

# UFCW Local 789 & St. Paul Food Employers Defined Contribution Plan

Wilson-McShane Corporation, Plan Administrators

3001 Metro Drive - Suite 500, Bloomington, MN 55425

952-854-0795 or 1-800-535-6373

## Application for Benefits

### Participant Information

Name \_\_\_\_\_  
(Last) (First) (Middle)

Street Address \_\_\_\_\_ Phone No. (\_\_\_\_) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Birthdate (attach proof of age if 55 or over) \_\_\_\_\_ Soc Sec # \_\_\_\_\_  
(month/date/year)

Last Date Worked (In Covered Employment) \_\_\_\_\_ Employer \_\_\_\_\_  
(month/date/year)

### Select what makes you eligible for this distribution:

- RETIREMENT from employment (age 55 or older)  
 No work for 90 days or more (less than 55 yrs old)

### Tax Withholding Notification & Election

Your plan administrator is required to provide you with a tax notice regarding qualified plan payments. It contains important information you need to know before making a payment/withholding election. You should understand that the taxable portion of an eligible rollover distribution is subject to 20% mandatory federal income tax withholding and, if applicable, state income tax withholding, unless you elect a Direct Rollover of the funds to a qualified plan or an Individual Retirement Account (IRA). You have the right to make or change your election up to the date of payment, but the election may not be made or changed after the distribution has been made.

#### Option A

A DIRECT ROLLOVER  
to a qualified  
retirement plan

I authorize a DIRECT ROLLOVER to another qualified plan or IRA  
I understand I will receive a direct payment for any portion of the distribution that: (1) I do not authorize for a Direct Rollover in Election Box A, or (2) is not eligible for a Direct Rollover per Election Box C. I understand that the amount directly rolled over will not be subject to any taxes at this time.

I'm rolling it over TO:  A Company Retirement Plan  An Individual Retirement Account (IRA)

Name of Plan/Financial Institution: \_\_\_\_\_ Account No. \_\_\_\_\_

Attention: \_\_\_\_\_ Phone No. \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

#### Option B

A payment made out  
directly to YOU

I authorize a Direct Payment to ME  
I understand that any money I receive directly will result in a mandatory deduction of 20% for federal income tax. I may also be liable for state income tax and a federal EARLY withdrawal penalty of 10% for taking this distribution before retirement age.

#### Option C

If you are:  
**70 1/2 yrs of age**  
Non-periodic distribution  
subject to 10% withholding

I do  I do not elect Federal withholding from the taxable portion of the distribution that is NOT an eligible rollover distribution because the distribution is:  
If this is a Required Minimum Distribution because you have reached age 70 1/2, then a portion (or all) of your distribution may not constitute an eligible rollover. Therefore you can check this option for the amount of tax to be withheld on the portion that is not eligible for a rollover.

X \_\_\_\_\_  
Signature

\_\_\_\_\_  
Date