

SOCIAL SERVICE EMPLOYEES UNION LOCAL 371
ANNUITY FUND
817 BROADWAY NEW YORK, NEW YORK 10003

ANNUITY FUND DISTRIBUTION ELECTION FORM

PART 1 – PARTICIPANT INFORMATION (Please print or type)

Name: _____ Social Security # _____

Address: _____

Last Day Paid _____ TELEPHONE # _____

Before completing this form you should read the Special Tax Notice Regarding Plan Payments. A payment made to a beneficiary is eligible for rollover treatment only if the beneficiary is the surviving spouse of the participant.

PART II – DISTRIBUTION ELECTION OPTIONS

- The total value of my taxable distribution is less than \$200 and the withholding and direct rollover rules do not apply to me. I understand that I may independently rollover my distribution within 60 days after receipt of my payment.
- No. I do not wish to have any portion of my distribution eligible for rollover treatment directly transferred to an eligible retirement plan. **Please send a check made payable to me.** I understand that 20% of my distribution will be withheld.
- Yes. I wish to have all or a portion of my distribution eligible for rollover treatment and directly transferred to an eligible retirement plan and avoid 20% Federal income tax withholding on the amount directly transferred. I understand that any taxable amount **not** directly transferred to an eligible retirement plan will be subject to 20% federal income tax withholding. **PLEASE COMPLETE THE ROLLOVER ELECTION FORM or ATTACH A VERIFICATION OF ACCEPTANCE OF FUNDS FORM FROM YOUR FINANCIAL INSTITUTION.**

If you have checked **yes** above, complete the following:

- Directly rollover: All monies; \$ _____; or _____% of my distribution (not less than \$500) eligible for rollover treatment to the plan described on the enclosed Rollover Election Form with the balance, if any, (less 20% withholding) payable to me in cash.

PART III – ACKNOWLEDGEMENT AND VERIFICATION

I hereby acknowledge receipt to the “Special Tax Notice Regarding Plan Payments.” I have read the Notice and understand the distribution options and income tax consequences of receiving or rolling over a distribution of my Plan benefit.

I hereby certify and represent that the information I have entered on this form is true, correct, and complete.

Date

Signature of Participant

REMIT FORMS TO THE ABOVE ADDRESS

9/09

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ROLLOVER ELECTION VERIFICATION FORM

If you elect a direct rollover, you must have your Financial Institution complete this section and attach it to your Distribution Election Form OR Attach a verification of Acceptance of Fund Form from your Financial Institution. (Please see the Special Tax Notice Regarding Plan Payment.)

PARTICIPANTS INFORMATION (Please print or type)

Name of Participant: _____

Social Security Number: _____

Address _____

City, State, Zip: _____

INFORMATION ABOUT PLAN TO RECEIVE DIRECT ROLLOVER DISTRIBUTION

Financial Institution Name:

Make Check Payable to:

Address:

City, State, Zip:

Account Number:

I hereby certify that this Financial Institution has established an eligible retirement plan and it is an (check box applicable to recipient plan)

[] The plan is a qualified trust under Internal Revenue Code Section 401 (a) which accepts direct rollover contributions.

[] The plan is an Individual Retirement Account/Arrangement.

Date

Authorized Signature from Plan

VERIFICATION FM

FORM MUST BE COMPLETED IN INK

9/09