

CWA Savings & Retirement Trust

Instructions for Requesting an In-Service Withdrawal

Enclosed are the following items needed to request an In-Service Withdrawal from the CWA Savings & Retirement Trust. Please review and complete each of the items as described in the procedures below. Return the required documents for approval to the CWA Trust Office.

Item	Procedure	Return to the CWA Trust Office
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. Notary Seal of Approval is required. ▪ Return Form to the CWA Trust Office for review and approval. 	Yes
Distribution Notice Special Tax Notice	<ul style="list-style-type: none"> ▪ These documents contain important information regarding your distribution options and the related restrictions and tax consequences. Read this information carefully before requesting your distribution. 	No – these documents are for your records
Mailing and Fax Instructions for the CWA Trust Office	<p>Please return completed and notarized Form to the CWA Trust Office:</p> <p>CWA SRT Trust Office 501 Third St NW Washington, DC 20001</p> <p>Or Fax to 1-202-783-2748</p> <p>You may also contact the CWA Trust Office at 1-800-987-0721</p>	

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. You may also contact the CWA Trust Office at 1-800-987-0721.



Plan ID: 990500050

CWA Savings & Retirement Trust In-Service Withdrawal Form

1. Participant Information

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

2. 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 After-Tax contributions in your account or (c) currently have Rollover contributions in your account.

Please choose applicable reason below.

- Age 59 ½ Withdrawal
 After-Tax Withdrawal
 Withdrawal of Rollover Contributions

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.

***Pre-Tax Distribution to Roth IRA (Roth Conversion)**

Please note that if you wish to directly rollover pre-tax balances to a Roth IRA, these amounts are taxable in the year of the rollover.

Withhold the following amount for Federal Taxes. **Complete ONLY if you elected a direct rollover to a Roth IRA.** Note that if this is left blank, there will be no Federal Tax Withholding.

- 10% Other Amount (indicate percentage) _____% Do Not Withhold Any Federal Taxes

5. Participant Request & Signature

As a Participant in CWA SRT, I hereby request a distribution in the form indicated above, subject to the terms of the plan and the approval of the CWA Trust Office. 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 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 Form to the CWA SRT Trust Office:

CWA Trust Office
501 Third St NW
Washington, DC 20001

You may also fax to 1-202-783-2748

6. CWA Trust Office Approval and Authorization

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. 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 Signature _____ **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 the CWA Trust Office 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 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 the CWA Trust Office or the Retirement Plan Information Line if you are not sure whether you have received your required minimum distribution for the current calendar year.

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.