

SHEET METAL LOCAL 10 SUPPLEMENTAL RETIREMENT FUND

1681 East Cope Avenue, Suite B
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SUPPLEMENTAL APPLICATION FOR BENEFITS

Name: _____

Social Security Number: _____

I would like to change the status of my monthly benefit from the Sheet Metal Local 10 Supplemental Retirement Fund in the following manner:

1. _____ I would like to be paid a lump sum payment of any remaining balance I have in my individual account at this time. I understand that this payment will be subject to a mandatory 20% Federal income tax withholding.

2. _____ I would like a Lump Sum payment to be made to me in the amount of \$ _____, and continue receiving monthly payments thereafter. I understand that this Lump Sum payment is subject to a 20% mandatory Federal income tax withholding. I also understand that this is my ONE TIME LUMP SUM WITHDRAWAL from the fund.

3. _____ I would like to re-establish the monthly payment to be in the following amount \$ _____, with a termination date of _____ based on my current balance. Noting that this term cannot extend beyond my life expectancy. I also understand that if these payments are to be withdrawn over a period less than 10 years (120 months), the Fund Office will be required to withhold mandatory 20% Federal income tax.

Date

Participant's Signature

Signed before me this _____ day of _____, 20 _____

NOTARY PUBLIC/PLAN REPRESENTATIVE

Date

Spouse's Signature

Signed before me this _____ day of _____, 20 _____

NOTARY PUBLIC/PLAN REPRESENTATIVE