

**BUFFALO LABORERS SECURITY FUND**

**PARTICIPANT BENEFIT WITHDRAWAL APPLICATION AND  
FORM OF BENEFIT ELECTION**

PLEASE RETURN THIS FORM TO THE FUND OFFICE

**Part I. PARTICIPANT INFORMATION**

Name of Participant \_\_\_\_\_  
Last First

Social Security Number \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Telephone Number \_\_\_\_\_

Birth Date \_\_\_\_\_ Date last worked \_\_\_\_\_

**Part II. ELECTION OF DISTRIBUTION (Check one of the following)**

1.  **DISTRIBUTION UPON RETIREMENT.** I hereby apply for a distribution from my Account Balance on account of my retirement. I certify that I have reached my Normal Retirement Date (age 65), or have retired under the Buffalo Laborers Pension Fund with an Early Retirement Date or Special Retirement Date, and have retired from service with all Contributing Employers to the Plan. I hereby elect to receive a distribution from my Account Balance as soon as administratively practical after the end of the quarter in which I submit this completed application.
  
2.  **DISTRIBUTION UPON TERMINATION OF EMPLOYMENT.** I hereby apply for a distribution from my Account Balance on account of my termination of employment. I certify that I have ceased employment with respect to all Contributing Employers to the Plan and have not worked for a Contributing Employer (in covered employment or non-covered employment) at all in the last 12 months. I hereby elect to receive a distribution from my Account Balance as soon as administratively practical after the end of the quarter in which I submit this completed application.
  
3.  **DISTRIBUTION UPON TOTAL AND PERMANENT DISABILITY.** I hereby apply for a distribution of my Account Balance on account of my total and permanent disability. I certify that I have a mental or physical condition resulting from bodily injury, disease or mental disorder that renders me totally and permanently incapable of continuing my normal covered work with Contributing Employers to the Plan. I understand that I may be required to submit to an independent medical examination (at the Plan's expense) conducted by a physician selected by the Plan to confirm these statements. ***(You must attach documentary evidence of your disability)*** I hereby elect to receive a distribution from my Account Balance as soon as administratively practical after the end of the quarter in which I submit this completed application.

**Part III. ELECTION OF FORM OF PAYMENT OF WITHDRAWAL**

1.          SINGLE LUMP SUM (FULL DISTRIBUTION). I hereby apply for the distribution of my entire Account Balance in a lump sum.
  
2.          PARTIAL LUMP SUM (PARTIAL DISTRIBUTION). I hereby elect to have \$\_\_\_\_\_ (*enter amount at least \$2,500 but less than full balance*) distributed from my Account Balance in a lump sum. I understand that I can take a partial lump sum distribution of at least \$2,500 and that I must submit a separate application for each partial distribution requested.

**Part IV. CERTIFICATION AND SIGNATURE**

I hereby swear that all statements and information provided by me in, and in connection with, this form are true. I understand that a payment cannot be made from the Plan until at least 30 days after my receipt of this notice unless I affirmatively elect to waive the notice period. If my distribution date is less than 30 days after I received this notice, I hereby waive the notice period by completion of this form.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

\_\_\_\_\_  
NOTARY / PLAN REPRESENTATIVE

**BUFFALO LABORERS SECURITY FUND**

**DIRECT ROLLOVER ELECTION / REJECTION FORM**

**IMPORTANT:** BEFORE COMPLETING THIS FORM YOU SHOULD READ THE ENCLOSED SPECIAL TAX NOTICE REGARDING PLAN PAYMENTS CAREFULLY. YOU ALSO MAY WISH TO CONSULT YOUR TAX ADVISOR BEFORE MAKING THIS ELECTION.

Since you will be receiving your benefits as a full or partial lump sum payment, that payment will be an "eligible rollover distribution." You may elect to have that distribution transferred directly to an Individual Retirement Account (IRA) or to an eligible employer plan (if it accepts rollovers). If you are a surviving spouse of a deceased participant, you have the same rollover options that the participant would have had. If you are a surviving beneficiary other than a surviving spouse, the only rollover option you have is to do a direct rollover to an inherited IRA.

