Plumbers & Steamfitters Local 21 Annuity Fund 914-737-7220
Partial In-Service Distribution Form (Plan #781250-01) 833-569-2433

- Use this form to request a distribution of benefits payable under the Plan while you are still employed. Please complete in ink.
- If your distribution will be sent to an address outside of the United States, Puerto Rico, U.S. Virgin Islands or Guam, you must also submit either an IRS Form W-9 to certify you are a U.S. person or a Form W-8BEN if you are a non-resident alien with respect to the U.S. To obtain these forms or for assistance in determining which form you should submit, please go to the IRS website at www.irs.gov or consult with a tax advisor. If you do not submit one of these forms along with this form, 30% tax withholding will be applied to your distribution.
- Please return this form to the Fund Office for authorization: **Plumbers and Steamfitters Local 21, 1024 McKinley Street, Peekskill, NY 10566**

1. PARTICIPANT INFORMATION

_____ _____
Social Security Number Date of Birth

_____ _____ _____
Last Name First Name MI

_____
Mailing Address City State Zip

_____ _____
Telephone Number E-Mail Address

2. SUPPLEMENTAL UNEMPLOYMENT BENEFIT (30-DAYS UNEMPLOYED)

MEMBERS MAY NOT WITHDRAW MORE THAN $2,000.00

I request an in-service distribution in the amount of (check one):

[ ] Specific dollar amount(complete) $_____ or
[ ] Maximum amount available

3. SUPPLEMENTAL UNEMPLOYMENT BENEFIT (60-DAYS UNEMPLOYED)

MEMBERS MAY NOT WITHDRAW MORE THAN $2,000.00

I request an in-service distribution in the amount of (check one):

[ ] Specific dollar amount(complete) $_____ or
[ ] Maximum amount available

4. SUPPLEMENTAL UNEMPLOYMENT BENEFIT (90-DAYS UNEMPLOYED)

MEMBERS MAY WITHDRAW UP TO THE FULL BALANCE OF THEIR ACCOUNT

I request an in-service distribution in the amount of (check one):

[ ] Specific dollar amount(complete) $_____ or
[ ] Maximum amount available

5. PAYMENT ELECTION

[ ] Payment to you (check will be mailed to your address of record – allow up to 10 business days for USPS delivery)
[ ] Send payment by check via express delivery (2-3 business days) - I understand that a fee of $50.00 will be deducted from my account for the express delivery election.
[ ] Direct deposit to a bank account of which I am an account holder. Deposited within 3 business days from date of processing. *This option is NOT available for Rollovers.*

To elect Direct Deposit, you must select either Checking or Savings and you must provide a voided check or copy of a pre-printed, account-specific deposit slip or a bank specification sheet from your bank for validation. To help protect our customers' assets, Empower may independently validate bank and customer account information before processing Direct Deposit/EFT. If we are unable to independently validate the bank and customer account information or sufficient documentation to support the Direct Deposit/EFT is not provided, Empower will mail a check to the address of record. It should be noted that we are not always able to independently validate credit union or smaller banks. If the account cannot be validated, a check will be mailed even if a voided check or financial instrument is submitted with the distribution request.

[ ] Checking

[ ] Savings

_____
Bank Name

_____
Bank ABA/Routing (9 digits)

_____
Bank Account Number

Please note that we can only send funds via direct deposit to banks with a valid U.S. routing number. I understand that if I do not fully complete this section or the bank account information I have provided is invalid, a check will be mailed. I understand that a reprocessing fee may be charged to my account if the direct deposit is declined by my financial institution. Subsequent withdrawals will be processed in the same manner (up to 180 days from the date of the original distribution) unless I notify Empower in writing to distribute the money differently. I also authorize Empower to initiate a debit to my account for any overpayment or payments made in error.

6. MARTIAL STATUS

I certify that I am (check one):

[ ] Married (spouse must complete the SPOUSAL CONSENT section)
[ ] Not Married

7. INCOME TAX WITHHOLDING

FEDERAL WITHHOLDING: Distributions of pre-tax contributions plus interest on all contributions (except interest with respect to qualified distributions from a Roth account) are subject to federal income tax. Federal income tax law requires that 20% of the taxable amount of a distribution be withheld, unless the payment is directly rolled over to an eligible employer plan or an IRA. If no election is made, Empower will withhold 20% federal income tax. Please read the *Special Tax Notice(s)*. **Contact your tax advisor or the IRS if you have any questions concerning tax withholding.**

[ ] Deduct the 20% mandatory federal income tax withholding from the taxable portion of my payment.
[ ] Deduct the 20% mandatory federal income tax withholding from the taxable portion of my payment and withhold an additional amount of $_____.

