

APPLICATION FOR BENEFITS

SACRAMENTO AREA ELECTRICAL WORKERS PENSION TRUST

1. Please read each question carefully.
2. PRINT all information.
3. Be sure to answer all applicable questions. This will avoid delays in processing your application.
4. Be sure to Sign & Date the Application
5. Mail application & documents to address below.
6. Phone: 800-541-8059

A. EMPLOYEE PERSONAL DATA:

- | | |
|-----------------------------------|-------------------------------|
| 1. PLAN PARTICIPANT'S NAME: _____ | 2. SOCIAL SECURITY NO.: _____ |
| 3. ADDRESS: _____
_____ | 4. DATE OF BIRTH: _____ |
| 6. LAST EMPLOYER: _____ | 5. PHONE: _____ |
| 8. DATE LAST WORKED: _____ | 7. LOCAL UNION: _____ |

B. I AM APPLYING FOR THE FOLLOWING TYPE OF BENEFIT:

- | | |
|--|---|
| <input type="checkbox"/> RETIREMENT Date: _____ | <input type="checkbox"/> DISABILITY <i>(attach copy of Social Security Award Letter and/or certification from the attending physician.</i> |
|--|---|

C. I REQUEST PAYMENT OF MY BENEFIT IN THE FOLLOWING FORM (CHECK ONE):

- | | |
|--|---|
| <input type="checkbox"/> Single Lump Sum Payment
<input type="checkbox"/> Equal Monthly Payments of \$ _____
<i>(Must be in multiples of \$100)</i>

<input type="checkbox"/> Monthly Annuity Payments <i>(Check one)</i> :
<input type="checkbox"/> 120 <input type="checkbox"/> 180 <input type="checkbox"/> 240 <input type="checkbox"/> 300 <input type="checkbox"/> 360

<input type="checkbox"/> As a Lifetime Annuity
<input type="checkbox"/> Required Minimum Distribution Only | <input type="checkbox"/> Partial Lump Sum Payment
Amount: \$ _____ <i>(Note: Prior to age 62, partial lump sum payments are allowed once only)</i> |
|--|---|
- My Pension is Self-Directed with Putnam**

Yes No

D. BENEFICIARY INFORMATION

I hereby designate the following individual(s) to receive any payments under the Plan which may be due in the event of my death

BENEFICIARY NAME _____ DATE OF BIRTH _____
 RELATIONSHIP _____ SOCIAL SECURITY NO. _____
 ADDRESS _____
 PHONE NO. _____

I hereby apply for a benefit from the above reference Fund. I certify under penalty of perjury that all of the above statements are true and correct. I understand that a false statement may disqualify me for benefits, and that the Trustees have the right to recover any payment made to me because of a false statement.

SIGNATURE _____ **DATE** _____

United Administrative Services
 1120 South Bascom Avenue
 San Jose, CA 95128
 (408) 288-4557

NOTICE AND ELECTION FORM FOR FEDERAL AND STATE INCOME TAX WITHHOLDING FROM LUMP SUM DISTRIBUTION

SACRAMENTO AREA ELECTRICAL WORKERS PENSION TRUST

I. NOTICE OF RULES CONCERNING INCOME TAX WITHHOLDING

Federal income tax laws pertaining to distributions from pension plans (other than distributions paid in monthly increments over a period of at least ten years) have been revised, effective for distributions made after December 31, 1992. Federal income taxes must be withheld on all distributions at a rate of 20% (you may designate a higher percentage), except in the case of a "Trustee to Trustee" transfer. In the case of the Sacramento Area Electrical Workers Pension Trust, such a transfer would be made directly to a successor trustee such as a bank or a brokerage at which you would have an individual retirement account, or to another qualified retirement plan, if such a plan accepts transfers of this nature. In the event of a "Trustee to Trustee" transfer, no federal income tax would be withheld unless otherwise requested by you.

California rules for income tax withholding have not changed. California taxes are generally withheld at 10% of the Federal amount. However, you may designate a different percentage, a specific amount, or you may elect to have no California income tax withheld (although you will still be liable for any resulting California taxes).

If you are uncertain as to the proper election to make, it is strongly advised that you consult with an income tax professional. Should you have any questions, please call the trust office at 1-800-541-8059.