If you choose not to have an eligible rollover distribution transferred directly to an IRA or eligible employer plan, the Plan is required to withhold 20% of the payment for federal income taxes. If you choose to have only part of the distribution directly rolled over and to have the rest paid to you, withholding will be taken out of any part that is not directly rolled over. **For further information on direct rollovers and withholding, please read the enclosed Special Tax Notice Regarding Plan Payments that the Fund has given you.**

**Part I. PARTICIPANT/BENEFICIARY/ALTERNATE PAYEE INFORMATION**

Name of Participant/Beneficiary/Alternate Payee \_\_\_\_\_  
Last First

Address \_\_\_\_\_  
\_\_\_\_\_

Telephone Number \_\_\_\_\_

**Part II. ROLLOVER ELECTION**

Check below to indicate whether or not you elect a direct rollover of your Plan payment(s):

- 1. I do not want to roll over any of my payment to an IRA or eligible employer plan. Pay me the full amount of my benefits, **after withholding 20% for federal income taxes as required by law and any required state income tax withholding.**
- 2. I want to roll over my payment(s) directly to an IRA or eligible employer plan that accepts rollovers. The IRA or plan is named below.
- 3. I want to roll over only part of my payment directly to an IRA or other eligible employer plan that accepts rollovers. Please pay to me \$ \_\_\_\_\_ of my benefit **minus the 20% mandatory withholding for federal income taxes as required by law.** Please roll over the remaining amount to the IRA or plan named below.

**Part III. IDENTIFICATION OF RECIPIENT PLAN** (Complete this section if you checked box 2 or 3 above)

**If you elect a direct rollover, you must provide all of the following information. If we do not receive this information within 45 days, the Fund will make the payment to you, after deducting the legally required withholding.**

Please make payment of my benefits on my behalf to:

\_\_\_\_\_  
Name of IRA Trustee or Eligible Employer Plan

\_\_\_\_\_  
Account Number

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Contact Person for Recipient Plan or IRA

\_\_\_\_\_  
Telephone Number

Type of Recipient Plan (please check one box):  IRA  Eligible Employer Plan

**Part IV. METHOD OF DELIVERY**

Method of Delivery to Recipient Plan (please check one box):

1.  Check (made payable directly to the trustee, custodian, or issuer of the Recipient Plan in such capacity on my behalf) delivered by first class mail directly to Recipient Plan.
2.  Check (made payable directly to the trustee, custodian, or issuer of the Recipient Plan in such capacity on my behalf) delivered to me so that I may deliver the check to the Recipient Plan. **If you did not provide an account number above, the check will be mailed directly to you.**

**Part V. CERTIFICATION AND SIGNATURE**

If I elected a direct rollover, I certify that the recipient of the direct rollover that I have named above is an Individual Retirement Account, an Individual Retirement Annuity, or an eligible employer plan that accepts rollovers, and I understand that payment of my benefits to the trustee of the IRA or eligible employer plan will release the Buffalo Laborers Security Fund (including its Board of Trustees, employees, agents and other representatives) from any further obligations or responsibilities with respect to the benefits so paid.

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

**BUFFALO LABORERS SECURITY FUND**

**APPLICATION FOR VOLUNTARY FEDERAL TAX WITHHOLDING**

**PARTICIPANT/BENEFICIARY/ALTERNATE PAYEE INFORMATION:**

Name \_\_\_\_\_  
Last First

Address \_\_\_\_\_

Telephone Number \_\_\_\_\_

I understand that the Internal Revenue Code permits me to elect whether or not any Federal income tax (in addition to the mandatory withholding at a 20% rate) should be withheld from the benefit payment(s) to be made to me under the Buffalo Laborers Security Fund.

I further understand that if I elect not to have any Federal income tax withheld (other than the mandatory 20% withholding), I am still liable for payment of Federal income tax on the taxable portion of such benefit payments. In addition, I understand I could be subject to tax penalties under the estimated tax payment rules if the payment of estimated taxes and withholding are not adequate.

***Check one:***

1.  I do not want to have Federal income tax withheld from my benefit (other than the mandatory 20% withholding)
2.  I want to have Federal income tax withheld from my benefit (in addition to the mandatory 20% withholding) (***if you check this box, you must complete Form W- 4P***)

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

***PLEASE COMPLETE FORM W-4P IF YOU CHECKED BOX 2 ABOVE***

**BUFFALO LABORERS SECURITY FUND**

**AUTHORIZATION FOR DIRECT DEPOSIT OF BENEFIT CHECK**

I, \_\_\_\_\_, do hereby request and authorize the Buffalo Laborers Security Fund to make all payments due to me from the Fund associated with this benefit application by Electronic Direct Deposit to the bank account designated below.

