

OPERATING ENGINEERS LOCAL 57



BENEFIT FUNDS

James J. White
Business Manager & President

Shawn A. Houlihan
Administrator

DEATH BENEFIT APPLICATION

I, _____, AM THE (CHECK ONE):

_____ Spouse (attach copy of marriage certificate)

_____ Designate Beneficiary

_____ Executor or Administrator

_____ Other (explain)

And do hereby apply for the payment of the Individual Account credited to the deceased member:

Deceased Member's Full Name _____

Deceased Member's Social Security Number _____

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FOR SPOUSE OF DECEASED MEMBER

Check if applicable:

_____ I am the spouse of the deceased member. I certify that I was married to my spouse for at least one year at the time of his or her death.

Social Security Number _____

Date of Birth _____

See Federal and State Tax information below.
Please attach a copy of the death certificate.



FOR BENEFICIARY OTHER THAN THE SPOUSE OF THE DECEASED MEMBER

_____ I am the beneficiary of the deceased member

_____ Relationship to the Participant _____

Social Security Number _____

Date of Birth _____

See Federal and State Tax information below. Please attach a copy of the death certificate.



***FEDERAL AND STATE TAX INFORMATION**

I understand that payment of my Individual Account, will be made in a Lump Sum Payment, and there fore is subject to Federal income tax and may also be subject to State income tax. I have received the Notice to Recipients of Lump Sum Distributions and have been advised by the Local 57 Annuity Fund Office to consult a qualified tax advisor before completing the enclosed.

I certify under penalty of perjury that all the above information is true and correct: I understand that false information may disqualify me for Annuity payment made to me because of fraudulent information.

Applicant's Signature _____

Social Security Number _____

Applicant Address _____

Date of Request _____

Signature of Witness _____

Date _____

INCOME TAX WITHHOLDING RULES EFFECTIVE JANUARY 1, 1993

DEAR PARTICIPANT:

Effective January 1, 1993, all distribution made to participants are subject to a 20% federal withholding tax, unless the distribution is transferred by the L- 57 Annuity Fund directly to another IRA or qualified defined contribution plan. You may elect to receive your Annuity payoff by check, with 20% withheld from your amount or you may elect to have your full balance transferred to the IRA account you designate, avoiding the 20% withholding tax.

Please indicate your payment election below and return this form to the Annuity Fund Office.

_____ I elect to have my Annuity balance paid directly to me.
20% of the payoff amount will be withheld for federal tax.

_____ I elected to transfer my full balance to another qualified plan,
avoiding the 20% withholding tax.
Name of Institution _____
Telephone # _____

By January 31 of the year following the year in which you receive your Annuity payoff, a federal tax from will be mailed to you stating the full amount received and the amount of tax withheld from your payment. Your payment is taxable income in the year received. You may wish to consult your tax preparer prior to making the election above

**I HAVE READ AND UNDERSTAND THE NEW WITHHOLDING TAX RULE
AND HAVE ELECTED MY PAYOFF METHOD AS INDICATED ABOVE.**

Signature

Date