II. FEDERAL AND CALIFORNIA INCOME TAX WITHHOLDING ELECTION

DO YOU PLAN TO ROLLOVER YOUR DISTRIBUTION? (PLEASE CHECK ONE)

YES (Complete Part A)

NO (Complete Part B)

PART A - Distributions Paid To a Successor Trustee (Successor Trustee please complete the following):

Name of Trustee: _____

Address: _____

Contact Person (Name and Phone No.): _____

Trustee's Federal Identification No. (Must be included): _____

Check Payable to: _____

Account No.: _____

B. I REQUEST PAYMENT OF MY BENEFIT IN THE FOLLOWING FORM (CHECK ONE)::

Please withhold California income taxes at 10% of Federal taxes withheld.

Please do not withhold California income taxes.

Please withhold Federal and California income taxes in accordance with the following:

Federal: Rate _____ % (must be 20% or greater)

California: Rate _____ % or, Flat Amount: \$ _____

(PLEASE CONTINUE TO OTHER SIDE)

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TAX NOTICE AND ELECTION FORM, CONT.

I UNDERSTAND THAT MY PENSION IS SUBJECT TO FEDERAL AND STATE INCOME TAXES, AND THAT IF MY TOTAL INCOME FROM ALL SOURCES IS HIGH ENOUGH TO REQUIRE ME TO PAY INCOME TAXES, I COULD BE SUBJECT TO TAX PENALTIES UNDER THE RULES CONCERNING ESTIMATED TAX PAYMENTS, IF MY ESTIMATED TAX PAYMENTS AND WITHHOLDING ARE NOT ADEQUATE.

I UNDERSTAND THAT IF I TAKE MY DISTRIBUTION IN THE FORM OF A LUMP SUM PRIOR TO AGE 59-1/2, I MAY BE SUBJECT TO TAX PENALTIES IN ADDITION TO INCOME TAXES OTHERWISE DUE AND PAYABLE.

I UNDERSTAND THAT I HAVE THE RIGHT TO CHANGE OR REVOKE THIS ELECTION, IN WRITING, AT ANY TIME PRIOR TO PAYMENT OF THE DISTRIBUTION.

Print Name

Social Security Number

Signature

Date

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1120 South Bascom Avenue
San Jose, CA 95128
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CERTIFICATION OF EARLY RETIREMENT

SACRAMENTO AREA ELECTRICAL WORKERS PENSION TRUST

Name _____

SS# _____

ATTACH A COPY OF YOUR BIRTH CERTIFICATE

I hereby make application for EARLY RETIREMENT benefits under the Sacramento Area Electrical Workers Pension Trust. By my signature below, I declare the following:

1. I will have retired from employment and/or availability for employment in the electrical industry on (date) _____.
2. I last worked in the electrical industry in the jurisdiction of IBEW Local 340 on (date) _____.
3. I am not currently on the "out of work book" for IBEW Local 340.

I UNDERSTAND THAT IF I TAKE A LUMP SUM TERMINATION DISTRIBUTION, OR ELECT MONTHLY PAYMENTS, I WILL NOT BE ELIGIBLE TO TAKE ANOTHER LUMP SUM OR MONTHLY DISTRIBUTION UNTIL I REACH NORMAL RETIREMENT AGE UNDER THE PLAN.

Signature of Participant

Date

Please return to:

*United Administrative Services
1120 South Bascom Avenue
San Jose, CA 95128
(408) 288-4557*

DECLARATION OF MARITAL

STATUS

SACRAMENTO AREA ELECTRICAL WORKERS PENSION TRUST

Please complete each section in full. This will avoid delay in the processing of your pension benefit.

I. PARTICIPANT DATA:

NAME OF PARTICIPANT: _____

SOCIAL SECURITY NUMBER: _____ BIRTH DATE: _____

MARITAL STATUS: Married Single (never married)
 Divorced Widowed Other

II. SPOUSAL INFORMATION:

A. Name of present spouse: _____ Spouse's SS# _____

Spouse's Birth Date: _____ Date of Marriage _____

B. Name of prior spouse, (if none, indicate none): _____

Date of prior marriage: _____ Date prior marriage terminated: _____

Marriage terminated because of _____
(death, divorce/dissolution, other - please specify)

Prior Spouse's Present
Name and Address (if presently alive) _____

ARE THERE ANY OTHER PRIOR MARRIAGES? Yes No

PLEASE NOTE: If you have had more than one marriage please attach a separate sheet of paper providing the information requested in Part B above for each such marriage.

III. COURT ORDER

Is there a court order in effect, or a court proceeding presently pending, which grants, seeks to grant, or reserves the right to grant your spouse or any former spouse, child or other dependent any right or rights to any of your accrued benefits?