You must enclose a **voided check or pre-printed deposit slip** along with this form.

I understand that if I do not fully complete this section or the bank account information I have provided is invalid, a check will be mailed to me.

Name of bank \_\_\_\_\_

Address of bank \_\_\_\_\_

\_\_\_\_\_

Name as it appears on account \_\_\_\_\_

Type of account (e.g., checking or savings): \_\_\_\_\_

Account Number \_\_\_\_\_

Bank Routing Number \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

## **BUFFALO LABORERS SECURITY FUND**

### **SPECIAL TAX NOTICE REGARDING PLAN PAYMENTS**

This notice explains how you can continue to defer federal income tax on your retirement savings in the Buffalo Laborers Security Fund's plan of benefits (the "Plan") and contains important information you will need before you decide how to receive your Plan benefits.

Rules that apply to most payments from a plan are described in the "General Information About Rollovers" section. Special rules that only apply in certain circumstances are described in the "Special Rules and Options" section.

#### **GENERAL INFORMATION ABOUT ROLLOVERS**

##### **How can a rollover affect my taxes?**

You will be taxed on a payment from the Fund if you do not roll it over. If you are under age 59½ and do not do a rollover, you will also have to pay a 10% additional income tax on early distributions (generally, distributions made before age 59½), unless an exception applies. However, if you do a rollover, you will not have to pay tax until you receive payments later and the 10% additional income tax will not apply if those payments are made after you are age 59½ (or if an exception to the 10% additional income tax applies).

##### **What types of retirement accounts and plans may accept my rollover?**

You may roll over the payment to either an IRA (an individual retirement account or individual retirement annuity) or an employer plan (a tax-qualified plan, section 403(b) plan, or governmental section 457(b) plan) that will accept the rollover. The rules of the IRA or employer plan that holds the rollover will determine your investment options, fees, and rights to payment from the IRA or employer plan (for example, IRAs are not subject to spousal consent rules, and IRAs may not provide loans). Further, the amount rolled over will become subject to the tax rules that apply to the IRA or employer plan.

##### **How do I do a rollover?**

There are two ways to do a rollover. You can do either a direct rollover or a 60-day rollover.

If you do a direct rollover, the Fund will make the payment directly to your IRA or an employer plan. You should contact the IRA sponsor or the administrator of the employer plan for information on how to do a direct rollover.

If you do not do a direct rollover, you may still do a rollover by making a deposit into an IRA or eligible employer plan that will accept it. Generally, you will have 60 days after you receive the payment to make the deposit. If you do not do a direct rollover, the Fund is required to withhold 20% of the payment for federal income taxes. This means that, in order to roll over the entire payment in a 60-day rollover, you must use other funds to make up for the 20% withheld. If you do not roll over the entire amount of the payment, the portion not rolled over will be taxed and will be subject to the 10% additional income tax on early distributions if you are under age 59½ (unless an exception applies).

##### **How much may I roll over?**

If you wish to do a rollover, you may roll over all or part of the amount eligible for rollover. Any payment from the Fund is eligible for rollover, except: Required minimum distributions after age 70½ (if you were born before July 1, 1949), after age 72 (if you were born after June 30, 1949), or after death.

The Fund administrator or the payor can tell you what portion of a payment is eligible for rollover.

##### **If I don't do a rollover, will I have to pay the 10% additional income tax on early distributions?**

If you are under age 59½, you will have to pay the 10% additional income tax on early distributions for any payment from the Fund (including amounts withheld for income tax) that you do not roll over, unless one of the exceptions

listed below applies. This tax applies to the part of the distribution that you must include in income and is in addition to the regular income tax on the payment not rolled over.

