NOTICE OF BENEFIT WITHDRAWAL (Complete Entire Set of Forms and Return)

TO:

SSN:

On _____, your account balance in the Southwestern Illinois Laborers' Annuity Fund was _____

Normally, the Trustee will compute the value of your account not earlier than one occurrence of the following events (choose one):

- Upon your normal retirement date (attainment of age 65) (Attach Pension or Social Security Statement)
- Upon Death
 (Attach copy of Certificate of Death)
- In the event you become totally and permanently disabled (Attach copy of Social Security Disability Statement or treating physician certification of disability)

_____ A period of 12 consecutive months during which no contributions were made to the Fund on your behalf.

_____ A qualified hardship as per the Trust Document. (Maximum withdrawal 50%) (Three maximum hardship distributions in a lifetime)

If the value of your account balance is \$5,000.00 or less, a total distribution of your account will be made as soon as practicable, following a period of 12 consecutive months during which no contributions were made to the Fund on your behalf.

If the value of your account balance is in excess of \$5,000.00 and you are married, your account is automatically payable to you and your spouse in the form of a joint and 50% of the amount received while you were alive, in the event your spouse survives you. The amount of the payments will depend on the value of your account balance and the life expectancy of both you and your spouse at the time annuity payments commence.

You may waive the automatic payment form and elect to receive another form of benefit distribution, provided you and your spouse (if married), consent in writing to the distribution on the attached Application of Benefits.

Also attached to this notice are other forms you need to complete before receiving a distribution of your account balance, as well as a tax notice summarizing special rules relating to benefit distributions. This notice contains important information you need to consider before deciding how to receive your benefits from the Southwestern Illinois Laborers' Annuity Fund.

If you decide to defer receipt of your account balance, it is your responsibility to notify the Trustees of any changes of address. Otherwise we will be unable to locate you and make payment of your benefits.

SOUTHWESTERN ILLINOIS LABORERS' ANNUITY FUND APPLICATION FOR BENEFITS

I hereby request payment of my benefits as follows: (PLEASE PRINT OR TYPE)

1.	Name
	Street Address:
	City, State, Zip:
	Social Security Number:
	Telephone: Date of Birth:
	Signature: Date:
2.	PAYMENT FORM: (CHOOSE ONE)
	() Lump Sum paid directly to me.
П	ALL TRANSFERS MUST BE ACCOMPANIED BY A "REQUEST FOR A DIRECT
K	OLLOVER" FROM THE FINANCIAL INSTITUTION WHICH IS TO RECEIVE THE FUNDS AT THE TIME OF WITHDRAWAL.
	() Single payment of \$ made directly to me, with the balance directly transferred (rolled over) according to my instructions set forth below.
	() Direct transfer (Roll-Over) of my entire distribution as follows:
	 () I choose to have% of my benefit distribution or \$ directly transferred (rolled over) to: () My IRA () Another Employer's Retirement Plan

CONSENT TO BENEFIT DISTRIBUTION PARTICIPANT'S CONSENT

As a participant in Southwestern Illinois Laborers' Annuity Fund, I hereby acknowledge that I have been informed by the Plan Administrator that my benefits under the Plan will be paid to me in the form of a joint and 50% survivor annuity (if married) or a like annuity (if married) and that I have the right to waive that form of payment, provided that my spouse (if married) consents in writing to the waiver, that I understand the terms of the annuity form of payment and the financial affect before benefit payments begin.

Therefore, I hereby elect to waive the annuity form payment and have my benefits distributed in the alternative payment method I select on the Application for Benefits.