NO YES

If yes, please attach a copy of that court order, or, if a court proceeding is presently pending, indicate the name of the court and the case number.

-Continue to Other Side-

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I CERTIFY UNDER PENALTY OF PERJURY THAT ALL OF THE INFORMATION PROVIDED ON THIS FORM IS COMPLETE AND ACCURATE. I UNDERSTAND THAT A FALSE STATEMENT MAY DISQUALIFY ME FOR BENEFITS, AND THAT THE TRUSTEES SHALL HAVE THE RIGHT TO RECOVER ANY PAYMENTS MADE TO ME BECAUSE OF FALSE STATEMENT.

NAME: _____ **SS#** _____

SIGNATURE: _____ **DATE:** _____

Your signature must be notarized (section IV) or witnessed by a Plan Representative (section V)

IV. TO BE COMPLETED BY NOTARY PUBLIC

State of _____, County of _____

On _____, 20____, before me, a Notary Public of said State, duly commissioned and sworn, personally appeared _____, known to me (or proved to me on the basis of satisfactory evidence of _____) to be the person whose name is subscribed above and acknowledged that the person executed this consent.

Notary Public in and for said State

Commission Expiration Date

V. TO BE COMPLETED BY PLAN REPRESENTATIVE

The above signature of _____ was witnessed this ____ day of _____, 20__ in the

presence of: _____ Form of I.D. _____

Signature Plan Representative

Print Name

SACRAMENTO AREA ELECTRICAL WORKERS LOCAL 340 PENSION PLAN

SPOUSAL WAIVER FORM

A. FORM FOR SPOUSE TO CONSENT TO PARTICIPANT'S ELECTION TO RECEIVE PENSION IN A FORM OTHER THAN STANDARD JOINT AND 50% TO SPOUSE

For a married participant, federal law (ERISA) requires that the Plan's standard form of retirement is a Joint and 50% Survivor Annuity. The Joint and Survivor 50% Annuity provides a reduced lifetime benefit for a married participant, and upon the participant's death, 50% of the monthly pension amount will continue being paid to the surviving spouse for the spouse's lifetime. Pension Benefits will be paid in this form unless the spouse signs this waiver form consenting to an alternate benefit option. Spouse's signature must be notarized.

I declare under penalty of perjury that _____ is my spouse.
(Participant's Name)

I hereby consent to my spouse's election to receive our pension benefit in a form other than the "Standard Joint and 50% to Spouse Benefit". I understand that this means that if my spouse predeceases me, I will not receive the standard survivor's annuity I would otherwise receive as required by law. I further understand that this waiver is irrevocable after 90 days of the date this form was signed below.

Date: _____

Participant's Name (Please Print)

Spouse's Name (Please Print)

Social Security No.

Social Security No.

Spouse's Signature: _____
(Must be witnessed by a Notary Public or Plan Representative)

B. TO BE COMPLETED BY NOTARY PUBLIC

State of _____, County of _____

On _____, 20____, before me, a Notary Public of said State, duly commissioned and sworn, personally appeared _____, known to me (or proved to me on the basis of satisfactory evidence of _____) to be the person whose name is subscribed above and acknowledged that the person executed this consent.

Notary Public in and for said State

Commission Expiration Date

C. TO BE COMPLETED BY PLAN REPRESENTATIVE

Signature of spouse witnessed this ____ day of _____, 20____ in the presence of: _____
Plan Representative Signature

Form of I.D. _____

Print Name

SACRAMENTO AREA ELECTRICAL WORKERS TRUST FUNDS
ELECTRONIC FUNDS TRANSFER (EFT) APPLICATION

Please attach voided check here.

RETIREE NAME: _____

RETIREE SS#: _____

ADDRESS: _____

TELEPHONE #: _____

I request that my pension benefit check be deposited electronically into:

Checking Account # _____

Savings Account # _____

I agree with and understand the following:

- (A) This Direct Deposit request is to remain in effect until written notification is given to the plan office or the plan office no longer offers Direct Deposit via ***Electronic Funds Transfer***.
- (B) It is my responsibility to provide any bank changes (account #, name, or address) to the plan office to assure timely receipt of my benefit.
- (C) If my home address changes, I will advise the plan office of the changes in writing.
- (D) There will be a transaction reversal for any amount deposited into my account that I am not entitled to receive.

Signature: _____

Date: _____

For office use only: () Add () CA
 () Change () CA/Nacha Screen
 () Delete