

# SACRAMENTO AREA ELECTRICAL WORKERS PENSION AND PROFIT SHARING PLAN

## REQUEST FOR DISTRIBUTION DUE TO TERMINATION

*To Be Completed By Participant*

Participant's Name: \_\_\_\_\_ SSN: \_\_\_\_\_

Spouse's Name: \_\_\_\_\_ SSN: \_\_\_\_\_

Street Address: \_\_\_\_\_

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

**DIRECTIONS:** Please read and initial the statements below.

\_\_\_\_\_  
Initial I hereby state that I have not worked under the Collective Bargaining Agreement and have not worked for any employer whose employees are covered by the Sacramento Area Electrical Workers Pension and Profit Sharing Plan for the past 3 months. My last day was \_\_\_\_\_.

\_\_\_\_\_  
Initial I understand that, as a terminated employee, I am entitled to receive a lump sum cash distribution of the entire value of my Basic Account or \$15,000, whichever is the lesser.

\_\_\_\_\_  
Initial I understand that this option is only available to me once prior to normal retirement.

\_\_\_\_\_  
Initial I understand that any funds in my Basic Account greater than \$15,000 shall remain in my account under the Plan until my Regular Retirement Date, Early Retirement Date, Death or Disability as defined by the Plan rules, at which time I would be entitled to receive a distribution of the remaining value of my Basic Account.

**Please be advised that all distributions (except for members over 70½) are subject to, and will be reduced by, a 20% Federal withholding tax and any additional withholdings requested by you, the member. ADDITIONALLY, IF YOU ARE UNDER AGE 59 ½, FEDERAL AND STATE TAX PENALTIES WILL APPLY. THESE PENALTIES ARE IN ADDITION TO ANY ORDINARY TAX LIABILITY YOU MAY HAVE AS A RESULT OF THE DISTRIBUTION.**

*Amount Requested*

Net amount requested \$ \_\_\_\_\_

1. **At least 20% will be withheld from the gross distribution for Federal income taxes.** If you want more withheld please note what percentage of the gross distribution you want withheld for Federal income taxes. \_\_\_\_\_%.

2. Check **ONE** of the following:

a) \_\_\_\_\_ withhold California income taxes at 2% or,

b) \_\_\_\_\_ do not withhold anything for California income taxes

Do you want additional amounts to cover penalties?

**Check ONE**

[10% Federal] Yes  No

[2.5% State] Yes  No

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

**PLEASE NOTE THAT TO RECEIVE YOUR DISTRIBUTION BY THE FIRST OF THE FOLLOWING MONTH, YOUR REQUEST MUST BE RECEIVED NO LATER THAN THE TENTH (10th) OF THE CURRENT MONTH**

Please note that your signatures on this form must be notarized.

\_\_\_\_\_  
*Signature of Applicant*

\_\_\_\_\_  
*Date*

**To Be Completed By Notary**

State of \_\_\_\_\_ County of \_\_\_\_\_ Subscribed and sworn to (or affirmed) before me on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by \_\_\_\_\_

\_\_\_\_\_, personally proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

**(Seal)**

*Signature* \_\_\_\_\_  
**Notary Public in and for said County and State**

**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

Date Participant Last Worked: \_\_\_\_\_ Last Employer: \_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_

Verified by: \_\_\_\_\_  
**Account Analyst**

# 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-

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

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: \_\_\_\_\_  
Signature Plan Representative

Form of I.D. \_\_\_\_\_

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

# SPOUSAL WAIVER FORM

## SACRAMENTO AREA ELECTRICAL WORKERS LOCAL 340 PENSION PLAN

### 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