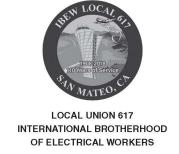


SAN MATEO COUNTY



ELECTRICAL WORKERS JOINT TRUST FUNDS

DISTRIBUTION/ROLLOVER ELECTION FORM

(Complete Section A, Elect and Complete Sections B and/or C as appropriate.)

A.	PARTICIPANT INFORMATION			
	Participant's Name			
	Participant's Social Security Number			
B.	DIRECT ROLLOVER I direct that (elect one) my full eligible rollover distribution or \$ (\$500 or more) of my eligible rollover distribution be distributed from the plan for a direct rollover.			
	ex. IRA trustees/custodian (Note: If you are under age 59 1/2 and rolling your Part B into an IRA, you must leave the funds in the IRA until you are at least 59 1/2 or you will be subject to a penalty of 10% in additional taxes. (Please consult a Tax Advisor for more information).			
	ex. Qualified Retirement Plan (Note: Plans are not required to accept rollovers. Check with the plan's sponsor before making this election).			
Lega	I name, address, city, state, zip code & account number of plan:			
<u></u>	CASH DISTRIBUTION			
Mont	thly Distribution: I request a monthly distribution of \$, effective			
Gross/Net (circle one) Partial Lump Sum/Lump Sum: I request that my full distribution or \$ of my distribution to paid to me directly. Gross/Net (circle one)				
	erstand that any portion of the amount distributed to me that qualifies as an eligible rollover bution will be subject to 20% federal withholding.			
	eceive your distribution by the first of the following month, your request must be ived no later than the fifteenth of the current month.			
	cipant Signature Date reverse side for spousal consent form)			

United Administrative Services, P.O. Box 5057, San Jose, CA 95150-5057 Telephone (408) 288-4400 Toll Free (800) 541-8059 Fax (408) 288-4439

SPOUSAL CONSENT FORM

I,, (Name)	swear that I am the legal	spouse of the Employe	e described above.
I hereby consent to the Em Rollover or a Cash Distribut		eive our pension benefit	in a form of a Direct
Spouse's Signature			
Spouse's Social Security No	umber		
• • • • • • • • • • • • • • • • • • • •		•••••	•••••

See Attached Notary Acknowledgement

CALIFORNIA ALL- PURPOSE CERTIFICATE OF ACKNOWLEDGMENT

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California	}
County of	. }
On before me, _	(Here insert name and title of the officer)
name(s) is/are subscribed to the within he/she/they executed the same in his/h	factory evidence to be the person(s) whose instrument and acknowledged to me that er/their authorized capacity(ies), and that by the person(s), or the entity upon behalf of
I certify under PENALTY OF PERJURY the foregoing paragraph is true and cor	under the laws of the State of California that rect.
WITNESS my hand and official seal.	
Notary Public Signature (N	otary Public Seal)
ADDITIONAL OPTIONAL INFORMAT	INSTRUCTIONS FOR COMPLETING THIS FORM This form complies with current California statutes regarding notary wording and,
DESCRIPTION OF THE ATTACHED DOCUMENT	if needed, should be completed and attached to the document. Acknowledgments from other states may be completed for documents being sent to that state so long as the wording does not require the California notary to violate California notary law.
(Title or description of attached document)	State and County information must be the State and County where the document signer(s) personally appeared before the notary public for acknowledgment.
(Title or description of attached document continued)	 Date of notarization must be the date that the signer(s) personally appeared which must also be the same date the acknowledgment is completed.
Number of Pages Document Date	 The notary public must print his or her name as it appears within his or her commission followed by a comma and then your title (notary public). Print the name(s) of document signer(s) who personally appear at the time of
CAPACITY CLAIMED BY THE SIGNER Individual (s) Corporate Officer (Title) Partner(s)	 Indicate the correct singular or plural forms by crossing off incorrect forms (i.e. he/she/hey, is /are) or circling the correct forms. Failure to correctly indicate this information may lead to rejection of document recording. The notary seal impression must be clear and photographically reproducible. Impression must not cover text or lines. If seal impression smudges, re-seal if a sufficient area permits, otherwise complete a different acknowledgment form. Signature of the notary public must match the signature on file with the office of the county clerk.
☐ Attorney-in-Fact ☐ Trustee(s) ☐ Other	 Additional information is not required but could help to ensure this acknowledgment is not misused or attached to a different document. Indicate title or type of attached document, number of pages and date. Indicate the capacity claimed by the signer. If the claimed capacity is a corporate officer, indicate the title (i.e. CEO, CFO, Secretary).

• Securely attach this document to the signed document with a staple.

2015 Version www.NotaryClasses.com 800-873-9865