

(3) **Direct Rollover to a Roth IRA*** – Name of trustee, custodian or insurer: _____

Address: _____ Account Number: _____

I certify that, to the best of my knowledge, (a) the IRA satisfies, or is intended to satisfy, the requirements of Internal Revenue Code Section 408(a) or (b) and (b) the IRA will accept my direct rollover contribution.

An Annuity (If you request an annuity, the Plan Administrator will provide you with more information and the proper forms to complete).

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

4. FEDERAL INCOME TAX WITHHOLDING ELECTION (This section is for installments only)

Complete this section only if you have elected installment payments for a period of ten years or more. If you have elected installment payments for a period of ten years or more, federal income tax will be withheld on each payment, unless you elect not to have withholding apply. If you elect no withholding, you are still liable for any federal income taxes due on the taxable part of your distribution, and you could incur penalties if your withholding or estimated tax payments for the year are not enough.

(Check one):

- Do not** withhold federal income tax from my installment payments.
- Withhold** federal income tax from my installment payments, based on (check one):
 - a tax filing status of (check one): Married Single Married, filing separately and claiming (complete): _____ exemptions.
 - the following percentage (complete): _____ % of each distribution.

5. PARTICIPANT SIGNATURE

I make the distribution elections indicated above. I have read the “Special Tax Notice Regarding Plan Payments” and the “Notice of Retirement Annuity Benefits” and I know I have the right to receive my benefits as a joint and survivor annuity if I am married or a single-life annuity if I am not married. I also know I can waive the right to annuity payments with the consent of my spouse if I am married. I understand if I waive those rights I can change my mind and revoke the waiver at any time before my payments begin. I have at least 30 days to decide whether or not to waive the annuity payments or elect a “direct rollover” of any eligible rollover distribution. I understand my distribution alternatives and my right to defer distributions under the Plan. I certify that the information in this form is complete and accurate and that I understand and agree with all the terms of this form and the related notices.

Signature of Participant _____
Date

6. SPOUSAL CONSENT

I am the spouse of the participant whose signature appears above. I understand that I have the right to have the Plan pay my spouse’s retirement benefits in the qualified joint and survivor annuity payment form and I agree to give up that right. I understand that by signing this spousal consent, I may receive less money than I would have received under the qualified joint and survivor annuity payment form and I may receive nothing after my spouse dies, depending on the payment form that my spouse chooses. I agree that my spouse can receive retirement benefits in the form selected above. I understand that my spouse cannot choose a different form of retirement benefits unless I agree to the change. I understand that I do not have to sign this spousal consent. I am signing this spousal consent voluntarily. I understand that if I do not sign this spousal consent, then my spouse and I will receive payments from the Plan in the qualified joint and survivor annuity payment form.

Spouse’s Signature _____
Date

7. NOTARY SIGNATURE

State of _____

County of _____

On _____ before me personally appeared _____
(Date) (Participant’s Name)

known to me to be the person described in and who executed this instrument, acknowledging that he/she signed this instrument as his/her free act and deed. Personally appearing with the above-named Participant was _____,
(Spouse’s Name - if applicable)

known to me to be the person described in and who also executed this instrument, acknowledging that he/she is the participant’s spouse and that he/she also signed this instrument as his/her free act and deed.

Notary’s Name (Please Print)

Notary’s Signature _____
My Commission Expires

8. FUND OFFICE AUTHORIZATION

Member’s CD Balance \$ _____ Member’s CD Earnings \$ _____

Signature of Authorized Signer _____
Date

9. RETURN FORM

Please return completed form to: Midwest Pipe Trades Pension Plan
P.O. Box 1449
Goodlettsville, TN 37070



MIDWEST PIPE TRADES PENSION FUND

Administered by Southern Benefit Administrators, Incorporated



Mailing Address:
P. O. Box 1449
Goodlettsville, TN 37070-1449

Telephone: (615) 859-0131
Fax: (615) 859-0324



Street Address:
2001 Caldwell Drive
Goodlettsville, TN 37072-3589

Affidavit Acknowledging Retirement Requirement

And

Out-of-Work List Requirement

The undersigned, _____, hereby affirms that:

1. I am a participant in the Midwest Pipe Trades Pension Fund
2. This Affidavit is provided in support of my Application for Benefits under the Plan.
3. This will acknowledge receipt of the Notice of Retirement and Out-of-Work List requirements and I agree to its terms as a condition of receipt of my benefit from the Plan.
4. I understand that I must Retire for a minimum of 30 consecutive days from all Covered Employment and Industry Employment as a condition for my application for Early Retirement Benefits through the Plan.
5. I understand that my name will not appear on the Out-of-Work List once my application for benefits has been submitted through the Fund office.

