

# CWA Savings & Retirement Trust

## Instructions for Required Minimum Distributions (RMD)

Enclosed are the items needed to complete a required minimum distribution from the CWA Savings & Retirement Trust. Please review and complete each of the items as described in the procedures below.

Item	Procedure	Return to CWA Trust Office
<b>Special Tax Notice Regarding Plan Payments</b>	This document contains important information regarding your distribution options and the related restrictions and tax consequences. <b>Read this information carefully before requesting your distribution.</b>	<b>No</b> – this document is for your records
<b>Required Minimum Distribution Form (RMD)</b>	<ul style="list-style-type: none"> <li>▪ Complete all relevant sections after reading all the information in the package.</li> <li>▪ Sign and date the form. Notary Seal of Approval is required.</li> <li>▪ Return Form to the CWA Trust Office for review and processing</li> </ul>	<b>Yes</b>
<b>CWA Trust Office</b>	<p>Please feel free to call the Benefits Managers at the CWA Trust Office at 1-800-987-0721 for questions.</p> <p>Return the required documents for processing to the <b>CWA Trust Office:</b></p> <p style="padding-left: 40px;">CWA Savings &amp; Retirement Trust Attention: Trust Office 501 Third Street NW Washington, DC 20001</p> <p style="padding-left: 40px;">You may also fax completed forms to 202-783-2748</p>	
<b>Hartford Retirement Plan Information Line</b>	Participant Service Center Representative are available by calling the Hartford Retirement Plan Information Line at 1-800-854-0647 between the hours of 8AM and 8PM Eastern Time. Representatives are available to help you complete the forms, or answer general questions you may have about your distribution.	



# CWA Savings & Retirement Trust

## Required Minimum Distribution Form

Plan Id: 990500050

### 1. Participant Information

Social Security Number		Birth Date
Name		
Address		
City	State	ZIP
Daytime Phone	E-mail Address	
Evening Phone	Employer	

### 2. Employment Status Confirm

- A.  Active
- B.  Terminated or Retired: Date of Termination or Retirement: \_\_\_\_\_

### 3. Required Minimum Distribution Election (check one of the options below)

- A. I elect to defer my first required minimum distribution at this time because:
- I am still employed and am not a 5% owner. I am not required to begin minimum distributions. **Please STOP here and return the form.**
  - I will begin minimum distribution prior to April 1<sup>st</sup> in the following year.
    - Please **SEE SECTION 4** if you would like to establish a payment schedule now.
    - Otherwise, you will be responsible for completing a Final Distribution Form or In-Service Withdrawal Form as applicable in a timely manner in order to meet the April 1<sup>st</sup> minimum distribution requirements.
- B. I elect to receive required minimum distributions at this time as installment payments. If you wish to begin your first required minimum distribution now, using an installment payment method, please select option 1 or 2:
1.  If (1) Single; (2) Married with non-Spouse Primary Beneficiary or (3) Married with Spouse as Primary Beneficiary up to 10 years younger than participant, then pay in accordance with Uniform Lifetime Table.
    - Optional:** Distribute \$\_\_\_\_\_ in addition to the amount computed in accordance with the Uniform Lifetime Table.
  2.  If Married with Primary Beneficiary Spouse more than 10 years younger than participant then pay in accordance with Joint & Last Survivor Table.
    - Optional:** Distribute \$\_\_\_\_\_ in addition to the amount computed in accordance with the Joint & Last Survivor Table.
- If Option 1. or 2. selected, please provide the following information:  
 Primary Beneficiary Date of Birth \_\_\_\_\_  
 Primary Beneficiary Relationship  Spouse  Other (please specify) \_\_\_\_\_
- C. I am requesting and completing a Final Distribution Form or In-Service Withdrawal Form as applicable. If this form is not received timely, then a minimum distribution will be paid on or before the required beginning date.

### 4. Required Minimum Distribution Schedule (if A. or B. elected in Section 3)

- A. **First Year Required Minimum Distributions Only:** If you have elected to defer your first required minimum distribution and wish to establish a distribution schedule now, please select the month you would like to receive your **first** required minimum distribution. If you wish to receive **subsequent** distributions in an alternate format (other than annually in the month selected below) please complete the Distribution Schedule below.
- DEC  JAN  FEB  MAR
- B. **Immediate Distribution Schedule:** Required minimum distributions will be paid in accordance with the distribution schedule you indicate below. If you do not complete this section, and have elected an installment distribution option in Section 3, then a schedule will be set up for you to pay distributions annually in December.

