

If you are currently not working or, are no longer covered by the Union, please complete the “Report of Termination / Request for Disbursement” form.

Please use the options at the bottom of Page 1 to determine which section you should complete.

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**Options**

Please note: To request the correct type of distribution, and avoid delays in your payment, please review the below help guide you on how to complete the form accurately.

**What type of distribution are you eligible for:**

I have worked less than 40 hours in the past 3 consecutive months – Complete section A

I have worked less than 105 hours in the past 6 consecutive months – Complete section B

I am no longer covered by the Union – Complete section C

*Distributions will be issued as check payable to you unless you also fill out the Direct Rollover section.*

After completing the appropriate section (A,B, or C) based on the type of distribution you are requesting, there are a few more sections that will need your attention.

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**Options**

*(continued)*

Please select only ONE of the following option(s): (A, B or C.)

- (A)  
(20) Members who have worked less than 40 hours during a 3-consecutive month period (with spousal consent & notarization), a 50% withdrawal from profit sharing contributions & earnings is permitted.  
 50% or to receive \_\_\_\_\_ % (if less than 50%) of my profit sharing contributions (Sources: ER Unrestricted Profit Sharing (W) & ER Restricted Profit Sharing (C)) which is not to exceed 50% of the combined value in these sources.
- (B)  
(20) Members who have worked less than 105 hours during a period of 6 consecutive months (with spousal consent and notarization), a 100% withdrawal of profit sharing plus earnings is permitted.  
 100% or to receive \_\_\_\_\_ % (if less than 100%) of my profit sharing contributions (Sources: ER Unrestricted Profit Sharing (W) & ER Restricted Profit Sharing (C)) which is not to exceed 100% of the combined value in these sources.
- (C)  
(20) Members that are no longer covered by the union and have not worked in the past six months, (with spousal consent & notarization) you may be eligible for a complete distribution of your vested account balance.  
 Total Single Sum-To receive my total vested account balance in a check made payable to me.  
 Partial Single Sum-To receive \$ \_\_\_\_\_ of my account in a check made payable to me. *Depending on the terms of your plan, the funds will either be prorated across all available contribution types and investments or taken in a specific sequence.* If you select this option and no amount is specified here or if you would like to choose the contribution type for your disbursement, you must check the appropriate box(es) below:
- You have the option to purchase an Annuity. You can obtain an annuity quote and request a form by calling our toll-free number. There is no need to complete the remainder of this form.
  - To request distributions in installment payments, a Request for Systematic Disbursement form should be completed in place of this form. You can request the form by calling our toll-free number.

**Direct Rollover:** If you are looking to rollover any / all of your distribution, complete the “Direct Rollover” section which is immediately after sections A,B and C. If not rolling over, you can skip this section.

<p><b>Options</b> <i>Only fill out the below section if you are looking to process a Direct Rollover to another qualified account.</i> (continued)</p>			
<p><input type="checkbox"/> <b>Direct Rollover</b>-Please complete applicable sections below.</p>			
(73)	<p><b>1. Types of money in your account.</b></p> <p><b>Tax-Deferred and After-Tax Account.</b> (Excludes Roth Accounts. May include one or more of the following: Your own contributions (pre-tax, after-tax, or both), made by your employer, money you've rolled over from another employer-based plan.)</p>	<p><b>2. What do you want to roll over?</b></p> <p><input type="checkbox"/> The entire Account.</p> <p><input type="checkbox"/> A portion of the Account:</p> <p>\$ _____</p> <p>OR</p> <p>_____ %</p> <p>Percentage of after-tax contributions (if any) to be rolled</p> <p>_____ %</p> <p><b>(If no percentage is indicated, after-tax contributions will be included in the direct rollover. It is your responsibility to confirm that the receiving plan accepts rollovers, including after-tax, if applicable.)</b></p>	<p><b>3. What type of account are you rolling to?</b></p> <p><input type="checkbox"/> Another eligible employer-based plan.</p> <p><input type="checkbox"/> A Traditional IRA.</p> <p><input type="checkbox"/> A Roth IRA.<sup>1</sup></p>
		<p><b>4. Please choose a specific product/plan below.</b></p> <p><input type="checkbox"/> Prudential SmartSolution IRA<sup>2</sup></p> <p><input type="checkbox"/> Other<sup>3</sup></p> <p>Financial Institution _____</p> <p>Address _____</p> <p>Account number: _____</p>	

**Express Mail:** If you would like Express Mail, please check the applicable box in the next section. \$25 fee deducted from your account (1-2 business days after check issued).

