

BEER INDUSTRY -
LOCAL UNION NO. 703 PENSION FUND
18660 GRAPHIC DRIVE SUITE 202 TINLEY PARK, ILLINOIS 60477
Telephone: (708) 429-0046 Fax: (708) 429-0047

APPLICATION FOR BENEFITS - INDIVIDUAL ACCOUNT PLAN

Name: _____ Social Security No: _____

Address: _____

(City & State) (Zip Code)
Phone No: _____ Sex: _____ Date of Birth: _____

Place of Birth: _____

Employer: _____

I hereby apply for a lump-sum payment from the Beer Industry Local Union No. 703 Individual Account Plan. This application is based on (check only one):

_____ Termination of my employment - type of termination: _____
(quit, discharge, layoff, management, or retired)

Date of Termination: _____

Are you in a grievance or arbitration: Yes: _____ No: _____ A grievance or arbitration shall not be considered a termination of employment until the final resolution. Processing of your application cannot start until your case is settled.

_____ Attainment of Normal Retirement Age under the Plan, while still employed. (65)

_____ Permanent and Total Disability without termination of employment. (If this box is checked, you must attach a separate written statement setting forth (1) the nature of disability, (2) the date you became disabled, (3) your current employment status, and (4) the name and address of your doctor.)

_____ Death of the employee: (If this box is checked, you must submit the death certificate along with proof of your birth).

IMPORTANT NOTE: Payments from the Individual Account Plan generally constitute taxable income. You may also be subject to an additional 10% tax on early withdrawals (that is, withdrawals before age 55 or, if you are still employed, before age 59 ½). You are advised to consult a tax advisor before you apply for a withdrawal from the Plan.

Signature of Applicant Date

PLEASE NOTE: YOU MUST SEND A PHOTO COPY OF YOUR DRIVERS LICENSE OR STATE ID CARD. APPLICATIONS ARE ONLY PROCESSED ONCE A MONTH. PROCESSING CAN TAKE UP TO 90 DAYS, AFTER THE FINAL CONTRIBUTION IS RECEIVED FROM THE EMPLOYER. INTEREST IS PAID BASED ON THE BALANCE IN THE ACCOUNT AS OF DECEMBER 31ST OF EACH YEAR. INTEREST IS NOT PRO-RATED ON WITHDRAWALS MADE THROUGHOUT THE YEAR.

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**LUMP SUM TAX WITHHOLDING AND
ROLLOVER ELECTION FORM**

I have received a copy of the "Special Tax Notice Regarding Plan Payments." I understand that I can choose either a Direct Rollover (that is, payment to an IRA or another employer-sponsored pension plan) or payment of my benefits directly to me. My choice is as follows:

- Pay the withdrawal amount directly to me. (Taxes will be withheld as required by Federal law.)
- Direct Rollover. (No taxes will be withheld.) If you check this box, you must furnish the Plan with forms from the IRA or other pension plan, authorizing this Plan to make a Direct Rollover. By checking this box, you are also representing that the trustee or plan that is to receive the Direct Rollover is an IRA or pension plan that is qualified to accept rollovers.

If you want a partial Direct Rollover, check this box and fill in the amount of your Plan benefit that is to be rolled over: _____. The remainder of your Plan benefit will be paid directly to you, and taxes will be withheld on the portion that is paid to you.

PLEASE NOTE: The choice you make on this form will apply to all payments you receive from this Plan. If, for any reason, the lump sum payment you receive is not your full benefit amount (when this occurs, it is usually the result of an additional payment that accrued after the principal benefit was paid), the additional amount will be paid in the same manner as the principal amount, that is, either directly to you or in a Direct Rollover, unless you specifically advise the Plan that you want the additional payment to be treated differently.

I request that payment be made in the form checked above, as soon as possible, and without regard to any waiting periods that may apply.

Signature

Date

Name - Please Print

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If you elect a direct rollover, you must complete all of the following information

AND -

Return your application with documentation from your financial institution which provides proof that the rollover account number you list is a valid retirement account. Until you provide this information, a direct rollover cannot be made.

Please payment of my benefits on my behalf to:

Name of IRA Trustee or Qualified Retirement Plan

Account Number

City State Zip Code

FBO: _____

CERTIFICATION

If you elect a direct rollover of all or part of your benefit, please read and sign the following statement:

I certify that the recipient of a direct rollover that I have named above is an Individual Retirement Account, an Individual Retirement Annuity, or a Qualified Retirement Plan that accepts rollovers. I understand that payment of my benefits to the trustee of the IRA or the Qualified Retirement Plan will release the Trustees of the Beer Industry-Local Union No. 703 Pension Plan from any further obligations or responsibilities with respect to the benefits so paid.

Signature

Date