

**ROOFERS' LOCAL UNION NO. 22 SUPPLEMENTAL RETIREMENT PLAN
IN-SERVICE DISTRIBUTION ELECTION AND DIRECT ROLLOVER FORM**

Participant's Name: _____

Social Security No. _____

If you have participated in the Plan for at least two years, you may be eligible to elect to receive a distribution of part of your Plan benefit even if you have not stopped working for employers participating in the Plan and certain related employers (an "in-service distribution"). In-service distributions are subject to the following rules.

- No in-service distribution is permitted if you received a complete or partial distribution of your benefit during the last 24 months.
- To elect to receive an in-service distribution, you must complete, sign and return this Form to the Roofers' Local 22 Funds Office, 280 Metro Park, Rochester, NY 14623 within the thirty (30) days after a Plan valuation date. (Plan valuation dates are the last business day in January, April, July, and October of each year, and any other date selected by the Plan's Board of Trustees).
- The in-service distribution cannot be more than 20% of your Plan account balance as of the Plan valuation date immediately before the distribution.
- The amount distributed also cannot exceed an amount equal to the portion of your Plan account balance that has been credited to your Plan account for more than two years.
- The distribution will be made in a single sum as soon as practical after the completed Form is received and the value of your Plan account as of the prior Plan valuation date is determined.
- 20% of the in-service distribution must be withheld for federal income taxes, unless the amount of the distribution is at least \$200 and you elect to have the distribution directly rolled over to your individual retirement account, individual retirement annuity or another qualified plan by properly completing the Direct Rollover Election on page 2 of this Form and inserting the required information requested on page 3. If the amount of the distribution exceeds \$500, you may elect to have a portion of the distribution (at least \$500) directly rolled over and the rest paid to you. (In that case, only the portion paid to you is subject to withholding.)

More information about distribution rules is in a Special Tax Notice Regarding Plan Payments that you should have received with this Form or earlier. **If, for any reason, you did not receive the Special Tax Notice, contact the Funds Office.** Your benefit cannot be distributed until at least 30 days after you receive the Special Tax Notice.

Before returning this Form, we advise that you make a copy of the completed Form for your records. Contact the Funds Office if you have any questions.

IN-SERVICE DISTRIBUTION ELECTION

I elect to receive an in-service distribution from the Plan equal to (CHECK ONE):

- A. _____ the maximum in-service distribution I can receive (as described on page 1).
- B. _____ the lesser of \$_____ or the maximum in-service distribution I can receive (as described on page 1).

Signed: _____

Date: _____

**DIRECT ROLLOVER ELECTION
(CHECK ONE)**

- A. _____ I elect to have my entire in-service distribution directly rolled over to the individual retirement account, individual retirement annuity or qualified plan indicated on page 3.
- B. _____ I elect to have \$_____ (must be at least \$500) of my distribution directly rolled over to the individual retirement account, individual retirement annuity or qualified plan indicated on page 3, and the remainder of my distribution paid to me. I understand that 20% of the amount paid to me will be withheld for federal income taxes.

Note: No direct rollover will be made unless the amount rolled over is at least \$200.

ELECTION TO NOT ROLLOVER

_____ I do not elect to have any portion of my in-service distribution directly rolled over to an individual retirement account, individual retirement annuity or qualified plan. I understand that 20% of the entire in-service distribution will be withheld for federal income taxes.

Signed: _____

Date: _____

FOR FUNDS OFFICE USE ONLY	
Date Received:	_____
By:	_____

PROVIDE THE FOLLOWING INFORMATION IF YOU ELECT TO HAVE ANY PORTION OF AN
IN-SERVICE DISTRIBUTION DIRECTLY ROLLED OVER

RECIPIENT OF DIRECT ROLLOVER

IRA	
IRA Custodian or Trustee Name	
IRA Account Number	
Address of Custodian or Trustee	
Phone Number of Custodian or Trustee	

Employer Plan	
(Many employer plans do not accept direct rollovers. Before completing this section, you should ask whether the plan you intend to designate accepts rollovers.)	
Plan Name	
Sponsoring Employer	
Employer's Address	
Employer's Phone Number	
Plan Trustee	
Trustee's Address	
Trustee's Phone Number	