

RETIREMENT APPLICATION

Please read this notice carefully. It contains important information regarding your application for a distribution from the Lake County, Illinois Plasterers and Cement Masons Retirement Savings Plan.

All forms are required to be signed, completed, and returned.

Proof of Age. You must provide proof of age when you apply for a distribution. A copy of your birth certificate is the best document for proof of age. If you do not have your birth certificate, you may submit a baptismal certificate or statement as to the date of birth from a church record, notification of registration of birth in a public registry of vital statistics, certification of record of age by the U.S. Census Bureau, a hospital birth record, or a valid passport. If you cannot provide any one of the above records contact the Fund Office.

Social Security Number. You must submit a copy of your Social Security card. You may call your local office of the Social Security Administrative Office for information if you do not have one.

Notarization. Some sections of the application require your election or your spouse's consent. Any spousal consent needs to be witnessed by a Notary Public.

For further information please refer to your Summary Plan Description booklet. If you have additional questions please call the Fund Office at (888) 703-8872. If there is any conflict between this Application and the legal documents, the legal documents will govern.

Please Return:

- Copy of Birth Certificate
- Copy of Social Security Card
- Signed Distribution Election Form
- Signed Beneficiary Designation Form
- Signed Rollover Election Form
- Signed Waiver of Thirty Day Notice Form
- Copy of Marriage Certificate (if married)
- Notarized English Translation of All Foreign Documents (if any)
- Copy of Qualified Domestic Relations Orders (QDROs) relating to this Retirement Savings Plan (if any)

Lake County, Illinois Plasterers & Cement Masons Retirement Savings Plan
 953 American Lane, Suite 100, Schaumburg, IL 60173
 Toll Free (888) 703-8872, Fax (847) 519-1979

**Beneficiary Designation Form
 Participant Information**

Full Name: _____
 Last First M.I.

Address: _____

Telephone No.: _____ Social Security No.: _____ Date of Birth: _____

Marital Status: Married Single Divorced Widowed Local Union: _____

Primary Beneficiary (ies)

| | | | | |
|---------|---------------|---------------------|--------------|--------------|
| Name | Date of Birth | Social Security No. | Relationship | % of share |
| Address | City | State | Zip Code | Phone Number |

| | | | | |
|---------|---------------|---------------------|--------------|--------------|
| Name | Date of Birth | Social Security No. | Relationship | % of share |
| Address | City | State | Zip Code | Phone Number |

If more than one beneficiary is named and % of benefit is not indicated, benefit will be paid in equal shares

Contingent Beneficiary (ies)

Payment will only be made if there are no primary beneficiaries living at the time of death.

| | | | | |
|---------|---------------|---------------------|--------------|--------------|
| Name | Date of Birth | Social Security No. | Relationship | % of share |
| Address | City | State | Zip Code | Phone Number |

| | | | | |
|---------|---------------|---------------------|--------------|--------------|
| Name | Date of Birth | Social Security No. | Relationship | % of share |
| Address | City | State | Zip Code | Phone Number |

If more than one beneficiary is named and % of benefits not indicated, benefit will be paid in equal shares.

***NOTE:** If you are married and your primary beneficiary is someone other than your spouse, your spouse's signature and witness is required below.

Date

Participant's Signature

SPOUSAL CONSENT:

I hereby consent to the designation made by my spouse to have any death benefit payable under the Retirement Savings Plan be paid to the named beneficiary specified above. Further, I hereby acknowledge that I understand (1) that the effect of such designation is to cause my spouse's death benefit to be paid to a beneficiary other than me; (2) that such beneficiary designation is not valid unless I consent to it; and (3) that my consent is irrevocable.

