

# San Mateo County Electrical Construction Industry Retirement Plan

ADMINISTRATIVE OFFICES  
1120 S. BASCOM AVENUE, SAN JOSE, CA 95128-3590  
(408) 288-4555

## Benefit Election Form for age 70 ½

**IMPORTANT:** Your benefit can not be less than the required minimum distribution (RMD). You may request a larger amount; however, distributions from this Plan can not be used to meet RMD requirements of other retirement plans.

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

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

Participants Address: \_\_\_\_\_

Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_\_

Telephone Number \_\_\_\_\_ Email address \_\_\_\_\_

Marital Status: Not Married or legally separated \_\_\_\_\_

Married – Spouses birth date \_\_\_\_\_

### **Initial next to option you elect:**

\_\_\_\_\_ I elect to take my RMD- Required Minimum distribution

\_\_\_\_\_ In addition to the RMD above, I elect a Cash Payment in the amount of \_\_\_\_\_.

### **Tax Withholding – Please complete the Federal and State forms enclosed for withholding**

\_\_\_\_\_ I have read the Special Tax Notice enclosed with my paperwork for my RMD.

\_\_\_\_\_ Required Minimum Distribution: I elect to have federal income tax:

\_\_\_\_\_ Not withheld

\_\_\_\_\_ Withheld

\_\_\_\_\_ Required Minimum Distribution: I elect to have state income tax:

\_\_\_\_\_ Not withheld

\_\_\_\_\_ Withheld

\_\_\_\_\_  
Participant Signature

\_\_\_\_\_  
Date