tax advisor, before taking a payment from the Plan. Also, you can find more detailed information on the federal tax treatment of payments from employer plans in: IRS Publication 575, Pension and Annuity Income; IRS Publication 590-A, Contributions to Individual Retirement Arrangements (IRAs); IRS Publication 590-B, Distributions From Individual Retirement Arrangements (IRAs); and IRS Publication 571, Tax-Sheltered Annuity Plans (403(b) Plans). These publications are available from a local IRS office, on the web at [www.irs.gov](http://www.irs.gov), or by calling 1-800-TAX-FORM.

You may contact your Plan Administrator at 1-888-396-5899 or 1-904-538-0100 or at the address on the first page of this notice.

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