

Plumbers & Steamfitters Local No. 7 Annuity Fund (Plan# 651601)
IN-SERVICE WITHDRAWAL FORM
888-976-8171



- Use this form to request an in-service distribution of benefits payable under the Plan while you are still a member of the union. Please complete in ink.
- **The in-service benefit is available anytime after at least 60 months of Plan participation provided it has been at least 12 months since your last in-service withdrawal or new loan issuance.**
- To request a distribution following termination of membership with the union, use the Distribution Form or Required Minimum Distribution Form. To request a distribution because of the death of a Member or if you are an Alternate Payee, use the Beneficiary and Alternate Payee Distribution Form.
- 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 your completed form to: **Plumbers & Steamfitters Local No. 7 Annuity Fund, 18 Avis Drive, Latham, NY 12110.**

1. MEMBER INFORMATION

Marital Status
 Single Married

_____-_____-_____
 Social Security Number

_____-_____-_____
 Date of Birth (MM-DD-YYYY)
 *Please include copy of Birth Certificate

 Name (Last)

 Name (First)

 M.I.

 Mailing Address

 City

 State

 Zip Code

(_____)_____
 Daytime Telephone Number

(_____)_____
 Evening Telephone Number

 E-mail Address

2. DISTRIBUTION AMOUNT

You may increase your distribution request to include amounts necessary to pay any federal, state or local income taxes reasonably anticipated to result from the distribution.

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

Specific dollar amount (complete) \$ _____ or

Maximum amount available (up to 50% of your account balance).

3. RECEIVING IRA OR QUALIFIED PLAN

My direct rollover should be paid to the following: qualified plan traditional IRA Roth IRA* (check one and complete):

 NAME OF TRUSTEE OR CUSTODIAN

 PLAN NAME

 MAILING ADDRESS

 CITY

 STATE

 ZIP CODE

Account# _____ Please mail directly to new trustee or custodian. Please mail directly to me.

(If an account number is not provided or if your account number is your social security number, your direct rollover will be made payable to the new trustee or custodian designated above but mailed to your address of record.)

***Please refer to the Special Tax Notice Regarding Plan Payments for the tax consequences associated with rolling over to a Roth IRA.**

4. MEMBER SIGNATURE

I have read the Special Tax Notice Regarding Plan Payments and the Notice of Distribution Options and understand my distribution alternatives and my right to defer distributions under the Plan.

Note: If you have not yet established your Transamerica online account and provided an email address or if you have recently made changes to any of your contact information, in order to have your request processed timely, ***please have the notary stamp placed in the space provided below.*** The Plan Administrator may choose to waive the notary requirement by initialing in the appropriate box in the Fund Office Authorization section of this form.

Signature of Member

Date (MM-DD-YYYY)

Print Name

Social Security Number

Notary Public Signature and Stamp

Date (MM-DD-YYYY)

5. MEDALLION SIGNATURE GUARANTEE (*Required for withdrawals of \$150,000 or more*)

A request for a withdrawal of \$150,000 or more requires that this completed form be stamped with a medallion signature guarantee. You can obtain a medallion signature guarantee from a financial institution such as a commercial bank, savings bank, credit union, or broker-dealer. **A notary is NOT a medallion signature guarantee.** and the original form with a medallion signature must be returned via mail (overnight if needed).

Please note, for this purpose, the value of the withdrawal is based on the amount available (for full distributions and rollovers) on the date of processing and multiple withdrawal requests within a 14-day period that total \$150,000 or more will also be subject to the medallion signature guarantee requirements.

Please place the medallion signature in the space below:

6. FUND OFFICE AUTHORIZATION (*Fund Office Use Only*)

Authorized Fund Office Signature

Date (MM-DD-YYYY)

By initialing in the box to the right, I hereby also waive the Notary Public requirement for the Member's Signature []