

**United Food and Commercial Workers Local Union #1189 & St. Paul Food
Employers Defined Contribution Plan**

Wilson-McShane Corporation, Plan Administrators

3001 Metro Drive – Suite 500, Bloomington MN 55425 952-854-0795 or 1-800-535-6373

Application for Benefits

Participant Information

Name _____
(Last) (First) (Middle)

Street Address _____

City _____ State _____ Zip Code _____

Birth date (attach proof of age if 55 over) _____ Social Security _____

Last Date Worked (In Covered Employment) _____ Employer _____

Select one of the eligibility requirements listed below:

**Retired from employment and age 55 or older
Not working in the trade and geographic jurisdiction of the union for at least 90 days and
less than 55 years old**

Payment Election:

Please indicate below which form of payment you would like to receive

___ A lump sum payment of my entire balance

___ A partial lump sum payment of \$ _____

___ Equal monthly installments of \$ _____ each month ___ or
\$ _____ each quarter ___ or
\$ _____ each year _____

___ A partial lump sum of \$ _____ AND equal installments of \$ _____

Each **Month** OR **Quarter** OR **Year** **(Please Circle One)**

Tax Withholding Notification & Elections

Your plan administrator is required to provide you with a Tax Notice regarding qualified plan payments. It contains important information you need to know before making a payment/withholding election. You should understand that the taxable portion of a distribution, which is eligible for a rollover, is subject to a 20% mandatory federal income tax withholding and, if applicable state income tax withholding. You can avoid this tax, at the present time, by making a Direct Rollover of the funds to a qualified plan or an individual Retirement Account (IRA). You have the right to make or change your election up to the date of payment, but the election may not be made or changed after the distribution has been made.

Election Option A Direct Rollover

If you wish to rollover all or part of your distribution, complete this section.

I hereby authorize a Direct Rollover of _____% of the portion of the distribution which qualifies as an eligible rollover distribution. I will receive a direct payment for any portion of the distribution that: (1) I do not authorize for a Direct Rollover; (2) is non-taxable (normally post-tax contributions); and/or (3) is not eligible for Direct Rollover (complete section C). I understand that the amount directly rolled over will not be subject to any taxes at this time. I **authorize a Direct Rollover to another financial institution.**

Please Check One: This is: A Retirement Plan A (IRA) Traditional Individual Retirement Account

An Inherited IRA (non-spouse beneficiary) A ROTH IRA Conversion

Name of Plan/Financial Institution: _____ Account Number _____

Address: _____ City _____ State _____ Zip _____

Election Option B Direct Payment to You

If you want all or part of your distribution paid directly to You, complete this section.

I authorize a Direct Payment to ME.

I understand the money I receive directly will result in a **mandatory deduction of 20% for federal income tax withholding.** I may also be liable for **state income tax** and an **early withdrawal penalty.**

Election Option C Non-periodic distribution subject to 10% withholding Choose Option C Only If YOU ARE AT LEAST 70 ½ YEARS OF AGE

I do or I do not elect Federal withholding from the taxable portion of this distribution that is NOT eligible for a rollover because all or part of it is a Required Minimum Distribution payable because I have reached the age of 70 ½.

X _____
Signature

Date

To Be Completed By Administration

Vesting Percentage _____

Hire Date _____

Plan Entry Date _____