

Plumbers and Pipefitters Local Union #94

Fringe Benefit Funds

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TO PARTICIPANT AND SPOUSE OR UNMARRIED PARTICIPANT

INSTRUCTIONS FOR COMPLETING APPLICATION FOR BENEFITS

1. Please review Notice to Participants and Surviving Spouse regarding Qualified Joint and Survivor Annuity Benefits.
2. Please read the entire application carefully before beginning to complete it.
3. Please print all information.
4. Be sure to complete all applicable items. This will avoid any delay in the processing of your application.
5. The application and Spousal Consent and Waiver must be signed and witnessed by either a Notary Public or Fund Representative.
6. If any information provided is not entirely clear, do not hesitate to contact the Fund Office for assistance. Return all pages of the application to the above address. **YOU MAY RETAIN FOR YOUR RECORDS, THE NOTICE TO PARTICIPANTS AND SURVIVING SPOUSE REGARDING QUALIFIED JOINT AND SURVIVOR ANNUITY BENEFITS AND THE SPECIAL TAX NOTICE.**

SECTION I - PERSONAL INFORMATION

Name _____
Last First Middle Initial

Social Security Number Birth Date Local Union No.

Address _____
Number and Street

City State Zip Code

Spouse's Name _____
Last First Middle Initial
(If you are not married, write "None" on the line above)

Spouse's Social Security Number _____

Telephone Number _____

SECTION II – MARRIED PARTICIPANTS - CHECK ONE OF THE FOLLOWING :

- _____ I am now married and my plan benefits are (or may be) subject to a Qualified Domestic Relations Order from a prior marriage(s).
- _____ I am now married and none of my benefits are subject to a Qualified Domestic Relations Order from a prior marriage(s).

SECTION III – PARTICIPANT'S CERTIFICATION IF NO SPOUSE – CHECK ONE OF THE FOLLOWING:

- _____ I hereby certify that I am not now married; however, there may be a reduction in my benefits as a result of a Qualified Domestic Relations Order from a prior marriage.
- _____ I hereby certify that I am not now married and that there are no Plan benefits payable to a former spouse under a Qualified Domestic Relations Order.

NOTE: NO BENEFITS ARE PAYABLE UNLESS THE SPOUSE'S CONSENT OR PARTICIPANT'S CERTIFICATION IS SIGNED AND NOTARIZED OR WITNESSED BY A PLAN REPRESENTATIVE.

SECTION IV – REASON FOR DISTRIBUTION

A. Retirement

_____ As of _____, I have attained age 55 and I have retired.

_____ As of _____, I have attained age 65.

_____ I have attained age 70 ½ (required minimum distribution).

B. Disability

_____ I am totally and permanently disabled as that term is defined under the Plan. I became disabled on _____.

Please submit certification of disability. Contact the Fund Office regarding medical information required.

C. Termination of Employment

_____ I have not been employed in the building trades classification under the jurisdiction of the United Association Local No. 94 or any other United Association Local Union for at least six (6) consecutive months.

I last worked under the jurisdiction of the United Association Local No. 94 on: _____ for _____.
Date Employer

D. _____ Beneficiary of Participant

E. _____ Alternate Payee. (Pursuant to a valid Qualified Domestic Relations Order).

SECTION V – DATE FOR PAYMENT:

_____ I request that my benefits be paid or begin on _____. NOTE: The date must be at least 30 days from the date of application.

_____ Defer payment of benefit until _____ (Date not later than April 1 following the calendar year in which you attain age 70 ½)

SECTION VI – FORM OF PAYMENT:

A. NORMAL FORM OF BENEFITS FOR NON-MARRIED PARTICIPANTS ONLY:

_____ Single Life Annuity*

B. NORMAL FORM OF BENEFIT FOR MARRIED PARTICIPANTS ONLY:

_____ Qualified Joint and 50% Survivor Annuity*

C. OPTIONAL BENEFIT FORMS:

_____ Lump Sum

_____ Payable direct to Participant, Beneficiary, or Alternate Payee

_____ Direct Rollover distribution payable directly to:

_____ Payments in monthly, quarterly, or annual installments

_____ Monthly payments of \$ _____

_____ Quarterly payments of \$ _____

_____ Annual payments of \$ _____

_____ Single non-periodic withdrawal of \$ _____.

*The Fund may provide benefits through the purchase from an insurance company of any appropriate annuity contract or contracts. Any fees, commissions or other costs directly incurred in connection with the purchase of any annuity may be deducted from the Individual Account balance immediately before purchase.

SECTION VII – PARTICIPANT’S STATEMENT

By signing and dating below, I affirm that I have received the “Special Tax Notice Regarding Plan Payments” and direct that my decision chosen above be made immediately.

You must sign and date the statement below. Your signature **MUST** be witnessed by a Notary Public or a Fund Representative.

If you are a married Participant and both you and your Spouse have chosen a benefit form other than a Qualified 50% Joint and Survivor Annuity, then your signature below shall constitute consent to such election.

If you are an unmarried Participant and have chosen a benefit form other than a Single Life Annuity, then your signature below shall constitute a consent to such election and a waiver of any right to a Single Life Annuity being purchased on your behalf.

The statements contained in this application are true to the best of my knowledge and belief. I understand that a false statement may disqualify me to recover any payments made because of a false statement.

_____ Date

_____ Signature of Participant

SWORN TO and subscribed before me this _____ day of _____.

_____.

_____ Notary Public

OR

_____ Fund Representative

SECTION VII – SPOUSAL CONSENT AND WAIVER

I, _____ (name of spouse), am the spouse of _____
_____ (name of participant). I have received and reviewed
the Notice to Participants and Surviving Spouse Regarding Qualified Joint and Survivor
Annuity Benefits. I understand that I have the right to have the Plumbers and Pipefitters
Local No. 94 Retirement Fund pay my spouse's retirement benefits in the Qualified Joint
and Survivor Annuity payment form and I agree to give up that right. I understand that by
signing this Agreement, I may receive less money than I would have received under the
Qualified Joint and Survivor Annuity payment form and I may receive nothing after my
spouse dies, depending on the payment form or beneficiary that my spouse chooses.

I agree that my spouse can receive retirement benefits in the form of _____
(form of benefit selected). I understand that my spouse cannot choose a different form
of retirement benefit or a different beneficiary unless I agree to the change.

I understand that I do not have to sign this Agreement. I am signing this Agreement
voluntarily. I also understand that if I do not sign this Agreement, my spouse and I will
receive payments from the Fund in the form of a Qualified Joint and Survivor Annuity.

I hereby agree and confirm that I was provided at least thirty (30) days notice, after the
Notice to Participants and Spouses Regarding Qualified Joint and Survivor Annuity
Benefits was provided to me, to consider whether to waive the Qualified Joint and Survivor
Annuity payment form.

Date

Signature of Spouse

SWORN TO and subscribed before me this _____ day of _____
_____.

Notary Public

OR

Date

Fund Representative