

Labor Alliance Savings Trust Fund

DISTRIBUTION REQUEST FORM

SECTION A: PARTICIPANT IDENTIFICATION										
Last Name	First	Initial	SSN <table border="1"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>							
Street		Date of Birth	E-mail Address							
City/State	Zip Code	Home Phone Number	Cell Phone Number							
Marital Status <input type="checkbox"/> Married <input type="checkbox"/> Never Married <input type="checkbox"/> Divorced or Separated <input type="checkbox"/> Divorced and Remarried <input type="checkbox"/> Widowed										
SECTION B: DOCUMENTATION REQUIREMENTS										
Participants applying for payments from the Plan must complete the below sections and return any applicable documentation to the Plan Administrative Office. <u>Documentation</u> <ul style="list-style-type: none">• If divorced, please submit a copy of your Final Judgment(s) of Marital Dissolution, any Marital Settlement Agreement(s), Qualified Domestic Relations Orders(s) (QDRO), Stipulation of Judgment(s), or any written agreement of your marriage dissolution(s).										
SECTION C: DISTRIBUTION ELECTION										
Part 1: Select ONE of the Following Payment Options: <input type="checkbox"/> A Lump-Sum Payment <input type="checkbox"/> Partial Payments Over an Extended Period of Time Amount: \$ _____ <input type="checkbox"/> Monthly <input type="checkbox"/> Annually <input type="checkbox"/> A Direct Rollover to a Qualified Retirement Plan or an IRA Rollover Institution _____ Account Number (if assigned) _____ Account Name _____ Address of Rollover Institution _____										
Part 2: Select a Payment Delivery Option: <input type="checkbox"/> Check mailed to your home address (If electing a lump-sum payment or partial payments) <input type="checkbox"/> Check mailed to your Direct Rollover Institution at the address specified in Part 1										

Part 3: Provide Spousal Consent to the Payment Option (if applicable)

If you are married or separated (i.e., not legally divorced), the spousal consent below **must** be completed and **notarized** if your total account balance is more than \$5,000.

I understand that the value of my vested account balance exceeds \$5,000 and that under the terms of the Labor Alliance Savings Trust Fund, the benefit cannot be distributed to me prior to retirement without the consent of both myself and my spouse. I hereby consent to and request that my entire account balance be distributed to me as soon as is practical. I further acknowledge that upon receipt of the distribution I will not be entitled to receive any other distribution from the Plan.

Printed Name of Participant	Signature of Participant	Date
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As the spouse of the above-named participant, I hereby consent to the immediate distribution of the entire vested portion of the account maintained under the Plan.

Printed Name of Spouse	Signature of Spouse	Date
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NOTARY ACKNOWLEDGEMENT:

State of _____ County of _____

On _____ before me, _____, Notary Public
Date *Name of the Officer*

personally appeared _____
Name(s) of Signer(s)

Who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of _____ that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Place Notary Seal Above

Signature of Notary Public

Part 4: Execution of the Distribution Request and Waiver of the Minimum Notice Period

I hereby certify that the information contained in this Distribution Request Form is, to the best of my knowledge, accurate. I also certify that I have received and have read the Tax Notice Regarding Plan Payments and the Notice of Spousal Rights. I consent to an immediate distribution of my account balance in the manner specified herein. I understand that I have the right to review these materials for at least thirty days before making that decision and affirmatively waive any un-expired portion of that 30-day review period.

Printed Name of Participant	Signature of Participant	Date
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