Date

Signature

Witness: Notary Public

DISTRIBUTION ELECTION FORM

Name: _____ S.S. No.: _____
(Last) (First) (MI)

Address: _____
(Street) (City) (State) (Zip)

Date of Birth: _____ Telephone Number: _____

Local Union No.: _____ Cell Phone Number: _____

If Married

Spouse's Name: _____ Spouse's S.S. No.: _____

Spouse's Date of Birth: _____

Reason for Distribution (Please Check One)

- Retirement
- Disability
- Termination
- QDRO Payment

Effective Date: _____

Date Last Worked: _____

Date of Disability: _____

Date Last Worked: _____

Attach copy of medical report of Social Security
Disability award

Method of Distribution (Please Check One)

- Total Lump Sum Distribution (See explanation)
- Partial Lump Sum Distribution (See explanation)
Indicate Dollar Amount of Distribution _____
- Monthly Installments (See explanation)
(Available for participants retiring on and after January 1, 2018 after having attained age 55)

Indicate Number of Months of Installment Payout Period:

- ___ 120 months (10 years)
- ___ 180 months (15 years)
- ___ 240 months (20 years)

EXPLANATION OF OPTIONS

Partial Lump Sum Distribution Option: You can request additional Partial Lump Sum distributions once each calendar year for up to ten calendar years by contacting the Fund office. At the end of the tenth calendar year the remaining Account Balance will be distributed to you. Under this option, if you want a second distribution in the same calendar year, the distribution must be for your entire remaining Account Balance. Upon death, any remaining Account Balance will be paid to the beneficiary of record. If married, your beneficiary must be your spouse unless a notarized spousal consent is on record.

Monthly Installment Option: At commencement, the monthly installment amount is determined by dividing your Account Balance by the number of months in the installment payout period selected. Unless you change your monthly installment amount, it will continue to be paid until the end of the installment period OR until your Account Balance is \$0. Under this option, you can increase or decrease the amount of your monthly installments once every twelve months by contacting the Fund office. Additionally, not more often than once in a twelve month period, you can request one additional payout in addition to your monthly installments by contacting the Fund office. Notwithstanding the above, at any time during the Monthly Installment period, you can request your remaining Account Balance. Upon death, any remaining Account Balance will be paid to the beneficiary of record. If married, your beneficiary must be your spouse unless a notarized spousal consent is on record.

My signature below provides authorization for the Retirement Savings Plan to process my application for commencement of my benefit under the Method of Distribution I've requested and certifies that the information I've provided is true and correct. By signing, I am also stating that, unless otherwise indicated on this application, I do not have any pending or final Qualified Domestic Relations Orders (QDROs) relating to this Retirement Savings Plan.

Participant's Signature: _____ Date: _____

ROLLOVER ELECTION FORM

Before completing this form you should read the special tax notice regarding Retirement Savings Plan distributions. You also may wish to consult your tax advisor before making this election. Complete this section only if you will receive a pay-out as a lump sum distribution.

If you receive part or all of your benefits as an "eligible rollover distribution," you may elect to have part or all of that distribution transferred directly to an Individual Retirement Account (IRA) or to another qualified retirement plan (if it accepts rollovers). If you choose not to have an eligible rollover distribution transferred directly to an IRA or other retirement plan, the Retirement Savings Plan is required to withhold 20 percent of the lump sum distribution for federal taxes. This withholding does not increase your taxes, but will be credited against any income tax you owe.

Check below to indicate whether or not you are electing a direct rollover of your Retirement Savings Plan distribution.

- I do not want to roll over any of my distribution to an IRA or other qualified retirement plan. Please pay me the partial/full amount of my Account Balance, after withholding 20 percent for federal income taxes as required by law.
- I want to roll over my Retirement Savings Plan distribution directly to an IRA or other qualified retirement plan that accepts rollovers. The IRA or other retirement plan is named below.
- I would like to have only part of my Retirement Savings Plan distribution directly rolled over. Please roll over \$ _____ to the IRA or qualified retirement plan named below and pay the remainder of my benefit to me, after withholding 20 percent for federal income taxes as required by law.

If you elected a direct rollover, you must provide all the following information. Until you provide this information, no direct rollover can be made.

