

CWA Savings & Retirement Trust

Instructions for Requesting an In-Service Withdrawal

Enclosed are the following items needed to request an In-Service Withdrawal from your retirement plan. Please review and complete each of the items as described in the procedures below. Mail the required documents for approval to the CWA SRT Trust Office

Item	Procedure	Return to CWA Trust Office?
Special Tax Notice Regarding Plan Payments	This document contains important information regarding your distribution options and the related restrictions and tax consequences. Read this information carefully before requesting your distribution.	No – this document is for your records
In-Service Withdrawal Form	<ul style="list-style-type: none"> ▪ Complete all relevant sections after reading all the information in the package indicating the type of in-service withdrawal under reason for distribution. If you are interested in a hardship withdrawal, please request a hardship withdrawal package. ▪ Sign and date the form. Note: Notary Seal of Approval is required. ▪ Include all other forms and applications per instructions as applicable. ▪ Return this form to CWA Trust Office for approval. 	Yes
CWA SRT Trust Office	Return completed Form to: CWA SRT Attn. Trust Office 501 Third St NW Washington, DC 20001 For questions please call the Benefits Managers at the CWA Trust Office at 1-800-987-0721.	

Participant Service Center Representatives are available by calling the 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 or about the plan.

CWA Savings and Retirement Trust In-Service Withdrawal Form

Plan Id 990500050

1. Participant Information

Social Security Number

Birth Date

Name

Hire Date

Address

City

State

ZIP

Daytime Phone

E-mail Address

Evening Phone

Employer

2. Distribution Information

Reason for Distribution (select one)

To be eligible to take an in-service distribution you must (a) have attained age 59 ½ or (b) currently have a balance of After-Tax Contributions in your account. Please choose applicable reason below.

- Age 59 ½ Withdrawal (includes balance of all money types) After-Tax Withdrawal

Distribution Amount (select one)

- A. I am requesting a Withdrawal for the maximum amount available.
 B. I am requesting a Withdrawal in the amount of: \$ _____

3. Payment Election (select one)

- A. **Lump-Sum Payment:** I elect to have the entire distribution paid directly to me. I understand this payment will be subject to 20% mandatory federal withholding and any applicable state withholding. *(Please read Cash Payment Section of Important In-Service Withdrawal Information).*
- B. **Direct Rollover:**
- I elect to have the entire taxable portion of this Withdrawal paid as a Direct Rollover and the remaining After-Tax Contributions *(if applicable)* paid directly to me.
- I elect to have ALL of this Withdrawal paid as a Direct Rollover; After-tax contributions *(if applicable)* and taxable portion *(After-tax contributions may be rolled into either a traditional IRA or to certain employer plans that accept rollovers of After-tax contributions)*
- I have indicated in Section 4 detailed instructions for the processing of this rollover distribution.
- C. **Combination Lump-Sum Payment & Direct Rollover:** I elect to have a portion of this distribution paid directly to me and the remaining balance paid as a Direct Rollover. I understand payment made directly to me will be subject to 20% mandatory federal withholding and any applicable state withholding. *(Please read Cash Payment Section of Important In-Service Withdrawal Information).* I have indicated in Section 4 detailed instructions for the processing of rollover portion of this distribution. Indicated below is the Lump Sum Amount I would like paid directly to me:
- Lump-Sum Amount:** \$ _____ will be paid to me with the remainder to be paid as a Direct Rollover. Any portion of this remaining balance that is not an eligible rollover distribution will also be paid directly to me.

4. Rollover Information (if B. or C. elected in Section 3)

Direct Rollover Information: If you elected option B. or C. in Section 3, your payment includes a Direct Rollover. Please complete the information below: Rollover checks will be mailed directly to my address of record and made payable to the financial institution or trust named below. *(Please read Direct Rollover Section of Important In-Service Withdrawal Information).*

- Direct Rollover to:
- Traditional IRA. Make rollover check payable to: _____
- Roth IRA. Make rollover check payable to: _____
- Eligible Retirement Plan. Make rollover check payable to: _____

If your account includes after-tax contributions or rollovers, please determine whether your IRA or Plan will accept these contributions and check the appropriate box:

- Please include after-tax contributions in my rollover check. The check will indicate the after-tax distribution amount.
- Please issue a separate check directly to me representing the after-tax portion of the distribution.

