

AGE 59½ WITHDRAWAL FORM
The Steamfitters' Industry Supplemental
Retirement Plan

PARTICIPANT'S NAME	SOCIAL SECURITY NO.
PARTICIPANT'S ADDRESS	
PARTICIPANT'S PHONE NUMBER	PARTICIPANT'S EMAIL ADDRESS

I have read the "Special Tax Notice Regarding Plan Payments," and I hereby make the following request for distribution:

I. AMOUNT OF WITHDRAWAL REQUEST (Minimum withdrawal of \$5,000)

NOTE: You may obtain the dollar amount of your account available for withdrawal by contacting John Hancock.

Elect One:

- A.** \$ _____ (fill in dollar amount)
- If the amount available to withdraw is less than the amount you requested, you will receive your entire available amount.
 - Any amount paid to you may be reduced by applicable taxes.
- B.** total value of my account available for withdrawal

II. WITHDRAWAL ELECTION

Elect One:

- A. Payment Paid to Me** - I elect to have my distribution paid to me. I understand that, with respect to the taxable portion of the amount withdrawn, I may be subject to mandatory 20% federal income tax withholding and any state tax withholding, if applicable.
- B. Payment Rolled Over to an IRA** - I elect to have my distribution payable to an Individual Retirement Account ("IRA").
- C. Payment with Partial Rollover to an IRA** - I elect to have \$ _____ of my distribution payable to an IRA with the balance (if any) paid to me. I understand that, with respect to the taxable amount paid to me (if any), I may be subject to mandatory 20% federal income tax withholding and any state income tax withholding, if applicable.



LO59035004

AGE 59½ WITHDRAWAL FORM
The Steamfitters' Industry Supplemental
Retirement Plan

PARTICIPANT'S NAME	SOCIAL SECURITY NO.

III. PAYEE INFORMATION FOR IRA (Complete this Section ONLY if you elected to roll over all or a portion of your withdrawal to an IRA.) If you choose to roll over all or a portion of your distribution to an IRA, a check in the designated amount will be mailed to you and it will be your responsibility to deliver it to the financial institution.

Generally, you have the option to roll over your distribution to an IRA or a Roth IRA. Refer to the enclosed *Special Tax Notice* regarding these rollover options and their tax consequences. You may also want to contact a financial advisor. If you want to roll over your distribution to a Roth IRA (Roth conversion), check the Roth IRA box below and fill in the IRA information. If you elect this option, you will be subject to taxes. However, no amount will be withheld from the rollover for payment of these taxes.

Payee Information: My rollover should be made payable to (check one and complete below):

IRA

Roth IRA

IRA Custodian (Financial Institution)

IV. SIGNATURE

I understand that I have the option to have this distribution directly deposited into my bank account by accessing myplan.johnhancock.com to set up my banking information or to confirm existing banking information on file, if applicable.

I certify that there is no pending domestic relations order or court approved domestic relations order which has, or will, assign all or a part of my vested account to my spouse, former spouse, child or other dependent. I understand that a false statement by me may result in legal damages for which I will be fully responsible.

I understand that this withdrawal may not be repaid to the Plan. I also understand that the payment amount may be less than the specific dollar amount I may have requested above due to Plan limitations and/or market fluctuations that may affect the amount available for withdrawal at the time payment is made.



LO59035004

AGE 59½ WITHDRAWAL FORM
The Steamfitters' Industry Supplemental
Retirement Plan

PARTICIPANT'S NAME	SOCIAL SECURITY NO.

Under penalties of perjury, I certify that:

1. The Social Security number / taxpayer identification number I provided on this form is my correct taxpayer identification number.
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. citizen or other U.S. person, including a U.S. resident alien (as defined in the IRS Form W-9 instructions).

Certification Instructions

You must check the box below if you have been notified by the IRS that you are currently subject to backup withholding because you failed to report all interest and dividends on your tax return.

I am subject to backup withholding as a result of a failure to report all interest and dividends.

Since the Plan is an account held in the United States, you are not required to provide a code indicating that you are exempt from FATCA reporting.

Note: The IRS does not require your consent to any provision of this document other than the certification required to avoid backup withholding.

Signature of Participant: _____ Date: _____

TO BE COMPLETED BY PLAN ADMINISTRATOR

The request for the above Participant is: APPROVED NOT APPROVED

If approved, the Custodian is hereby authorized to process the request.

Plan Administrator: _____ Date: _____

Date form received by Plan Administrator: _____

Return this form to: The Steamfitters' Industry Fund Office, 27-08 40th Avenue, 2nd Floor, Long Island City, NY 11101-3725 OR email to pension@steamny.com.



LO59035004