

# CWA Savings & Retirement Trust

## Instructions for Requesting Final Distribution

Enclosed are the following items needed to request a final distribution 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 SRT Trust Office.

Item	Procedure	Return to the 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>Final Distribution Form</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. <b>Notary Seal of Approval is required.</b></li> <li>▪ Include all other forms and applications per instructions as applicable.</li> <li>▪ Return this form to the CWA Trust Office for review and approval.</li> </ul>	<b>Yes</b>
<b>Loan Payoff Form, if applicable</b>	<p>If you have an outstanding loan and wish to payoff your loan before your final distribution is processed, please complete the Loan Payoff Form and enclose the loan repayment.</p> <ul style="list-style-type: none"> <li>▪ Enclose a payment for the outstanding balance.</li> <li>▪ Mail the Loan Payment Form along with the payment to the CWA Trust Office.</li> <li>▪ Also indicate on Distribution Form that Loan Payoff Form is being provided.</li> </ul>	<b>Yes</b>
<b>Mailing and Fax Instructions for the CWA Trust Office</b>	<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 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 Final Distribution

## 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)

- Termination of Employment       Retirement       Disability Retirement       Other \_\_\_\_\_

Distribution Amount (select one)

- Entire vested account balance  
 I am requesting a partial distribution 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 tax withholding and any applicable state tax withholding. *(Please read Cash Payment and Tax Withholding of Important Final Distribution Information).*
- B. Direct Rollover:**  
 I elect to have the entire taxable portion of this distribution paid as a Direct Rollover and the remaining After-tax Contributions *(if applicable)* paid directly to me.  
 I elect to have ALL of this distribution 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 Final Distribution 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.
- D. Periodic / Installment Payment:** I elect to have my distribution paid in installments. Please complete Section 5 Periodic / Installment Payment Election of this form.
- E. Annuity Payment: Optional Form of Plan Benefit: Type of annuity purchase:** \_\_\_\_\_  
Please see contact the CWA Trust Office for more information. Additional disclosures and signatures may be required.

## 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 Final Distribution 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 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. Periodic / Installment Payment Election (if D. elected in Section 3)**

Periodic Distribution Information: Installment payments will be paid in accordance with the information and schedules you indicate below:

- A. Fixed Period Election:** I elect to receive my installment payments over a fixed number of years as indicated below
  1.  \_\_\_\_\_ Years (not to exceed life expectancy).
  2.  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 Distribution Table.
    - Optional:** Distribute \$ \_\_\_\_\_ in addition to the amount computed in accordance with the Uniform Lifetime Distribution Table.
  3.  If Married with Primary Beneficiary Spouse more than 10 years younger than participant then pay in accordance with Joint & Survivor life expectancy table.
    - Optional:** Distribute \$ \_\_\_\_\_ in addition to the amount computed in accordance with the Joint & Survivor life expectancy table.

If Option A.2 or A.3. selected, please provide the following information:

Primary Beneficiary Date of Birth \_\_\_\_\_

Primary Beneficiary Relationship  Spouse  Other (please specify) \_\_\_\_\_

- B. Fixed Amount Election:** I elect to receive my installment payments in a fixed amount of \$ \_\_\_\_\_ until my account is depleted.

For option A. and B. above please indicate the payment frequency and months of distribution as follows:

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)

**Special Tax Withholding Elections for installment payments paid over a period of 10 or more years.** If installments are paid over a period of less than 10 years each payment will be subject to 20% mandatory federal withholding and any applicable state withholding. If payments are paid over a period of 10 years or more, the participant must make a withholding election below. If no election is made, then 20% federal withholding and any applicable state tax will be withheld. For more information about tax withholding, refer to Important Final Distribution Information.

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

Withhold federal tax at the rate of \_\_\_\_\_% on the installment payments and withhold any applicable state tax.

**6. Participant Request & Signature- please note a 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 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.

Other Form completed:  Loan Payoff Form (as applicable)

Date of Termination/Retirement \_\_\_\_\_

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

**7. CWA Trust Office Approval and Signature**

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 Final Distribution 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's approval.

### Outstanding Loans

If you have an outstanding loan balance, note that unpaid loans at the time of termination of employment become due and payable, and are offset by the vested account balance unless a full payoff is received prior to the final distribution. Outstanding loans which are not repaid prior to the final distribution become taxable.

### 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. Also refer to the Withholding on Periodic Payments section below.

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

### 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 CWA Trust Office.

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.



Plan ID: 990500050

# CWA Savings & Retirement Trust Loan Payoff Form *(if applicable)*

## 1. Participant Information

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

If you are requesting a **loan payoff** of an outstanding loan, you will need to take the following steps.

- Call 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 determine the current outstanding balance of your loan.
- Speak with a Representative and alert them that you will be sending in a loan payoff check. They will **"freeze"** your loan for up to 30 days so no additional interest accrues while your payoff is in process. If your loan payoff is not received within the freeze period, interest will accrue from the original date that the "freeze" was placed on the loan.
- Make certified check, money order or cashier's check payable to "CWA SRT FBO [Name of Participant]". Be sure to write your Social Security Number on the check.
- Return loan payoff along with this form to the CWA Trust Office.

## 2. Loan Payoff Information – Please complete if you want to payoff your outstanding loan balance

The enclosed certified check, money order, or cashier's check in the amount of \$\_\_\_\_\_

## 3. Participant Signature - Please sign, date, and return this form along with your payment to the CWA Trust Office

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

Return to the CWA SRT Trust Office:

CWA Trust Office  
501 Third St NW  
Washington, DC 20001

