

Metal Lathers Local 46 Annuity Fund
DEATH BENEFIT DISTRIBUTION FORM
 (For Non-Spouse Beneficiaries Only)

Please complete the following information (type or print).

BENEFICIARY'S NAME		SOCIAL SECURITY NO.		RELATIONSHIP TO PARTICIPANT	
STREET ADDRESS			CITY	STATE	ZIP CODE
PARTICIPANT'S NAME			SOCIAL SECURITY NO.		

As a beneficiary of the Participant named above, you are entitled to receive a distribution from the Plan. The amount distributable on your behalf under the Plan will be referred to as your vested account.

I have read the "Special Tax Notice Regarding Plan Payments" regarding plan distributions, and I hereby make the following request for distribution:

I. FORMS OF PAYMENT

NOTE: Option C is available only if the participant was receiving a pension from the Metal Lathers Local 46 Pension Fund.

Elect One

- A. SINGLE SUM PAYMENT** - I elect to have my vested account paid to me in a single sum. I understand that, with respect to the taxable portion of my distribution, I may be subject to mandatory 20% federal income tax withholding and any state tax withholding, if applicable.
- B. INSTALLMENTS** - My vested account exceeds \$5,000, and I elect to have my vested account distributed to me in monthly installments over _____ (not to exceed 10) years. I understand that the period selected for payment may be reduced to comply with federal tax law. I also understand that I will be subject to the optional federal income tax withholding rules, and I must complete a **Tax Withholding Election Form/Form W-4P**.
- C. PARTIAL PAYMENT** - My vested account exceeds \$5,000, and I elect to have \$_____ of my vested account paid to me in a single sum. I understand that I will be subject to the optional federal income tax withholding rules, and I must complete a **Tax Withholding Election Form/Form W-4P**. I also understand that I must complete a new **Death Benefit Distribution Form** to receive the balance of my vested account.

NOTE: As a non-spouse beneficiary, you may not roll over your distribution to an IRA or to another retirement plan.

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DEATH BENEFIT DISTRIBUTION FORM (continued)
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Please complete the following information (type or print).

SURVIVING SPOUSE'S NAME	SOCIAL SECURITY NO.

II. SIGNATURE SECTION

I understand that payment will be mailed to the address provided on this form. I also understand that this address will be used for all tax reporting purposes.


Signature of Beneficiary (Non-Spouse): _____  Date: _____ 

To Be Completed By The Plan Administrator

The distribution request for the above Beneficiary is: APPROVED NOT APPROVED

The Custodian is hereby authorized to make the payment in accordance with the above election.

Plan Administrator: _____  Date: _____ 

Date form received by Plan Administrator: _____ 

Return this form to: Fund Office, Board of Trustees - Metallic Lathers Local 46 Annuity Fund, 260 East 78th Street, New York, NY 10021.

TAX WITHHOLDING ELECTION FORM/FORM W-4P
Metal Lathers Local 46 Annuity Fund

Please complete the following information (type or print).

PAYEE'S NAME	SOCIAL SECURITY NO.

NOTE: Refer to your Distribution Election Form, Death Benefit Distribution Form, or Age 70½ Distribution Form (as applicable) to determine whether this form is required.

Current tax law subjects the taxable portion of your distribution to federal income tax withholding. However, if your distribution is not an eligible rollover distribution, you may elect to have no withholding. Whether or not you elect to have federal income tax withheld, you are liable for payment of federal income tax on the taxable portion of your distribution. If you elect to have no amount withheld from your distribution, or if you do not have enough federal income tax withheld, you may be responsible for payment of estimated tax. You may incur penalties under the estimated tax rules if your withholding and estimated tax payments are not sufficient, particularly if you have other sources of income not subject to withholding (such as interest, dividends, taxable Social Security). If federal income tax is withheld from your distribution, state income tax, if applicable, will also be withheld and your distribution will be reduced by such amounts.

I. ELECTION FOR WITHHOLDING (Check box A or box B)

- A.** Do not withhold federal income tax from my distribution. [Complete Section II only and do **not** complete **Form W-4P** below.]
- B.** Withhold federal income tax from my distribution. [Complete Section II and also complete **Form W-4P** below.]

ii. SIGNATURE SECTION

I certify that the information provided on this form is correct.

Signature of Payee: _____ Date: _____

FORM W-4P allows you to elect to have no income tax withheld from your distribution from a pension plan (excluding eligible rollover distributions), or to have additional amounts of tax withheld from your distribution from a pension plan.

If your distribution is made in the form of a nonperiodic distribution, the distribution will automatically be subject to 10% withholding, unless you elect not to have income tax withheld under option I.A. above or you elect to have a larger amount withheld by completing line 3 of Form W-4P. A **nonperiodic distribution** is a lump sum distribution from a pension plan (excluding eligible rollover distributions) or payments on demand from an IRA.

If your distribution is made in the form of a periodic distribution, you must complete lines 2 and 3 of Form W-4P. If you do not make an election on this form, income tax will be withheld on all periodic payments as if you were married and claiming three withholding allowances. A **periodic distribution** is an annuity or installments over a period of more than 1 year. Please note that if you are a plan participant or surviving spouse beneficiary and elect to receive distribution in the form of an annuity or installment payments made over a period of 10 or more years, this payment **is not** an eligible rollover distribution and therefore you are required to complete lines 2 and 3 of Form W-4P. Such payments are subject to the periodic distribution rules set forth above.

You may obtain additional instructions and worksheets to assist you in completing this section by requesting the official IRS Form W-4P at 1-800-TAX-FORM or on the Internet at [HTTP://WWW.IRS.USTREAS.GOV](http://www.irs.ustreas.gov). You may want to seek the advice of a professional tax advisor prior to completing this form.

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TAX WITHHOLDING ELECTION FORM/FORM W-4P (continued)
Metal Lathers Local 46 Annuity Fund

Please complete the following information (type or print).

PAYEE'S NAME	SOCIAL SECURITY NO.

Form W-4P	Withholding Certificate for Pension or Annuity Payments	2005
Type or print your full name		Your Social Security number
Home address (number and street or rural route)	<i>ON FILE</i>	Claim or identification number (if any) of your pension or annuity contract
City or town, state and ZIP code	<i>ON FILE</i>	

Complete the following applicable lines, sign and date the form:

- 1 Check here if you **do not want** any federal income tax withheld from your pension or annuity. (Do not complete lines 2 or 3.)

- 2 Total number of allowances and marital status you are claiming for withholding from each **periodic** pension or annuity payment. (You may also designate an additional dollar amount on line 3.) (Enter number of allowances)
 Marital Status: Single Married Married, but withhold at higher Single rate

- 3 Additional amount, if any, you want withheld from each pension or annuity payment.
Note: For periodic payments, you cannot enter an amount here without entering the number (including zero) of allowances on line 2. \$

Your Signature _____

Date _____

Return this form to: Fund Office, Board of Trustees - Metal Lathers Local 46 Annuity Fund, 260 East 78th Street, New York, NY 10021.