5. Payment Method

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

Bank Name: _____ Bank Phone #: _____
 Bank ABA/Routing #: _____ Account #: _____
 Account Name: _____

***Please note incorrect Wire or ACH information may cause a delay in processing.**

6. Participant Request & Signature

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 of my Employer. I confirm that (1) I have verified that the IRA will accept the direct rollover and is an eligible retirement plan if I have chosen this option; (2) I have received and read the Special Tax Notice Regarding Plan Payments and understand that if I do not elect a direct rollover, the taxable portion of my eligible rollover distribution will be subject to 20% federal and applicable state tax withholding; (3) I understand that I have at least 30 days from the receipt of the Special Tax Notice Regarding Plan Payments to decide whether to make or not to make a rollover of the portion of my account that is an eligible rollover distribution; and (4) 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 _____ 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:

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

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, LLC ("HRS") 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.

CWA Trust Office Authorization _____ Date _____

Print Name _____

Important In-Service Withdrawal Information

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

Cash Payments and Tax Withholding

If you choose to have any portion of your distribution paid directly to you, in a lump sum, mandatory 20% federal tax withholding will be applied to the taxable amount of the distribution. 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 withheld if federal taxes are withheld. This list may change based on changing state tax withholding requirements.

Direct Rollover

Rollover checks are mailed to your home address on file, but are made payable to the financial institution named on this form. If you choose to have any portion of your distribution amount paid as a direct rollover, that amount will be exempt from mandatory federal and state withholding. You should contact your IRA provider or a representative of your new retirement plan to obtain exact payee instructions.

Payments made as periodic installments over a period of 10 years or more are not eligible for direct rollover. Therefore, the mandatory 20% withholding does not apply. In this case, you must complete Section 5 of the form to indicate your voluntary withholding election.

If there are after-tax contributions in your retirement account: Not all IRAs or employer sponsored retirement plans accept after-tax contributions in a rollover. Please determine if the accepting plan or IRA will permit after-tax amounts before requesting a rollover of these amounts. After-tax contributions will be automatically rolled over unless you check the appropriate boxes on the Final Distribution Form.

If you are required to receive a required minimum distribution (RMD), then the entire minimum distribution must be paid to you **BEFORE** you authorize a direct rollover. RMD may be required **because you are age 70 ½ or older this calendar year and have (i) separated from service or (ii) you are a 5% owner.** If you authorize a direct rollover to an IRA or eligible employer-sponsored retirement plan before you have taken the entire required minimum distribution for the year, this will result in an excess rollover contribution to your IRA or retirement plan. You will need to correct this excess rollover contribution by contacting the trustee or custodian of your IRA or retirement plan. This excess rollover contribution may also be subject to tax penalties. Please contact your Employer if you are not sure whether you have received your required minimum distribution for the current calendar year.

Brokerage Accounts

If you have any of your account balance invested in brokerage accounts then you are responsible for transferring the proceeds of funds from your brokerage account to your participant account before you request a distribution or rollover. HRS will not automatically perform the transfer.

Withholding on Periodic Payments

Payments made as periodic installments over a period of 10 years or more are not subject to mandatory 20% federal withholding. You may elect not to have withholding apply to your periodic payments. Your election will remain in effect until you revoke it. You may revoke your election at any time by returning the revised Section 5 Special Tax Withholding Election completed, signed, and dated. Any election or revocation will be effective no later than 30 days after receipt of your election. You may make and revoke elections not to have withholding apply as often as you wish.

If you do not make a withholding election for periodic payments in Section 5 Special Tax Withholding Election by the date your form is submitted, federal income tax will be withheld from the taxable portion of your pension payments as if you were a married individual claiming three withholding allowances. As a result, no federal income tax will be withheld if the taxable portion of your annual pension payments is less than a certain threshold amount.

If you elect not have withholding apply to your retirement plan payments, or if you do not have enough federal income tax withheld from your retirement plan payments, you may be responsible for payment of estimated tax. You may incur penalties under the estimated tax rules if your withholding and estimated tax payments are not sufficient. Note that a voluntary withholding election cannot be made involving accounts for which a name and/ or tax identification number (TIN) is incorrect or missing. See IRS Publication 1586 for information about mandatory withholding when a participant's or beneficiary's TIN is missing or incorrect.

Payment Policies

All distributions will be made payable to the participant or to the trustee/custodian of an IRA or qualified plan and will be mailed to the Participant's address we have on file, or to the address indicated by the Plan Sponsor.

If you elect a partial distribution, your distribution amount will be prorated across all available funds and contribution types unless you request otherwise. You may request a partial distribution to be made from specific funds or if permitted by the plan, contribution types by attaching specific instructions, in writing, to this distribution form. However, your remaining balance in the Plan must be \$5,000 or more, not including any rollover money.

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.