



Mechanical Contractors Association
WESTERN WASHINGTON

Western Washington U.A. Supplemental Pension Plan Hardship Withdrawal Request Form

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Last Name

First Name

Middle Initial

Social Security Number

1. REQUEST FOR WITHDRAWAL

I request a withdrawal of select **one**:

- \$ _____ from my account. *(Page 2 of this form must be completed, and the Plan Administrator must approve your request.)*
- Maximum amount available to me. *(Page 2 of this form must be completed, and the Plan Administrator must approve your request.)*

I understand the following conditions apply concerning this withdrawal:

1. My withdrawal will be made proportionately among the investment fund or funds in which my account is invested.
2. My withdrawal may not be rolled over into another qualified plan or an Individual Retirement Account (IRA).

2. CONDITIONS FOR FINANCIAL HARDSHIP

A distribution may be made from your account if you can demonstrate Financial Hardship. Financial Hardship means an immediate and heavy financial need for which funds are not reasonably available from other resources.

In order to demonstrate financial hardship, you must supply evidence that your financial hardship cannot be relieved through:

1. reimbursement or compensation by insurance; or
2. reasonable liquidation of your assets; or
3. suspension of your Voluntary Pre-tax 401(k) contributions.

The Plan Administrator will, after a full review of the written request and evidence presented, determine in a uniform and non-discriminatory manner whether your request represents a true Financial Hardship. The Plan Administrator will also determine if the amount you request to meet your need is appropriate.

3. REASON FOR WITHDRAWAL

I need to make a withdrawal because of the following immediate and heavy financial need. Please check **one** box below:

- Substantial uninsured medical expenses incurred by me, my spouse or dependents. **Attach copy of bill(s).**
- Purchase (excluding mortgage payments) of my principal residence. **Attach proof of amount needed.**
- Payments of post-secondary education tuition and related expenses (for the next 12 months) for me, my spouse, or my dependents. **Attach copy of bill(s).**
- Prevention of eviction from or foreclosure on my primary residence. **Attach proof of amount needed.**
- Payments for burial or funeral expenses for my deceased parent, spouse, children or dependents. **Attach copy of bill(s).**
- Expenses for the repair of damage to my principal residence that would qualify for the casualty deduction under Code Section 165. **Attach copy of bill(s).**

You may be asked to provide additional supporting documentation prior to approval of this request. The Recordkeeper will consider the availability of liquid funds and the safety of other Participants' interests in the Trust when making decisions regarding hardship distributions.



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4. YOUR CURRENT MAILING ADDRESS

Street or P.O. Box: _____

City, State, Zip: _____ Telephone: (____) _____

5. YOUR SIGNATURE

I have received the Special Tax Notice Regarding Plan Payments and I understand that, unless I elect otherwise, 10% will be withheld from my distribution for Federal Income Taxes. If I have a foreign addresses (outside of the United States), 30% will be withheld for Federal Income Taxes. My withdrawal may also be subject to a 10% nondeductible tax if I have not attained age 59½.

Choose **one** option below:

I request that Income Tax be withheld from my retirement benefits as follows:

Federal: _____ % OR \$ _____

I request that Income tax **not** be withheld from my retirement benefits. I understand that I may be subject to tax penalties under the estimated tax payment rules if my payments of estimated tax and withholding are not adequate to meet my tax liability for the year.

Please also complete and return the applicable attached Waiver of Joint & Survivor Annuity Form: Unmarried (Single) OR Married.

Timing: It may take up to 10 business days to process your distribution after you submit this form.



Signature of Participant

Date

Return your completed form to:
Western WA U.A. Supplemental Pension Plan Administration
c/o Milliman Attn: Western Region DC Processing Center
P.O. Box 330, Seattle, WA 98111
- or -
Fax to: (206) 903-0409

Questions:
Call Milliman at 1 (800) 481-7336



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Western Washington U.A. Supplemental Pension Plan

Waiver of Joint & Survivor Annuity Form – Married

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Last Name _____ First Name _____ Middle Initial _____

Social Security Number _____

EXPLANATION – I have received an explanation of the terms of, and my rights with respect to, a joint & survivor annuity, including the financial effect of this waiver and my right to defer distribution of my account balance. I understand that this waiver may be revoked by me at any time prior to distribution of my account balance.

1. WAIVER OF JOINT & SURVIVOR ANNUITY – I waive the right to have my account balance paid as a joint & survivor annuity with my spouse as Joint Annuitant. I understand that, as a result of this waiver, my account balance will not be distributed to my spouse and me in level monthly payments throughout our remaining lifetimes.

Participant's
Signature: _____

Signature of Participant

_____ Date

2. CONSENT OF SPOUSE

I, _____, spouse of the above-named Participant, waive my right to have my spouse's account balance distributed as a joint & survivor annuity, and I consent to the distribution of my spouse's account balance as specified on the Request for Distribution Form. I have received an explanation of the terms of, and my rights with respect to, a joint & survivor annuity, including the financial effect of this consent and my right to defer distribution of my spouse's account balance. I understand that, as a result of this consent, I will not receive the level monthly payments throughout my remaining lifetime which I otherwise would have been entitled to receive. My consent is irrevocable with respect to this distribution.