<p><b>Express Mail</b> (check box if applicable)</p>	<p><input type="checkbox"/> Send my disbursement check by express mail and deduct \$25.00 per check from my account prior to the distribution. <b>Please Note:</b> Express mail is <i>not</i> available for annuities or systematic disbursements, or delivery to post office boxes.</p>
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**Rolling to a ROTH IRA:** If Rolling your distribution to a ROTH IRA, please complete the next section. If not rolling your distribution to a ROTH IRA, you should skip this section

<p><b>Election for Withholding Federal Income Taxes When Rolling Non-Roth Money to a Roth IRA</b></p>	<p>Only complete this section if you elected to roll non-Roth money to a Roth IRA above. If you do not complete this section, no federal income tax will be withheld if you elect to rollover non-Roth money to a Roth IRA.</p> <p>A rollover of non-Roth money to a Roth IRA is generally taxable. However, this distribution is not subject to 20% mandatory federal withholding. You may elect withholding by making an election below.</p> <p><input type="checkbox"/> Please withhold _____ % (percent) or \$ _____ (amount)</p> <p><input type="checkbox"/> Please do not withhold federal income taxes</p> <p>(Note: If you elect federal income tax withholding for this type of rollover, you will receive a second 1099-R for the withholding amount. If you are under age 59.5 and you elect withholding, the withholding amount may be subject to a 10% early distribution penalty.) Consult with your tax advisor to understand the tax implications for you.</p>
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**Election for Withholding of Federal Income Taxes:** To elect more than the standard 20% to be withheld for Federal Income taxes, please complete this next section. Any percentage amount you indicate will be withheld in addition to the 20% mandatory withholding.

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<b>Election for Withholding of Federal Income Taxes</b> <i>(For Single Sum Payments)</i>	<p>For an eligible rollover distribution, the default federal income withholding rate is 20%. You can choose a rate greater than 20% by entering a rate below. You may not choose a rate less than 20%.</p> <p><input type="checkbox"/> Withhold the default 20% Federal income taxes.</p> <p><input type="checkbox"/> Complete this line if you would like a rate of withholding that is higher than the 20% default withholding rate. See the instructions on page 2 of Form W-4R (<a href="http://www.irs.gov/pub/irs-pdf/fw4r.pdf">www.irs.gov/pub/irs-pdf/fw4r.pdf</a>) and the attached Marginal Rate Tables for additional information. Enter the rate as a whole number (no decimals): _____ %.</p>
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**Election for Withholding of State Income Taxes:** If you wish to have State taxes withheld, please complete this section accordingly. If not electing to have State taxes withheld, you may skip this section. Please note that some states have a mandatory withholding for State taxes

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<b>Election For Withholding of State Income Taxes</b> <i>(For Single Sum Payments and Rollovers of non-Roth money to a Roth IRA)</i>	<p><b>A. Mandatory State Withholding:</b> If you reside in a state where state income tax withholding is mandatory AR, CA*, DC (mandatory for total single sum distributions only), DE, IA, KS, MA, MD (mandatory for eligible rollover distributions only, subject to 20% mandatory federal withholding), ME, MI (see below), NC, NE, OK*, OR*, VA or VT* applicable withholding will be deducted automatically, unless an election out is applicable (see below). Note: Some states require withholding if federal income tax is withheld from the distribution.</p> <p>If you are a resident of IA, have federal income taxes withheld, and receive one or more distributions totaling more than \$6,000 in the calendar year, IA income taxes are required to be deducted for the amount over \$6,000.</p> <p><input type="checkbox"/> My resident state is AR, DE, KS, ME, NC, NE, or VA (for NE and VA, election out is allowed for payments from IRA's only) and I do not want state income tax withholding deducted from my distribution. (An election out of AR, DE, KS, ME, NC, or VA state tax is not allowed for eligible rollover distributions, subject to 20% mandatory federal withholding.) <b>Important note to Maine (ME) residents. If you elect out of ME withholding, you must either have elected out of federal withholding, or have no Maine State tax liability in the prior or current years.</b></p> <p><input type="checkbox"/> *My resident state is one of the following: CA, OK, OR, **VT and withholding is required if federal income tax is withheld, unless I elect out of state withholding. By checking this box I am electing out of state withholding. **An election out is not allowed for eligible rollover distributions, subject to 20% mandatory federal withholding.</p> <p>My resident state is MI and withholding of 4.25% is required, unless my payments are <u>not</u> taxable and I opt out.</p> <p><input type="checkbox"/> My resident state is MI and I would like to opt out of MI withholding. Note: Opting out may result in a balance due on your MI 1040 as well as penalty and/or interest.</p> <p><input type="checkbox"/> My resident state is MI and if my payments are <u>are</u> taxable, I wish to have MI state withholding based on the</p>
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**For Married Participants:** If you are married, you must complete this section. Your spouse's signature will need to be done in front of a Notary Public and said Notary will need to attest the form. Your withdrawal will process 8 days after your request has been submitted due to the Qualified Joint and Survivor Annuity rules on the plan.