EXECUTED THIS:	DAY OF	, 20	
		(PARTICIPANT)
	SPOUSE'S CO	NSENT	
I hereby consent to the for	egoing election by my s	pouse, to have benefits under So	outhwestern
Illinois Laborers' Annuity F	fund paid in the form spec	cified therein rather than in the for	rm of a joint
		vledge that I understand (1) that t titled to receive upon my spouse?	
		to it; (3) that my consent is irrevo	
my spouse revokes the waiv			
EXECUTED THIS:	DAY OF	, 20 .	
		, 20	
		(PARTICIPANT'S SPO	USF)
	ED PARTICIPANT AN	ND THE ABOVE PROVISION	S <u>DO NOT</u>
<u>APPLY.</u>			
		N THIS FORM, WITH APP	LICABLE
SUPPORTING DOCUME	ENTATION, IN ALL C	<u>ASES.</u>	
**************************************	DE NATADIZED EAD	ALL WITHDRAWALS*****	***
	DE NUTAKILED FUK	ALL WIINDKAWALS	

NOTICE OF TAX WITHHOLDING OF DISTRIBUTIONS

The benefits distribution(s) you receive from the Southwestern Illinois Laborers' Annuity Fund are subject to Federal Income Tax withholding. Withholding will only apply to the portion of your distribution that is subject to Federal Income Tax.

Generally, all distributions are subject to a mandatory 20% Federal Income Tax withholding. The exception applies to your distribution, mandatory withholding does not apply.

If you are directly rolling over (transferring) your entire taxable benefit into another retirement plan or an IRA do not complete the attached tax withholding election form. Also, do not complete tax withholding election form if your entire distribution is non-taxable money, such as after-tax contributions you made to the Plan.

DISTRIBUTIONS EXEMPT FROM MANDATORY 20% FEDERAL TAX WITHHOLDING

(1) <u>Periodic Payments</u> Periodic payments made over

- a) Your life expectancy, or the joint life expectancy of you and your designated beneficiary, or;
- b) A period of ten years or more.
- (2) <u>Required Minimum Distributions</u>. Payments made on the account of your reaching age 70 ¹/₂ are not subject to the mandatory withholding.

Unless your taxable benefit distributions meet one of these two categories it is subject to a mandatory 20% Federal Tax withholding, although you may elect to have more than 20% withheld, if you wish. If the taxable distribution is less than \$200.00, no withholding is required. If your distribution meets one of these two categories, you may elect not to have withholdings apply. If you elect not to have enough Federal Income Tax withheld from your distribution, 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.

If you do not return the attached withholding election, Federal Income Tax will be withheld from the taxable portion of your benefit payments at a rate of 20%, unless your benefit payments satisfy the requirements stated in (1) or (2) above.

SOUTHWESTERN ILLINOIS LABORERS ANNUITY FUND TAX WITHHOLDING ELECTION FOR INDIVIDUALS RECEIVING TOTAL DISTRIBUTIONS

You need to sign, date and complete this tax election form and return it to the attention of the Plan Administrator, Southwestern Illinois Laborers' Annuity Fund, 100 North 17th Street, Belleville, Illinois, 62226.

(PLE	ASE PRINT OR TYPE)	
NAM	E:	
ADD	RESS:	
SOCI	AL SECURITY NUMBER:	
DAT	E OF BIRTH:	DATE:
SIGN	ATURE:	
PLEA	ASE MARK ANY TAX OR PENALTY A	DDITIONS:
()	I do not want to have Federal Income Tax of 20%.	withheld from my taxable distribution in excess
()	I want to have additional Federal Income excess of 20%.	Tax withheld from my taxable distribution in
	() Please withhold an additional \$	from my taxable distribution.
	() Please withhold an additional	% from my taxable distribution.

Questions regarding the appropriate tax election for you should be directed to your professional tax advisor. Also, you can find detailed information on the Federal Tax Treatment from employer plans in IRS Publication 575, "Pension and Annuity Income"; IRS Publication 590, "Individual Retirement Arrangements (IRA's); and IRS Publication 571, Tax-Sheltered Annity Plans (403(b) Plans). These publications are available from a local IRS office, on the web at <u>www.irs.gov</u>, or by calling 1-800-TAX-FORM.