

APPLICATION FOR BENEFITS

SACRAMENTO AREA ELECTRICAL WORKERS PENSION TRUST

1. Please read each question carefully.
2. PRINT all information.
3. Be sure to answer all applicable questions. This will avoid delays in processing your application.
4. Be sure to Sign & Date the Application
5. Mail application & documents to address below.
6. Phone: 800-541-8059

A. EMPLOYEE PERSONAL DATA:	
1. PLAN PARTICIPANT'S NAME: _____	2. SOCIAL SECURITY NO.: _____
3. ADDRESS: _____ _____	4. DATE OF BIRTH: _____
6. LAST EMPLOYER: _____	5. PHONE: _____
8. DATE LAST WORKED: _____	7. LOCAL UNION: _____

B. I AM APPLYING FOR THE FOLLOWING TYPE OF BENEFIT:	
<input type="checkbox"/> RETIREMENT Date: _____	<input type="checkbox"/> DISABILITY <i>(attach copy of Social Security Award Letter and/or certification from the attending physician.)</i>

C. I REQUEST PAYMENT OF MY BENEFIT IN THE FOLLOWING FORM (CHECK ONE):	
<input type="checkbox"/> Single Lump Sum Payment	<input type="checkbox"/> Partial Lump Sum Payment
<input type="checkbox"/> Equal Monthly Payments of \$ _____ <i>(Must be at least \$100)</i>	Amount: \$ _____ <i>(Note: Prior to age 62, partial lump sum payments are allowed once only)</i>
<input type="checkbox"/> Monthly Annuity Payments <i>(Check one):</i> <input type="checkbox"/> 120 <input type="checkbox"/> 180 <input type="checkbox"/> 240 <input type="checkbox"/> 300 <input type="checkbox"/> 360	My Pension is Self-Directed with Putnam <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> As a Lifetime Annuity	
<input type="checkbox"/> Required Minimum Distribution Only	

D. BENEFICIARY INFORMATION	
<i>I hereby designate the following individual(s) to receive any payments under the Plan which may be due in the event of my death</i>	
BENEFICIARY NAME _____	DATE OF BIRTH _____
RELATIONSHIP _____	SOCIAL SECURITY NO. _____
ADDRESS _____	
PHONE NO. _____	

I hereby apply for a benefit from the above reference Fund. I certify under penalty of perjury that all of the above statements are true and correct. I understand that a false statement may disqualify me for benefits, and that the Trustees have the right to recover any payment made to me because of a false statement.

SIGNATURE _____ DATE _____

United Administrative Services
6800 Santa Teresa Blvd. Suite 100
San Jose, CA 95119
(408) 288-4557

NOTICE AND ELECTION FORM FOR FEDERAL AND STATE INCOME TAX WITHHOLDING FROM LUMP SUM DISTRIBUTION

SACRAMENTO AREA ELECTRICAL WORKERS PENSION TRUST

I. NOTICE OF RULES CONCERNING INCOME TAX WITHHOLDING

Federal income tax laws pertaining to distributions from pension plans (other than distributions paid in monthly increments over a period of at least ten years) have been revised, effective for distributions made after December 31, 1992. Federal income taxes must be withheld on all distributions at a rate of 20% (you may designate a higher percentage), except in the case of a "Trustee to Trustee" transfer. In the case of the Sacramento Area Electrical Workers Pension Trust, such a transfer would be made directly to a successor trustee such as a bank or a brokerage at which you would have an individual retirement account, or to another qualified retirement plan, if such a plan accepts transfers of this nature. In the event of a "Trustee to Trustee" transfer, no federal income tax would be withheld unless otherwise requested by you.

California rules for income tax withholding have not changed. California taxes are generally withheld at 10% of the Federal amount. However, you may designate a different percentage, a specific amount, or you may elect to have no California income tax withheld (although you will still be liable for any resulting California taxes).

If you are uncertain as to the proper election to make, it is strongly advised that you consult with an income tax professional. Should you have any questions, please call the trust office at 1-800-541-8059.