Spouse's Signature: _____

Signature of Spouse

_____ Date

3. ACKNOWLEDGMENT

This consent was acknowledged before me by the above-named spouse of the Participant on this date of:

_____, 20_____.

OR

Employer/Plan Sponsor

Notary Public

State of: _____ My commission expires: ___/___/___

Return your completed form to:

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Waiver of Joint & Survivor Annuity Form – Married

EXPLANATION – As a Participant or beneficiary who is entitled to a distribution from the Plans, you may select from among several alternative forms of payment including a single life annuity or a joint & survivor annuity.

If you elect to receive an annuity, an annuity contract will be purchased from an insurance company. The contract will be distributed to you as evidence of your right to receive the annuity payments from the insurance company. The actual level of monthly payments made under the annuity contract will depend on the annuity purchase rates used by the insurance company, your age, your Joint Annuitant's age and your account balance at the time the annuity contract is purchased. Your Accounts will be charged for any commission incurred incident to the purchase of the annuity contract.

SINGLE LIFE ANNUITY – Under a single life annuity, you will receive a monthly benefit which will commence at age 65 (or on any earlier date you elect) and be payable for the rest of your life, with no payments made after your death.

You can estimate the monthly benefit which would be provided to you under a single life annuity by multiplying your Account balance by the appropriate factor based upon your current age. For example, if your account balance is \$10,000 and you are currently age 53, your estimated monthly benefit, commencing at age 53, would be \$62.50 under a single life immediate annuity (\$10,000 times .00625).

JOINT & SURVIVOR ANNUITY – Under a joint & survivor annuity, you will receive a monthly benefit which will commence at age 65 (or on any earlier date you elect) and be payable for the rest of your life. Upon your death, monthly payments will continue to your Joint Annuitant, if your Joint Annuitant is then alive, for the remainder of your Joint Annuitant's lifetime. The amount of each monthly payment made to your surviving Joint Annuitant will be 50%, 67%, 75% or 100% of the monthly payment which is made during your lifetime.

You can estimate the monthly benefit which would be provided to you under a joint & survivor annuity by multiplying your Account balance by the appropriate factor based upon your current age. If you are age 53 and selected a 50% joint & survivor immediate annuity, you would receive an estimated \$59.40 per month commencing at age 53 (\$10,000 times .00594) and payable for the rest of your life; and upon your death, an estimated \$29.70 per month (50% of \$59.40) would continue to be paid to your Joint Annuitant, if your Joint Annuitant is then alive, for the remainder of your Joint Annuitant's lifetime.

SAMPLE ANNUITY FACTORS

Participant's Age	Single Life Immediate Annuity	50% J&S Immediate Annuity	Single Life Deferred to 65 Annuity	50% J&S Deferred to 65 Annuity	Participant's Age	Single Life Immediate Annuity	50% J&S Immediate Annuity	Single Life Deferred to 65 Annuity	50% J&S Deferred to 65 Annuity
21	0.00507	0.00501	0.10164	0.09350	44	0.00567	0.00548	0.02661	0.02448
22	0.00508	0.00502	0.09589	0.08821	45	0.00572	0.00552	0.02510	0.02309
23	0.00509	0.00503	0.09046	0.08322	46	0.00577	0.00557	0.02368	0.02179
24	0.00511	0.00504	0.08534	0.07851	47	0.00583	0.00561	0.02234	0.02055
25	0.00512	0.00506	0.08051	0.07406	48	0.00589	0.00566	0.02108	0.01939
26	0.00514	0.00507	0.07595	0.06987	49	0.00595	0.00571	0.01988	0.01829
27	0.00515	0.00508	0.07165	0.06591	50	0.00602	0.00576	0.01876	0.01726
28	0.00517	0.00509	0.06760	0.06218	51	0.00609	0.00582	0.01770	0.01628
29	0.00519	0.00511	0.06377	0.05866	52	0.00617	0.00588	0.01670	0.01536
30	0.00521	0.00513	0.06016	0.05534	53	0.00625	0.00594	0.01575	0.01449
31	0.00523	0.00514	0.05676	0.05221	54	0.00633	0.00601	0.01486	0.01367
32	0.00525	0.00516	0.05354	0.04926	55	0.00643	0.00609	0.01402	0.01289
33	0.00528	0.00518	0.05051	0.04647	56	0.00652	0.00617	0.01322	0.01217
34	0.00530	0.00520	0.04765	0.04384	57	0.00663	0.00625	0.01248	0.01148
35	0.00533	0.00522	0.04496	0.04136	58	0.00675	0.00634	0.01177	0.01083
36	0.00536	0.00524	0.04241	0.03901	59	0.00687	0.00644	0.01110	0.01021
37	0.00539	0.00527	0.04001	0.03681	60	0.00700	0.00654	0.01047	0.00964
38	0.00542	0.00529	0.03775	0.03472	61	0.00714	0.00666	0.00988	0.00909
39	0.00546	0.00532	0.03561	0.03276	62	0.00730	0.00678	0.00932	0.00858
40	0.00550	0.00535	0.03359	0.03090	63	0.00746	0.00691	0.00879	0.00809
41	0.00553	0.00538	0.03169	0.02915	64	0.00764	0.00705	0.00830	0.00763
42	0.00558	0.00541	0.02990	0.02750	65	0.00783	0.00720	0.00783	0.00720
43	0.00562	0.00545	0.02821	0.02595					

These annuity factors are based on the 1983 Group Annuity Mortality Table (Unisex), assuming a 6% annual interest rate.

Note that different insurance companies use different rates, and different rates will produce different monthly payments.

