

**APPLICATION FOR IN-SERVICE DISTRIBUTION BENEFIT PAYMENT FROM SHEET METAL WORKERS' LOCAL 36 401(K) PLAN**

Participant Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Street Address: \_\_\_\_\_ City/State/Zip Code: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Married? \_\_\_\_\_ Spouse's Name: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Work Phone #: \_\_\_\_\_

**REQUEST FOR IN SERVICE DISTRIBUTION**

\_\_\_\_\_ If a Participant has attained age 59-1/2 and has completed at least 60 months of participation in the Plan, without retiring a Participant is entitled one time to a lump-sum distribution of up to 60% of the Participant's account balance. Undersigned Participant has met these requirements and hereby applies for the following one-time distribution: \_\_\_\_\_% of my account balance

OR

\_\_\_\_\_ If a Participant has attained age 62 and has completed at least 60 months of participation in the Plan, without retiring a Participant is entitled one time to a lump-sum distribution of up to 100% of the Participant's account balance. Undersigned Participant has met these requirements and hereby applies for the following one-time distribution: \_\_\_\_\_% of my account balance

\_\_\_\_\_ Please pay benefits directly to me. I understand the tax consequences listed below.

INITIAL

**WITHHOLDING CERTIFICATE**

I understand that to the extent benefits are paid directly to me there will be 20% tax withholding. [Optional: I authorize an additional \_\_\_\_\_% of any benefit paid directly to me to be withheld for federal income tax; and \_\_\_\_\_% to be withheld for income tax for the State of \_\_\_\_\_.]

**See page 2 for Direct Rollover Options**

## DIRECT ROLLOVER ELECTION

You may defer income tax on your benefit to the extent you do a rollover. To temporarily defer income taxes on the amount rolled over, please indicate below the amount you wish to roll over.

I want a Direct Rollover from my benefit transferred to the IRA or the Employer Plan as indicated below:

Please roll over my Full Lump Sum payment

OR

Please roll over \$ \_\_\_\_\_ or \_\_\_\_\_% of the payment; and pay the balance directly to me, applying required tax withholding or the optional percentage listed on page 1 if I elected additional withholding.

I understand that this Direct Rollover will be accomplished by issuance of a check payable to the Trustee of the IRA or Employer Plan indicated below, which ordinarily will be sent to the institution, or, if it is sent to me I must promptly deliver the check to the institution.

Name of IRA Institution (e.g. bank) or Employer Plan: \_\_\_\_\_

Street Address: \_\_\_\_\_ City/State/Zip Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ IRA/Plan Account Number: \_\_\_\_\_

**AFFIRMATION AND SIGNATURE OF PARTICIPANT**

Signature of Participant must be before a Plan Representative or a Notary Public. File the completed Application at the Plan Office, 2319 Chouteau Ave, Suite 300, St. Louis, MO 63103.

[Optional: \_\_\_ Send benefit payment to me by Express Mail and deduct \$25.00 from my benefit.]

I affirm that the information provided in this application is true

\_\_\_\_\_  
Participant's Signature

\_\_\_\_\_  
Date

Witnessed by:

Subscribed and sworn to on \_\_\_\_\_, 20\_\_.  
Before the undersigned.

\_\_\_\_\_  
Plan Representative

\_\_\_\_\_  
Notary Public (Seal)

\_\_\_\_\_  
My Commission Expires

**APPLICATION FOR BENEFIT PAYMENT BY PARTICIPANT FROM  
SHEET METAL WORKERS' LOCAL 36 401(K) PLAN**

**AUTHORIZATION FOR PRUDENTIAL TO PAY PARTICIPANT BENEFIT**

Prudential is authorized to pay the benefit to the Participant applicant in the manner specified in this application form. (This form must be signed by SMART Local 36 representative or no benefits will be paid out.)

\_\_\_\_\_  
Signature of SMART Local 36 Plan Representative

\_\_\_\_\_  
Date

Print Name and Title  
384547.DOC;October 5, 2009