

United Workers Pension Fund (the "Plan") Withdrawal Form

PLEASE TYPE OR PRINT INFORMATION CLEARLY IN BLACK INK

Section 1. INSTRUCTIONS

Participants must complete this form to request withdrawals. **Participant's signature must be witnessed by a notary public.** Incomplete forms will be returned. Please allow a minimum of 2 weeks for processing after your completed form has been received. The Board of Trustees of United Workers Pension Fund will use this form to approve and authorize withdrawals in the Board of Trustees Approval Section.

PLEASE BE ADVISED THAT WITHDRAWALS CANNOT BE REQUESTED UNTIL SIX MONTHS HAVE PASSED FROM YOUR DATE OF TERMINATION.

Section 2. PARTICIPANT INFORMATION ONLY

Participant's (or Beneficiary) Name (Last Name, First Name, Initial)	Social Security Number - -	Date of Birth / / Month Day Year	Marital status (required) <input type="checkbox"/> Married <input type="checkbox"/> Single
Street Address		APT#	
City	State	Zip	Home Phone # () - () - Cell Phone # () - () -

Section 3. REASON FOR WITHDRAWAL (check one)

<input type="checkbox"/> Termination of Employment on: <div style="display: flex; justify-content: space-around; width: 100%;"> MonthDayYear </div>	<input type="checkbox"/> Disability , effective on: (attach Disability Statement from Physician) <div style="display: flex; justify-content: space-around; width: 100%;"> MonthDayYear </div>
<input type="checkbox"/> Retirement , effective on: <div style="display: flex; justify-content: space-around; width: 100%;"> MonthDayYear </div>	<input type="checkbox"/> Death , on: (attach Death Certificate and Beneficiary Designation) <div style="display: flex; justify-content: space-around; width: 100%;"> MonthDayYear </div>

Section 4. PAYMENT OPTION (must check one) - IF YOU DO NOT CHECK ONE, YOU WILL RECEIVE A TAXABLE LUMP SUM

- I elect a taxable lump sum cash payment.** (20% will be withheld for federal income taxes. ***If you are under age 59 ½ you could be subject to an additional 10% tax.*** Please read the attached Special Tax Notice Regarding Plan Payments for important tax related information. Your 1099 tax form will be attached to your check and mailed to your home address.)

- I elect a rollover:** (please print the following information clearly; your withdrawal check will be made payable and mailed as per your information given below. Your 1099 tax form will be mailed to your home address. If rollover to another qualified Plan, provide retirement plan name and account number. If rollover to an IRA, enter IRA acct# and/or ROTH IRA acct#.)
IMPORTANT: If you have a Roth 401(k) balance and are requesting a rollover, the proceeds must be rolled over into a Roth IRA or qualified Plan that allows Roth 401(k) rollovers.

FOR ROLLOVERS ONLY:

Make check payable to: _____

Provide your account number (if applicable): _____

Mail check to: (Leave blank if you would like the check mailed to your home address. You will then be responsible for depositing the check with your Bank or Rollover Institution.)

Bank/Institution Name: _____

Bank/Institution Address: _____

Section 5. PARTICIPANT (or Beneficiary) SIGNATURE (must be witnessed by Notary Public)

- I hereby make the elections on this form and release the Plan, the Plan Administrator, the Plan Trustees, Chernoff Diamond, and the sponsoring employer from any claims the undersigned may have or hereafter claim to have with respect to the Plan.
- I have read the Special Tax Notice Regarding Plan Payments and understand that I must now wait 30 days to receive my withdrawal. However, I hereby waive the 30-day waiting period and request earlier payment, if possible. I also understand that if I did not select a payment option in Section 4, I will receive a taxable lump sum payment.
- I understand that there will be a \$100 fee charged to my account for processing this request.

Participant (or Beneficiary) Signature	Date
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WITNESS BY NOTARY PUBLIC

SWORN TO, AND WITNESSED BY ME, THIS _____ DAY OF _____ (MONTH), _____ (YEAR)

NAME OF NOTARY PUBLIC: _____

NOTARY PUBLIC'S SIGNATURE: _____

NOTARY PUBLIC'S SIGNATURE: _____

Section 6. BOARD OF TRUSTEES APPROVAL (for use by the Plan only)

- This withdrawal is approved.
- This withdrawal is not approved because _____

This participant worked _____ hours during the Plan year containing his/her last day of employment.
The final contribution for Participant was or will be submitted on _____.

Trustee (or Authorized Representative) Signature	Print Name	Date
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