#### Distribution Schedule:

Select frequency:  Monthly (12x)  Quarterly (4x)  Semi-annually (2x)  Annually (1x)  Other (please specify) \_\_\_\_\_

Select month(s) of distribution:  Jan  Feb  Mar  Apr  May  Jun  Jul  Aug  Sep  Oct  Nov  Dec

#### Payment Method:

- Check – mailed to participant address of record
- Direct Deposit to:  Bank Checking Account  Bank Savings Account. (Please attach voided check or preprinted deposit slip)

**5. Voluntary Tax Withholding Election – this section must be completed**

Do **not** withhold federal or any applicable state tax from the installment payments.

**Withhold** federal tax at the rate of \_\_\_\_\_ % or \$ \_\_\_\_\_ from each installment payment and withhold any applicable state tax also.

In the event that an amount is requested in addition to the amount calculated using the Uniform Lifetime Table or the Joint & Last Survivor Table in Section 3, that additional amount will be subject to 20% federal tax withholding. For more information about federal and state tax withholding, see Important Required Minimum Distribution Information.

**6. Participant Signature – Notary Seal of Approval is required**

As a Participant in the CWA SRT, I hereby request a distribution in the form indicated above, subject to the terms of the Plan and the approval the CWA Trust Office. I confirm that (1) I have received and read the Special Tax Notice Regarding Plan Payments; (2) if the plan or my account is subject to the qualified joint and survivor annuity rules and I am married, I have obtained the consent of my spouse for this distribution in the form indicated and that if I authorize this distribution to be paid less than 30 days after I have received the written explanation of the qualified joint and survivor annuity requirements, that the written explanation was received at least 7 days before my authorization for this distribution; and (3) by signing and returning this form before the end of the 30 day period, I have waived the right to any further time to consider this decision and I am requesting a distribution of the account in accordance with the above elections as soon as possible.

**Participant Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Notary Seal of Approval Required:**

On this \_\_\_\_\_ day of \_\_\_\_\_ the individual whose signature appears above signed this consent in my presence and established for my satisfaction that he/she is the Participant identified above.

Witness Signature \_\_\_\_\_ (Notary Public)

Commission Expires \_\_\_\_\_ Seal \_\_\_\_\_

**Return completed Form to the CWA Trust Office for approval and processing prior to December 22, 2008 :**

CWA SRT  
Attn. Trust Office  
501 Third St NW  
Washington, DC 20001

Form can also be faxed to 1-202-783-2748

**7. CWA Trust Office Approval, Authorization & Certification**

I hereby approve this distribution request and authorize that the distribution be paid in the manner described above. I certify that: (1) the address in the Participant Information section above is the Participant's current address of record and I authorize Hartford Retirement Services to update its records, if necessary, to reflect this address; (2) this distribution is in accordance with the terms of the Plan; (3) the Plan Administrator has provided the participant with the Special Tax Notice Regarding Plan Payments that provides a written explanation of the rules permitting direct rollover of eligible rollover distribution amounts to an eligible retirement plan and mandating 20% federal tax withholding on taxable distributions that are not directly rolled over, and has also complied with any other notice requirements that are applicable to this distribution (e.g., notices of annuity form of benefit, spousal consent, voluntary withholding, etc.); and (4) all the distribution amounts that are being directly rolled over are eligible rollover distributions and are being rolled over to an eligible retirement plan that will accept them.

If the Participant has elected to take distributions in amounts greater than the amount calculated under the Uniform Lifetime Table or the Joint & Last Survivor Table, the additional amount is subject to 20% federal tax (as well as any applicable state tax) withholding unless I check this box, in which case taxes will be withheld in accordance with the participant's elections in Section 5 of this form.