The 10% additional income tax does not apply to the following payments from the Fund:

- Payments made after you separate from service if you will be at least age 55 in the year of the separation;
- Payments that start after you separate from service if paid at least annually in equal or close to equal amounts over your life or life expectancy (or the joint lives or joint life expectancies of you and your beneficiary);
- Payments made due to disability;
- Payments after your death;
- Corrective distributions of contributions that exceed tax law limitations;
- Payments made directly to the government to satisfy a federal tax levy;
- Payments made under a qualified domestic relations order (QDRO);
- Certain payments made while you are on active duty if you were a member of a reserve component called to duty after September 11, 2001 for more than 179 days; and
- Payments excepted from the additional income tax by federal legislation relating to certain emergencies and disasters.

**If I do a rollover to an IRA, will the 10% additional income tax apply to early distributions from the IRA?**

If you receive a payment from an IRA when you are under age 59½, you will have to pay the 10% additional income tax on early distributions on the part of the distribution that you must include in income, unless an exception applies. In general, the exceptions to the 10% additional income tax for early distributions from an IRA are the same as the exceptions listed above for early distributions from a plan. However, there are a few differences for payments from an IRA, including:

- The exception for payments made after you separate from service if you will be at least age 55 in the year of the separation (or age 50 for qualified public safety employees) does not apply;
- The exception for qualified domestic relations orders (QDROs) does not apply (although a special rule applies under which, as part of a divorce or separation agreement, a tax-free transfer may be made directly to an IRA of a spouse or former spouse); and
- The exception for payments made at least annually in equal or close to equal amounts over a specified period applies without regard to whether you have had a separation from service.

Additional exceptions apply for payments from an IRA, including:

- Payments for qualified higher education expenses;
- Payments up to \$10,000 used in a qualified first-time home purchase; and
- Payments for health insurance premiums after you have received unemployment compensation for 12 consecutive weeks (or would have been eligible to receive unemployment compensation but for self-employed status).

**Will I owe State income taxes?**

This notice does not address any State or local income tax rules (including withholding rules).

## **SPECIAL RULES AND OPTIONS**

### **If you miss the 60-day rollover deadline**

Generally, the 60-day rollover deadline cannot be extended. However, the IRS has the limited authority to waive the deadline under certain extraordinary circumstances, such as when external events prevented you from completing the rollover by the 60-day rollover deadline. Under certain circumstances, you may claim eligibility for a waiver of the 60-day rollover deadline by making a written self-certification. Otherwise, to apply for a waiver from the IRS, you must file a private letter ruling request with the IRS. Private letter ruling requests require the payment of a nonrefundable user fee. For more information, see IRS Publication 590-A, *Contributions to Individual Retirement Arrangements (IRAs)*.

### **If you were born on or before January 1, 1936**

If you were born on or before January 1, 1936 and receive a lump sum distribution that you do not roll over, special rules for calculating the amount of the tax on the payment might apply to you. For more information, see IRS Publication 575, *Pension and Annuity Income*.

### **If you roll over your payment to a Roth IRA**

If you roll over a payment from the Fund to a Roth IRA, a special rule applies under which the amount of the payment rolled over (reduced by any after-tax amounts) will be taxed. In general, the 10% additional income tax on early distributions will not apply. However, if you take the amount rolled over out of the Roth IRA within the 5-year period that begins on January 1 of the year of the rollover, the 10% additional income tax will apply (unless an exception applies).

If you roll over the payment to a Roth IRA, later payments from the Roth IRA that are qualified distributions will not be taxed (including earnings after the rollover). A qualified distribution from a Roth IRA is a payment made after you are age 59½ (or after your death or disability, or as a qualified first-time homebuyer distribution of up to \$10,000) and after you have had a Roth IRA for at least 5 years. In applying this 5-year rule, you count from January 1 of the year for which your first contribution was made to a Roth IRA. Payments from the Roth IRA that are not qualified distributions will be taxed to the extent of earnings after the rollover, including the 10% additional income tax on early distributions (unless an exception applies). You do not have to take required minimum distributions from a Roth IRA during your lifetime. For more information, see IRS Publication 590-A, *Contributions to Individual Retirement Arrangements (IRAs)*, and IRS Publication 590-B, *Distributions from Individual Retirement Arrangements (IRAs)*.

### **If you are not a Fund participant**

Payments after death of the participant. If you receive a distribution after the participant's death that you do not roll over, the distribution generally will be taxed in the same manner described elsewhere in this notice. However, the 10% additional income tax on early distributions and the special rules for public safety officers do not apply, and the special rule described under the section "If you were born on or before January 1, 1936" applies only if the deceased participant was born on or before January 1, 1936.