(over)

_____ Pensioner

State of _____

County of _____

The foregoing instrument was acknowledged before me this _____ day of _____, 20_____, by _____ who is personally known to me OR produced _____ as identification and who did (did not) take an oath.

NOTARY PUBLIC
Typed or Printed Name _____
My Commission Expires _____

ELECTRONIC FUNDS TRANSFER (EFT) OPTION

1-877-UNION-44 (1-877-864-6644)

ELECTRONIC FUNDS TRANSFER FOR PLAN WITHDRAWALS

You are allowed to receive eligible withdrawals from your plan by electronic funds transfer (EFT), or direct deposit into a personal bank account.

An EFT allows you faster access to your money and is available for all eligible plan disbursements, except for rollovers. If you select an EFT, the information needs to be set up **PRIOR** to the plan withdrawal request being received and processed. If an EFT is not set up **IN ADVANCE**, the plan withdrawal will be processed in the form of a paper check.

SETTING UP AN EFT

You can set up an EFT for your plan withdrawals quickly and easily, either online at www.ibenefitcenter.com or by phone at 1-877-864-6644.

ENROLLING ONLINE

Follow these **seven steps** to set up an EFT online.

STEP 1: Log on to your account at www.ibenefitcenter.com. You will need to enter your User Name and password to access your account.

STEP 2: Click on the plan name in the "What do I have?" box.

STEP 3: Click on the "Electronic Funds Transfer" link within the "Withdrawals" tab.

STEP 4: Fill in the information for the bank account where you want your plan payment to be deposited.

- Indicate the type of account: savings or checking.
- Fill in the bank's routing number. You can find this nine-digit number at the bottom left-hand corner of a personal check (see illustration below). If the account is a savings account, you can find the routing number on a deposit slip.
- Fill in the savings or checking account number.
- Fill in the name on the bank account, exactly as it appears on the checks or the account statement.
- Click "Continue" at the bottom of the screen.

The image shows a screenshot of a web form for setting up an EFT. The form is titled "Name on the account" and includes several input fields. The "Your Name" field is highlighted with a box. Below it, there are fields for "Any Other Account?", "Tel: (800) 565-0500", "DATE", and a dollar sign (\$) field. The "Routing number" field is highlighted with a box, and the "Account number" field is also highlighted with a box. Below the form, there are labels for "Routing number" and "Account number" pointing to the respective fields in the form.

STEP 5: Read the statement thoroughly and click the disclaimer at the bottom of the screen if you agree with the terms and conditions stated. Then click "Continue" at the bottom of the screen.

STEP 6: Review the bank account information. If it is correct, click "Submit" at the bottom of the screen to process your EFT enrollment. If not, click "Modify" to return to the first EFT Election screen and make changes.

STEP 7: You will see a message stating that your EFT request has been received, along with a confirmation number. It is a good idea to write down this number or print this screen for your records.

Effective immediately, after your EFT request is received, your future disbursements will be transferred electronically to the account you indicated. You can always override your EFT choice at any time by going on to your plan's website, www.ibenefitcenter.com.

ENROLLING BY PHONE

To set up an EFT by phone, call 1-877-864-6644 between 7:00 a.m. and 9:00 p.m. Central Time, any business day, to speak with a Service Representative. You will need to provide the representative with your User Name and personal identification number (PIN) to access your plan account. You will also need the same information required for online EFT setup: type of account, bank routing number, account number, and name on the bank account.

QUESTIONS?

If you have any questions about setting up an EFT, please call a Service Representative toll-free at 1-877-864-6644, between 7:00 a.m. and 9:00 p.m. Central Time, any business day.

MIDWEST PIPE TRADES PENSION PLAN

EXAMINING PHYSICIAN'S STATEMENT
FOR DISABILITY RETIREMENT

Applicant's Name _____ SS# _____

Address _____

_____ Phone No. _____

TO THE EXAMINING PHYSICIAN:

Please complete each numbered item below fully and accurately, paying careful attention to the definition of "Disability", sign and date.

1. Date of Examination _____

2. Diagnosis and Description of Disability _____

(Use reverse or attach sheets if necessary)

3. Probable Duration of Disability _____

4. As used under the Retirement Plan, the term "Disability" shall mean a physical or mental condition of an Employee, as certified in writing by a licensed Physician, which totally and permanently prevents such Employee from engaging in his or her regular occupation. A disability shall be considered permanent if it is expected to be of six months duration or longer.

I hereby certify that based upon my examination of this applicant, it is my opinion that he or she satisfies all of the criteria outlined above for a finding of "Disability".

I am of the opinion that based upon my examination of this applicant, his or her condition does not support a finding of "Disability" as that term is described above, for the following reason(s):

Signature _____ Date _____

Name of Physician (Print) _____

Degree _____

Physician's Address _____

_____ Phone No. _____



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