**CWA SRT Benefits Manager Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Print Name** \_\_\_\_\_

## Important Required Minimum Distribution Information

### Required Beginning Date

IRS rules under IRC 401(a)(9) generally require that a participant begin to receive the minimum amount from his or her plan by the required beginning date (RBD). The RBD is generally the April 1<sup>st</sup> following the later of the calendar year in which the participant has retired or attained age 70 ½. However, owners of more than 5% of the Employer are required to begin taking minimum distributions by the April 1<sup>st</sup> following the year in which they attain age 70 ½ even if they continue to work. The participant must generally receive the minimum amount by December 31<sup>st</sup> of each year. However, the first payment may be deferred until the April 1<sup>st</sup> following the year the participant attains age 70 ½ or the year they retire (whichever is later).

### Minimum Required Distributions

As a result of recent legislation, participants who are not 5% owners (defined as owners of more than 5% of the Employer) may be able to defer required minimum distributions until retirement. The ability to defer is dependent upon plan provisions and any associated administration requirements. Please discuss with your Employer before completing the form.

### Address Changes

Please note that if your address has been changed less than 30 days ago, the distribution cannot be processed without your Employer's approval. If you would like your check mailed to an alternate address, please see Section 10 for Signature Guarantee instructions.

### Cash Payments

If you choose to have any portion of your distribution paid directly to you in a series of installments, tax withholding will generally apply in accordance with Withholding on Periodic Payments (see below). Amounts in excess of the amounts calculated using the Uniform Lifetime Table or the Joint and Survivor Table may be subject to 20% mandatory federal tax withholding. If you are a resident of Arkansas, California, Delaware, Iowa, Kansas, Maine, Maryland, Massachusetts, Mississippi, Nebraska, North Carolina, Oklahoma, Oregon, Vermont, and Virginia applicable state taxes will also be automatically withheld if federal taxes are withheld. This list may change based on changing state tax withholding requirements.

### Payment Policies

If you elect a installment distribution, your distribution amount will be prorated across all available funds and contribution types unless you request otherwise.

### Acknowledgement

The IRS requires that you receive a written Special Tax Notice Regarding Plan Payments prior to receiving such payment. Please read it carefully to understand the rollover rules and the special tax treatment regarding the mandatory income tax withholding rules on lump sum and installment distributions not directly rolled over to another qualified retirement plan or IRA that accepts rollover distributions. You should receive this notice between 180 and 30 days before the time for your distribution. You are entitled to have at least 30 days to consider your distribution option. However, you may affirmatively elect to waive the 30-day period and request a distribution or direct rollover as soon as possible by completing and signing this form.

### Beneficiaries

Please note that unless the participant has designated his or her spouse as the **sole** primary designated beneficiary of this retirement plan, the participant is unable to take advantage of the rule that provides that the minimum distribution amount is determined in accordance with the Joint and Last Survivor Table when the spousal beneficiary is more than 10 years younger than the participant (Section 3.B.2. of this form). Instead, the participant's payout period will be based upon the Uniform Lifetime Table.

## Summary of Required Minimum Distribution (RMD) Rules

Participant's Circumstances	RMD Calculation
Participants with a Spousal Beneficiary More Than 10 Years Younger than Participant	Minimum Distributions will be calculated based upon the joint life expectancy of the participant and spouse (see the next page for a sample listing of joint life expectancies)
All Other Participants	Minimum Distributions will be calculated based upon the Uniform Lifetime Distribution Table (see below)

### Uniform Lifetime Table (Sample)

Age of Participant	Distribution Period
70	27.4
71	26.5
72	25.6
73	24.7
74	23.8
75	22.9
76	22.0
77	21.2
78	20.3
79	19.5
80	18.7
81	17.9
82	17.1
83	16.3
84	15.5
85	14.8
86	14.1
87	13.4
88	12.7
89	12.0
90	11.4
91	10.8
92	10.2
93	9.6
94	9.1
95	8.6

**Joint and Last Survivor Life Expectancy Table of Participant  
With a Spousal Beneficiary More Than 10 Years Younger (Sample)**

<b>Ages of Participant and Spousal Beneficiary</b>	<b>Life Expectancy (Years)</b>
70 and 59	28.1
70 and 55	31.1
70 and 50	35.1
75 and 64	23.6
75 and 60	26.5
75 and 55	30.4
80 and 69	19.3
80 and 65	22.1
80 and 60	25.9
85 and 74	15.4
85 and 70	17.9
85 and 65	21.6
90 and 79	11.9
90 and 75	14.2
90 and 70	17.5
95 and 84	09.0
95 and 80	10.9
95 and 75	13.8