

# San Mateo County Electrical Construction Industry Retirement Plan

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

Dear Participant:

Enclosed please find a Separation of Employment Distribution application for a withdrawal of a portion of your individual account with the San Mateo County Electrical Construction Industry Retirement Plan.

Please complete, sign and return the application to our office.

You may be entitled to make a **one-time** election for a partial lump sum distribution of one half of your individual account as of the most recent statement up to a maximum of \$25,000.00.

**\* Please note this is not a loan, it's a distribution and it can be rolled over into an Ira or qualified plan.**

To be entitled to a distribution you must meet **all** of the following requirements to withdraw from your individual account.

1. You must have incurred an involuntary Separation of Covered Employment (out of work) on or after August 1, 2009 and before October 31, 2012.
2. You must have not received any Employer Contributions to your account for a **90-day period prior to the one-time distribution election**
3. You cannot have performed any work in the electrical industry during those 90 days.
4. You must have been on the Out of Work list during those 90 days.

Also included is a Special Tax Notice regarding your plan payments. Please read the notice regarding the 20% Federal Income Tax carefully and potential additional tax penalties for a premature distribution if you are under 55 years of age.

If you are married, you must have your spouse's signature notarized on the Separation of Employment Distribution application.

Upon completion, please return the forms to the administrative office at the above address. **Please do not mail these forms to the Union Hall**

If you have any questions, please do not hesitate to contact the pension administrative department at (408) 288-4555.

# San Mateo County Electrical Workers Joint Trust Funds

ADMINISTRATIVE OFFICES

1120 S. BASCOM AVENUE, SAN JOSE, CA 95128-3590

(408) 288-4559

## SEPARATION OF EMPLOYMENT DISTRIBUTION APPLICATION

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

Address: \_\_\_\_\_  
Street City State Zip Code

Phone: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

Spouse's Date of Birth: \_\_\_\_\_

Marital Status:  Married  Single  Divorced  Widowed

**If divorced, please provide a copy of the Divorce Decree with any Property Settlement Agreement.**

Is any portion of your Pension Benefit payable to someone else under a Court Order:  Yes  No

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

\_\_\_\_\_ I have not worked under the Collective Bargaining Agreement and have not worked for any employer whose employees are  
Initial covered by IBEW Local 617 for at least 90 days. **My last day of work was** \_\_\_\_\_.

\_\_\_\_\_ I understand that, as a terminated employee, I am entitled to receive a lump sum cash distribution up to one-half of the value of  
Initial my account, **up to a maximum of \$25,000.**

\_\_\_\_\_ I understand that this option is only available to me this one time.  
Initial

\_\_\_\_\_ I have not performed any work in the electrical industry during the past 90 days. I am not working now  
Initial

\_\_\_\_\_ I understand that the remaining funds in my account shall stay in my account until the Plan's Regular Retirement Date, Early  
Initial 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 account.

**Please be advised that all distributions (except for members over 70½) are subject to, and will be reduced by, a mandatory 20% Federal withholding tax and any additional withholdings requested by you, the member. Additionally, If you are under age 55, Federal and State tax penalties will apply. These penalties are in addition to any ordinary tax liability you may have as a result of this distribution.**

Amount Requested

**Gross** amount requested \$ \_\_\_\_\_ or \_\_\_\_\_%

I understand that I am subject to the mandatory 20% federal withholding, however, I would like an additional \$ \_\_\_\_\_ or \_\_\_\_\_% withheld for federal taxes which will exceed the mandatory 20%. In addition, I would like \$ \_\_\_\_\_ or \_\_\_\_\_% withheld for state taxes from my distribution.

**To receive your distribution by the first of the following month, your request must be received no later than the fifteenth of the current month.**

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

\_\_\_\_\_  
Date

**Please Complete Spousal Consent Form as necessary**

# SPOUSAL CONSENT FORM

I, \_\_\_\_\_, swear that I am the legal spouse of the Employee described above.  
(Name)

I hereby consent to the Employee's election to receive our pension benefit in a form of a Cash Distribution.

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

\_\_\_\_\_  
Spouse's Social Security Number

.....  
State of California  
County of \_\_\_\_\_

Subscribed and sworn to (or affirmed) before me on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by \_\_\_\_\_, personally known to me or proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

(SEAL)

\_\_\_\_\_  
Notary Public or other official's Signature

Or

\_\_\_\_\_  
Plan Representative's Signature

Office Use Only

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

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

Verified by: \_\_\_\_\_