**\*For  
Married  
Participants**

**Spousal  
Waiver**

*(We are unable  
to accept a fax  
copy notarized  
with a Raised  
Seal)*

I am the participant's spouse. I understand that I am entitled to a spousal death benefit under the Plan based on the participant's account balance at the time of his or her death. I understand that if this spousal benefit is in the form of a "qualified joint and survivor annuity" or QJSA, an explanation of the QJSA and other payment options was provided to the participant with this waiver form. I realize that the participant cannot waive this spousal benefit and obtain a distribution in the form requested or obtain a loan unless I consent. I acknowledge that the transaction requested by the participant may reduce or eliminate any benefit otherwise payable to me. I voluntarily consent to the participant's waiver or loan request and acknowledge that this will authorize the request.

X \_\_\_\_\_ Date \_\_\_\_\_  
Spouse's signature - must be witnessed by a notary public OR authorized plan representative. Spouse and Notary must sign and date the form at the same time and on the same date. The dates must match.  
(Seal/Stamp)

Subscribed and sworn before me on the \_\_\_\_\_ day of \_\_\_\_\_, the year \_\_\_\_\_

State of \_\_\_\_\_, County of \_\_\_\_\_

My commission expires \_\_\_\_\_

X \_\_\_\_\_  
Notary's signature OR

X \_\_\_\_\_ Date \_\_\_\_\_  
Authorized plan representative's signature

**Your Authorization:** Read this section thoroughly. If you agree, please sign and date the form

**Your  
Authorization**

I understand that Empower will rely on the information I have provided in processing my request. I understand that my request must be reviewed to confirm eligibility under applicable Internal Revenue Code requirements and plan rules and will be processed upon confirmation. I further understand that I am responsible for its accuracy in the event any dispute arises with respect to the transaction. I acknowledge that I have read the attached **Special Tax Notice Regarding Plan Payments**. I understand the tax implications regarding this disbursement, including that if I am entitled to an eligible rollover distribution, I have the right to consider whether or not to elect a direct rollover for at least 30 days after this special tax notice is provided. By signing this form, I am waiving this notice period. The taxable portion of any distribution that is eligible for "rollover" is subject to a *mandatory 20% federal income tax withholding*, unless that amount is directly rolled to an Individual Retirement Account (IRA) or to another plan in which I am a participant.

Current federal tax rules require your plan sponsor to notify you, in writing, of certain requirements you must meet to receive a cash distribution from your retirement plan. By signing the approval section below, you waive the required 30-day notice and you will receive a distribution from your retirement plan without delay, but no sooner than 8 days from your receipt of this form, **regardless of your marital status**, under the terms of your retirement plan. Also, by signing below, you affirm that you will have received a general description and explanation of the optional forms of benefits, if any, available to you and a written notice describing the general tax rules applicable to this distribution.

I have read the explanation of the Qualified Joint and Survivor Annuity ("QJSA") and other payment options that was provided and I know that I have the right to receive my benefits as a joint and survivor annuity if I am married or a life annuity if I am not married. I also know I can waive the right to annuity payments, with the consent of my spouse if I am married. I understand that if I waive those rights I can change my mind and revoke the waiver at any time before my payments begin. I have at least 30 days to decide whether or not to waive the annuity payments. By consenting to this distribution, I understand I am waiving my right to a life annuity.

If there are investment options available through your retirement account that are subject to the fund's market timing policies, you may be subject to restrictions or incur fees if you engage in excessive trading activity in those investments. You may wish to review the fund prospectus or your retirement account's market timing policy prior to submitting this transaction request. If a fee applies to the transaction, you will be able to view the details after the transaction is processed by logging on to the retirement internet site at [local46.retirepru.com](http://local46.retirepru.com).

X \_\_\_\_\_ Date \_\_\_\_\_  
**Your Plan Authorization:** Once all appropriate sections have been completed, you will need to return this form to the Fund Office for sign-off. Once they have reviewed and signed the form, they will return

to Empower for processing.

**Your** This section must be completed by your employer and signed by an authorized plan representative.

**Plan**

**Authorization**

If an authorized plan representative previously submitted termination information to Empower and a change in employee status did not take place since then, this section does not need to be completed.

I certify, as plan sponsor and authorized representative of the plan, I understand that it is my responsibility to confirm vesting percentage, marital status, employee status (i.e., terminated, rehired) and date of termination for terminated participants, and submit such information to Empower. If the participant is terminated, I authorized Empower to process any current or future disbursements to the participant named on the attached using the date of termination and vesting percentage provided. I understand that it is my responsibility to notify Empower of any change in marital status or employee status (i.e., if a participant is rehired).

Vesting Percentage:     % (if applicable)

Date of Termination:       (if applicable)  
month day year

**X** \_\_\_\_\_ Date     
*Authorized plan representative's signature*

\_\_\_\_\_  
*Print name and title*

**X** \_\_\_\_\_ Date     
*Authorized plan representative's signature (if two signatures are required)*

\_\_\_\_\_  
*Print name and title*

Empower fax number: 1-866-439-8602

Representatives are available to assist you Monday – Friday from 8 A.M. – 9 P.M. EST.