II. FEDERAL AND CALIFORNIA INCOME TAX WITHHOLDING ELECTION

DO YOU PLAN TO ROLLOVER YOUR DISTRIBUTION? (*PLEASE CHECK ONE*)

YES (*Complete Part A*)

NO (*Complete Part B*)

PART A – Distributions Paid To a Successor Trustee (Successor Trustee please complete the following):

Name of Trustee: _____

Address: _____

Contact Person (Name and Phone No.): _____

Trustee's Federal Identification No.: _____

Check Payable to: _____

Account No.: _____

B. I REQUEST PAYMENT OF MY BENEFIT IN THE FOLLOWING FORM (CHECK ONE)::

Please withhold California income taxes at 10% of Federal taxes withheld.

Please do not withhold California income taxes.

Please withhold Federal and California income taxes in accordance with the following:

Federal: Rate _____% (must be 20% or greater)

California: Rate _____% or, Flat Amount: \$ _____

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TAX NOTICE AND ELECTION FORM, CONT.

I UNDERSTAND THAT MY PENSION IS SUBJECT TO FEDERAL AND STATE INCOME TAXES, AND THAT IF MY TOTAL INCOME FROM ALL SOURCES IS HIGH ENOUGH TO REQUIRE ME TO PAY INCOME TAXES, I COULD BE SUBJECT TO TAX PENALTIES UNDER THE RULES CONCERNING ESTIMATED TAX PAYMENTS, IF MY ESTIMATED TAX PAYMENTS AND WITHHOLDING ARE NOT ADEQUATE.

I UNDERSTAND THAT IF I TAKE MY DISTRIBUTION IN THE FORM OF A LUMP SUM PRIOR TO AGE 59-1/2, I MAY BE SUBJECT TO TAX PENALTIES IN ADDITION TO INCOME TAXES OTHERWISE DUE AND PAYABLE.

I UNDERSTAND THAT I HAVE THE RIGHT TO CHANGE OR REVOKE THIS ELECTION, IN WRITING, AT ANY TIME PRIOR TO PAYMENT OF THE DISTRIBUTION.

Print Name

Social Security Number

Signature

Date

CERTIFICATION OF EARLY RETIREMENT

SACRAMENTO AREA ELECTRICAL WORKERS PENSION TRUST

Name _____

SS# _____

ATTACH A COPY OF YOUR BIRTH CERTIFICATE

I hereby make application for EARLY RETIREMENT benefits under the Sacramento Area Electrical Workers Pension Trust. By my signature below, I declare the following:

1. I will have retired from employment and/or availability for employment in the electrical industry on (date) _____.
2. I last worked in the electrical industry in the jurisdiction of IBEW Local 340 on (date) _____.
3. I am not currently on the "out of work book" for IBEW Local 340.

I UNDERSTAND THAT IF I TAKE A LUMP SUM DISTRIBUTION, OR ELECT MONTHLY PAYMENTS, I WILL NOT BE ELIGIBLE TO TAKE ANOTHER LUMP SUM OR MONTHLY DISTRIBUTION UNTIL I REACH NORMAL RETIREMENT AGE UNDER THE PLAN.

Signature of Participant

Date

Please return to:

United Administrative Services
6800 Santa Teresa Blvd. Suite 100
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(408) 288-4557

DECLARATION OF MARITAL STATUS

SACRAMENTO AREA ELECTRICAL WORKERS PENSION TRUST

Please complete each section in full. This will avoid delay in the processing of your pension benefit.

I. PARTICIPANT DATA:

NAME OF PARTICIPANT: _____

SOCIAL SECURITY NUMBER: _____ BIRTH DATE: _____

MARITAL STATUS: Married Single (never married)
 Divorced Widowed Other

II. SPOUSAL INFORMATION:

A. Name of present spouse: _____ Spouse's SS# _____

Spouse's Birth Date: _____ Date of Marriage _____

B. Name of prior spouse, (if none, indicate none): _____

Date of prior marriage: _____ Date prior marriage terminated: _____

Marriage terminated because of _____
(death, divorce/dissolution, other - please specify)

Prior Spouse's Present
Name and Address (if presently alive) _____

ARE THERE ANY OTHER PRIOR MARRIAGES? Yes No

PLEASE NOTE: If you have had more than one marriage please attach a separate sheet of paper providing the information requested in Part B above for each such marriage.

III. COURT ORDER

Is there a court order in effect, or a court proceeding presently pending, which grants, seeks to grant, or reserves the right to grant your spouse or any former spouse, child or other dependent any right or rights to any of your accrued benefits?

NO YES

If yes, please attach a copy of that court order, or, if a court proceeding is presently pending, indicate the name of the court and the case number.

