DISTRIBUTION REQUEST FORM

SECTION A: PARTICIPANT IDENTIFICATION

Last Name First Initial	SSN ☐☐☐ ☐☐ ☐☐☐☐	
Street	Date of Birth	E-mail Address
City/State Zip Code	Home Phone Number	Cell Phone Number

Marital Status

☐ Married ☐ Never Married ☐ Divorced or Separated ☐ Divorced and Remarried ☐ 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.

Documentation

- 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).
- If retired, please provide proof of your retirement (i.e., pension verification letter or letter from your Union).

SECTION C: DISTRIBUTION ELECTION

Part 1: Select ONE of the Following Payment Options:

❑ A Lump-Sum Payment

❑ Partial Payments Over an Extended Period of Time

Amount: $_____ ☐ Monthly ☐ Annually

❑ 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:

❑ Check mailed to your home address (If electing a lump-sum payment)

❑ Check mailed to your Rollover Institution as specified above in Part 1

Part 3: California State Tax Withholding: (Select ONE)

- ❑ I do **NOT** want California State Tax withheld from my distribution
- ❑ I do want California State Tax withheld at the rate of _____% (**whole percentage only)**

Note: ALL distributions, except qualified rollovers, are subject to a mandatory 20% Federal tax withholding.

Part 4: 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 Teamsters Managed Annuity Plan, 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

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

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.

_____

Signature of Notary Public ***Place Notary Seal Above***

Part 5: 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