Please make payment of my benefits on my behalf to:

Name of IRA Trustee or Qualified Retirement Plan: _____

| | | | | |
|------------------|--|------|-------|-----|
| Address: | | | | |
| Street or PO Box | | City | State | Zip |
| Account Number: | | | | |

I certify that the recipient of a direct rollover that I have named above is an Individual Retirement Account (not a Roth IRA), an Individual Retirement Annuity, or a qualified retirement plan that accepts rollovers. I understand that payment of my Retirement Savings Plan distribution to the Trustee of the IRA or qualified Plan will release the Trustees of the Lake County, Illinois Plasterers and Cement Masons Retirement Savings Plan from any further obligations or responsibilities with respect to the distribution made.

Participant's Signature Date

Lake County, Illinois Plasterers & Cement Masons Retirement Savings Plan
953 American Lane, Suite 100, Schaumburg, IL 60173
Toll Free (888) 703-8872, Fax (847) 519-1979

WAIVER OF THIRTY DAY NOTICE AND CONSENT FORM

I have applied for a distribution from the Fund and I understand that at least thirty (30) days in advance of my actual receipt of the distribution, the Plan Administrator must provide me with certain information required by law regarding my options with respect to payment of benefits under the Plan and my personal tax consequences, including my rights to a direct rollover, with respect to the distribution. I hereby acknowledge receipt of notices from the Plan Administrator regarding my payment of benefits under the Plan and the special tax consequences of this payment, including my right to a direct rollover.

Having received these notices, I hereby elect to waive the requirement that these notices be given thirty (30) days in advance of my actual distribution and instruct the Plan Administrator to make a distribution to me in accordance with my election as soon as administratively practicable. I understand that a distribution cannot be made until the expiration of a seven-day period after receipt of the notices and that I may revoke this waiver of the thirty-day waiting period at any time prior to my receipt of the distribution. I understand that I may change my distribution option, including my option to elect or not elect a direct rollover, or I may decide not to receive a distribution, at any time prior to my receipt and distribution. I understand that no part of a hardship distribution is eligible for a rollover to an IRA or to another qualified plan.

Your signature below provides authorization for the Lake County, Illinois Plasterers and Cement Masons Retirement Savings Fund to process your Retirement application immediately and waives the 30 day notice requirement. You are also confirming that you have received all required notices regarding taxation of your benefit.

Print Participant's Name _____

Participant's Signature _____

Tax Withholding (Installments payments from retirement plans are considered taxable income)

If you have choose to take installment payments, regulations require 20% tax withholding from the taxable portion of each rollover-eligible installment payment you elected above.

Federal

If your installment period is less than ten years, 20% withholding is required.

- Withhold an additional \$_____ for Federal income taxes (more than the required 20%)

If you installment period is more than ten years, specify your federal tax withholding.

- Do not withhold Federal income Tax.
- Withhold Federal income Tax at the standard rate (married with 3 exemptions)

-OR-

Calculate Withholding: Married Single Exemptions: _____

State

If your state has an income tax, a withdrawal is considered taxable income. Some states require withholdings to cover the state income tax and Wells Fargo complies with those laws.

- Do NOT withhold state income taxes (if allowed).
- Withhold state income tax at standard rate (if applicable). State: _____
- Withhold \$_____ for state income taxes.

Lake County, Illinois Plasterers and Cement Masons Retirement
Savings Plan
953 American Lane, Suite 100, Schaumburg, IL 60173
Toll Free (888)703-8872 Fax (847) 519-1979 Email:scoleman@groupadministrators.com
Electronic Fund Transfer Authorization

Participant Information

Full Name: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Home Phone: _____ Email: _____

Cell Phone: _____ Social Security No.: _____ Date of Birth: _____

Bank Information

Please check one of the following:

Checking Account
Please include a copy of a voided check (Do NOT send a deposit slip)

Bank name _____

Account # _____

Routing # _____

Bank Address _____

Savings Account.
Please include a letter from your bank on official letterhead.

Bank name _____

Account # _____

Routing # _____

Bank Address _____

I hereby verify that I do NOT have a bank account.

Authorization

I authorize and request the Lake County, Illinois Plasterers and Cement Masons Retirement Savings Fund to direct recurring annuity payments to the account(s) specified above (this includes my authorization to correct entries made in error.) This authorization will be in effect until the Fund receives a written termination notice from myself and has a reasonable opportunity to act on it.

Signature: _____ Date: _____