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I CERTIFY UNDER PENALTY OF PERJURY THAT ALL OF THE INFORMATION PROVIDED ON THIS FORM IS COMPLETE AND ACCURATE. I UNDERSTAND THAT A FALSE STATEMENT MAY DISQUALIFY ME FOR BENEFITS, AND THAT THE TRUSTEES SHALL HAVE THE RIGHT TO RECOVER ANY PAYMENTS MADE TO ME BECAUSE OF FALSE STATEMENT.

NAME: _____ SS# _____

SIGNATURE: _____ DATE: _____

Your signature must be notarized (section IV) or witnessed by a Plan Representative (section V)

TO BE COMPLETED BY PLAN REPRESENTATIVE

The above signature of _____ was witnessed this ____ day of _____, 20__

in the presence of: _____ Form of I.D. _____
Signature Plan Representative

Print Name

or

See Next Page for Notarization

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, _____,
Date Here Insert Name and Title 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 California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature _____
Signature of Notary Public

Place Notary Seal Above

OPTIONAL

Though this section is optional, completing this information can deter alteration of the document or fraudulent reattachment of this form to an unintended document.

Description of Attached Document

Title or Type of Document: _____ Document Date: _____

Number of Pages: _____ Signer(s) Other Than Named Above: _____

Capacity(ies) Claimed by Signer(s)

Signer's Name: _____ Signer's Name: _____

Corporate Officer - Title(s): _____ Corporate Officer - Title(s): _____

Partner – Limited General Partner – Limited General

Individual Attorney in Fact Individual Attorney in Fact

Trustee Guardian or Conservator Trustee Guardian or Conservator

Other: _____ Other: _____

Signer Is Representing: _____ Signer Is Representing: _____

SPOUSAL WAIVER FORM

SACRAMENTO AREA ELECTRICAL WORKERS LOCAL 340 PENSION PLAN

FORM FOR SPOUSE TO CONSENT TO PARTICIPANT'S ELECTION TO RECEIVE PENSION IN A FORM OTHER THAN STANDARD JOINT AND 50% TO SPOUSE

For a married participant, federal law (ERISA) requires that the Plan's standard form of retirement is a Joint and 50% Survivor Annuity. The Joint and Survivor 50% Annuity provides a reduced lifetime benefit for a married participant, and upon the participant's death, 50% of the monthly pension amount will continue being paid to the surviving spouse for the spouse's lifetime. Pension Benefits will be paid in this form unless the spouse signs this waiver form consenting to an alternate benefit option. Spouse's signature must be notarized.

I declare under penalty of perjury that _____ is my spouse.
(Participant's Name)

I hereby consent to my spouse's election to receive our pension benefit in a form other than the "Standard Joint and 50% to Spouse Benefit". I understand that this means that if my spouse predeceases me, I will not receive the standard survivor's annuity I would otherwise receive as required by law. I further understand that this waiver is irrevocable after 90 days of the date this form was signed below.

Date: _____

Participant's Name (Please Print)

Spouse's Name (Please Print)

Social Security No.

Social Security No.

Spouse's Signature: _____
(Must be witnessed by a Notary Public or Plan Representative)

TO BE COMPLETED BY PLAN REPRESENTATIVE

Signature of spouse witnessed this ___ day of _____, 20___ in the presence of: _____
Plan Representative Signature

Form of I.D. _____
Print Name

or

See Next Page for Notarization

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State of California)

County of _____)

On _____ before me, _____,
Date Here Insert Name and Title 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 California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature _____
Signature of Notary Public

Place Notary Seal Above

OPTIONAL

Though this section is optional, completing this information can deter alteration of the document or fraudulent reattachment of this form to an unintended document.

Description of Attached Document

Title or Type of Document: _____ Document Date: _____

Number of Pages: _____ Signer(s) Other Than Named Above: _____

Capacity(ies) Claimed by Signer(s)

Signer's Name: _____ Signer's Name: _____

Corporate Officer - Title(s): _____ Corporate Officer - Title(s): _____

Partner – Limited General Partner – Limited General

Individual Attorney in Fact Individual Attorney in Fact

Trustee Guardian or Conservator Trustee Guardian or Conservator

Other: _____ Other: _____

Signer Is Representing: _____ Signer Is Representing: _____