

**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 \_\_\_\_\_

Social Security \_\_\_\_\_ Phone \_\_\_\_\_

Date of Birth: \_\_\_\_\_ (You Must Submit Proof of Age - See Enclosed List of Acceptable Documents)

Last Date Worked (In Covered Employment) \_\_\_\_\_ Employer \_\_\_\_\_

**Select one of the eligibility requirements listed below:**

- In Service Distribution Age 65 or older
- 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, unless I choose to withhold more than 20%.** I may also be liable for **state income tax and an early withdrawal penalty.**

**\*\* YOU MUST COMPLETE THE ATTACHED W-4R\*\***

**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 72.

X \_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**To Be Completed By Administration**

Vesting Percentage \_\_\_\_\_

Hire Date \_\_\_\_\_

Plan Entry Date \_\_\_\_\_