**If you are a surviving spouse.** If you receive a payment from the Fund as the surviving spouse of a deceased participant, you have the same rollover options that the participant would have had, as described elsewhere in this notice. In addition, if you choose to do a rollover to an IRA, you may treat the IRA as your own or as an inherited IRA.

An IRA you treat as your own is treated like any other IRA of yours, so that payments made to you before you are age 59½ will be subject to the 10% additional income tax on early distributions (unless an exception applies) and required minimum distributions from your IRA do not have to start until after you are age 70½ (if you were born before July 1, 1949) or age 72 (if you were born after June 30, 1949).

If you treat the IRA as an inherited IRA, payments from the IRA will not be subject to the 10% additional income tax on early distributions. However, if the participant had started taking required minimum distributions, you will have to receive required minimum distributions from the inherited IRA. If the

participant had not started taking required minimum distributions from the Fund, you will not have to start receiving required minimum distributions from the inherited IRA until the year the participant would have been age 70½ (if the participant was born before July 1, 1949) or age 72 (if the participant was born after June 30, 1949).

**If you are a surviving beneficiary other than a spouse.** If you receive a payment from the Fund because of the participant's death and you are a designated beneficiary other than a surviving spouse, the only rollover option you have is to do a direct rollover to an inherited IRA. Payments from the inherited IRA will not be subject to the 10% additional income tax on early distributions. You will have to receive required minimum distributions from the inherited IRA.

Payments under a QDRO. If you are the spouse or former spouse of the participant who receives a payment from the Fund under a QDRO, you generally have the same options and the same tax treatment that the participant would have (for example, you may roll over the payment to your own IRA or an eligible employer plan that will accept it). However, payments under the QDRO will not be subject to the 10% additional income tax on early distributions.

### **If you are a nonresident alien**

If you are a nonresident alien and you do not do a direct rollover to a U.S. IRA or U.S. employer plan, instead of withholding 20%, the Fund is generally required to withhold 30% of the payment for federal income taxes. If the amount withheld exceeds the amount of tax you owe (as may happen if you do a 60-day rollover), you may request an income tax refund by filing Form 1040NR and attaching your Form 1042-S. See Form W-8BEN for claiming that you are entitled to a reduced rate of withholding under an income tax treaty. For more information, see also IRS Publication 519, *U.S. Tax Guide for Aliens*, and IRS Publication 515, *Withholding of Tax on Nonresident Aliens and Foreign Entities*.

### **Other special rules**

If your payments for the year are less than \$200 (not including payments from a designated Roth account in the Fund), the Fund is not required to allow you to do a direct rollover and is not required to withhold federal income taxes. However, you may do a 60-day rollover.

Unless you elect otherwise, a mandatory cash out of more than \$1,000 (not including payments from a designated Roth account in the Fund) will be directly rolled over to an IRA chosen by the Fund administrator or the payor. A mandatory cash out is a payment from a plan to a participant made before age 65 and without consent, where the participant's benefit does not exceed \$5,000 (not including any amounts held under the plan as a result of a prior rollover made to the plan).

You may have special rollover rights if you recently served in the U.S. Armed Forces. For more information on special rollover rights related to the U.S. Armed Forces, see IRS Publication 3, *Armed Forces' Tax Guide*. You also may have special rollover rights if you were affected by a federally declared disaster (or similar event), or if you received a distribution on account of a disaster. For more information on special rollover rights related to disaster relief, see the IRS website at [www.irs.gov](http://www.irs.gov).

### **FOR MORE INFORMATION**

You may wish to consult with the Fund administrator or payor, or a professional tax advisor, before taking a payment from the Fund. Also, you can find more detailed information on the federal tax treatment of payments from employer plans in: IRS Publication 575, *Pension and Annuity Income*; IRS Publication 590-A, *Contributions to Individual Retirement Arrangements (IRAs)*; IRS Publication 590-B, *Distributions from Individual Retirement Arrangements (IRAs)*; and IRS Publication 571, *Tax-Sheltered Annuity Plans (403(b) Plans)*. These publications are available from a local IRS office, on the web at [www.irs.gov](http://www.irs.gov), or by calling 1-800-TAX-FORM.