STATE WITHHOLDING: Contact your tax advisor or your state's tax department if you have any questions concerning state tax withholding. Refer to the State Tax Information document for important information regarding State Withholding in your Legal State of Residence. If you make an election that is not in compliance with your state's regulations, Empower will default to your state's requirements.

No State Tax Withholding Election

[ ] I have read the State Tax Information document, and I elect to have no state income tax withheld from my payment(s).

Voluntary State Income Tax Withholding

[ ] I have read the State Tax Information document and I elect to have the following voluntary state income tax withheld from my payment(s): ____%

Additional State Income Tax Withholding

[ ] I have read the State Tax Information document and I elect to have an additional ____% state income tax withheld from my payment(s).

8. PARTICIPANT SIGNATURE

I acknowledge that I have read, understand and agree to all pages of this In-Service Withdrawal Request, the Participant Withdrawal Guide and the 402(f) Notice of Special Tax Rules on Distributions and affirm that all information that I have provided is true and correct. I understand the following:

- It is my responsibility to ensure that this election conforms with all applicable provisions of the Internal Revenue Code (the "Code") and, if applicable, that the Plan into which I am rolling money over will accept the dollars.
- I am liable for any income tax and/or penalties assessed by the IRS and/or state tax authorities for any election I have chosen.
- Once a payment has been processed, it cannot be changed or reversed.
- In the event that any section of this form is incomplete or inaccurate, Service Provider may not process the transaction requested on this form and may require a new form or that I provide additional or proper information before the transaction can be processed.
- Funds may impose redemption fees on certain transfers, redemptions or exchanges if assets are held less than the period stated in the fund's prospectus or other disclosure documents. I will refer to the fund's prospectus and/or disclosure documents for more information.
- Under penalty of perjury, I certify that the U.S. Social Security number or U.S. Taxpayer Identification number I have provided in Section A is correct. I am a U.S. person if I marked the U.S. Citizen or U.S. Resident Alien box in Section A of this form.
- For at least 30 days after my receipt of the 402(f) Notice of Special Tax Rules on Distributions, I have the right to consider whether to consent to a withdrawal of the vested account balance or elect a direct rollover of any vested portion of the eligible rollover withdrawal. By signing this form less than 30 days after I received the 402(f) Notice of Special Tax Rules on Distributions, I affirmatively waive any unexpired portion of the 30 day period and affirmatively elect a withdrawal from the account pursuant to this In-Service Withdrawal Request form.
- Additional authentication may be necessary before my withdrawal is processed and/or payment released.
- My withdrawal may be subject to fees and/or loss of interest based upon my investment options, my length of time in the Plan and other possible considerations. If I have not been advised of the fees and risks associated with my withdrawal, I may contact Service Provider for a withdrawal quote at 1-833-569-2433.

Any person who presents a false or fraudulent claim is subject to criminal and civil penalties.

_____ _____
Signature of Participant Date (MM-DD-YYYY)

_____ _____
Print Name Social Security Number

_____ _____
Notary Public Signature and Stamp Date (MM-DD-YYYY)

9. SPOUSAL SIGNATURE

I (name of spouse), _____, the Participant's spouse, have read and understand the withdrawal request. I understand that I can refuse to consent to the withdrawal request and that my consent cannot be revoked or withdrawn once given. I further understand and voluntarily consent that the withdrawal to be made will reduce any future benefit I may be entitled to. Being fully apprised of these facts, I hereby voluntarily consent to this withdrawal request.

_____ _____
Signature of Spouse Date (MM-DD-YYYY)

_____ _____
Notary Public Signature and Stamp Date (MM-DD-YYYY)

My commission expires: _____

10. FUND OFFICE AUTHORIZATION (Office Use Only)

_____ _____
Signature of Authorized Plan Representative Date (MM-DD-YYYY)