

Instructions for Completing This Form (All information requested must be completed.):

Participant (or Beneficiary): Complete sections 1 through 4, sign section 6, then return the completed form to TIC.

Plan Administrator: Complete and sign section 5.

1. Participant, Beneficiary or Alternate Payee Information

Name _____
Last First Middle Initial

Address _____
Street City State Zip

2. Reason for Distribution (Check One)

<input type="checkbox"/> Termination of Employment	PAYMENT METHOD
<input type="checkbox"/> Death (attach Death Certificate)	
<input type="checkbox"/> Normal Retirement (Age 62 or older)	
<input type="checkbox"/> Early Retirement (One allowed – Age 55 to 62)	
<input type="checkbox"/> Disability	

100% of account balance, or;
 Partial Distribution (See options below, one per plan year allowed).

Note: In the event of your termination of employment, if your vested account balance exceeds \$5,000, you may be eligible to defer the distribution of your account until a later date. Please refer to your Summary Plan Description for more information.

3. Distribution Election

Any taxable portion of your distribution that is not directly rolled over to an IRA or a qualified retirement plan will automatically be subject to 20% withholding for federal income tax purposes (unless the form of payment is ineligible for rollover. Non-spousal beneficiaries may not elect a rollover. Please read the Special Tax Notice Regarding Plan Payments prior to requesting a distribution). Please indicate your election by circling one of the following (A through E):

A. Direct Rollover to a Merrill Lynch IRA Account - The amount indicated below will be rolled over into a Merrill Lynch IRA account. Indicate the method of payment and account number of the account below. If you do not have a Merrill Lynch account, please contact your Benefits Department for the name and number of a Merrill Lynch Financial Advisor.

Merrill Lynch Account Number - (if available)

Dollar amount \$ _____ or 25 % 50% 75% 100% of your vested account balance.

The form of the assets to be rolled over or transferred should be:

- In-kind to the extent available, the remainder in cash.
- Cash

B. Direct Rollover to a Non-Merrill Lynch IRA - If you elect this option, you must attach verification of the existence of your IRA account, including the account number, at the institution listed below before your benefits will be distributed. The amount indicated below will be sent to you, **payable to the financial institution, FBO participant name IRA.**

Dollar amount \$ _____ or 25 % 50% 75% 100% of your vested account balance.

Institution Name: _____

Account #: _____

C. Direct Rollover to a Qualified Plan - The amount indicated below will be sent to you, **payable to the Trustee, FBO _____ (plan name) FAO _____ (participant name).**

Dollar amount \$ _____ or 25 % 50% 75% 100% of your vested account balance.

Trustee Name: _____

Account #: _____

Note: Some qualified plans may not accept rollovers of money that was rolled into this plan from a 403(b) plan, a 457 plan or an IRA. If you are rolling this money into a qualified plan, you must confirm that the plan will accept any of this type of money if your account contains money from the above named sources. If your account contains assets from one of the above named sources, and the plan you are rolling your assets into does not accept a rollover of that money, please indicate what should be done with those assets:

D. Annuity Option/Marital Certification -

- Joint and Survivor Annuity (if married)
- Single Life Annuity (if unmarried)

E. Direct Payment to You—The vested account balance less withholding selected in section 4 below will be made payable and sent directly to you.

PAYMENT METHOD— Check One Percentage Box only, if not selecting the single sum option.

Single Sum 25 % 50% 75% 100% of your vested account balance.

- I wish to rollover \$ _____ to an IRA or Qualified Plan indicated above and have the balance paid to me. I understand that the amount paid to me will be the balance after tax withholding
- *Monthly Installment payment to be paid over _____ years. (Not to exceed 10 years) Installment amount \$ _____
- *Quarterly Installment payment to be paid over _____ years. (Not to exceed 10 years) Installment amount \$ _____
- *Annual Installment payment to be paid over _____ years. (Not to exceed 10 years) Installment amount \$ _____

*This option only available for retirees with a balance of \$5,000 or more.

4. Income Tax Withholding Notice and Election

A distribution (except for any after-tax contributions) is subject to income tax in the year the check is dated and may be subject to Federal and state penalties. The special tax notice regarding plan payments you have received with your participant statement contains detailed information on federal taxes and penalties. Still, it is a good idea to consult a tax advisor before completing this form.

Please complete the following if you have chosen anything other than a direct rollover in Section 3.

1. **Federal taxes.** For taxable amounts withdrawn.
- Withhold the minimum suggested or required by the IRS, **OR**
 - Withhold _____ % **OR**

Note: The law requires 20% withholding from a rollover eligible distribution that is not directly rolled to an IRA or qualified plan.

2. **State taxes.** For taxable amounts withdrawn
- Withhold the minimum required by the state, **OR**
 - Withhold _____ % (if different than your state requires), **OR**
 - Do not withhold.

Note: If you choose an amount other than what the state requires your must submit any necessary forms to TIC.

3. **Outside U.S.** If your address is outside of the U.S., check one box below:
- I have attached IRS Form W-9 (I am a Non-Resident Citizen). Withhold Federal taxes accordingly.
 - I have attached IRS Form W-8 (I am a Non-Resident Alien) and Form 1001 (if applicable). Withhold Federal taxes accordingly.
 - I have not attached any IRS forms. I understand that the trustee must withhold 30% in Federal taxes..

5. To Be Completed By TIC International Corporation

<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Vested %: _____%	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Date of Last Contribution		Termination Date	Date of Birth	Date of Participation

As required under Federal Law, the Plan compares the value of each type of payment method under the Plan. The Plan has concluded that all payment methods under the Plan have the same value (meaning they equal your account balance or are actuarially equivalent if paid in an annuity form). If you would like information regarding how the different payment methods are calculated or would like comparisons based on your specific information, please call or send a written request to the Pension Department at the Fund Office. If you would like information regarding how the different payment methods are calculated or would like comparisons based on your specific information, please call or send a written request to the Pension Department at the Fund Office.

6. Certification

I hereby certify that the information specified above has been examined by me and that the information contained on this form is accurate.

I also certify that I have received and have read the Special Tax Notice Regarding Plan Payments. I understand that I have the right to review these materials for at least thirty (30) days before deciding whether I want to directly roll over my benefits or have them paid directly to me. I further understand that, by executing and returning this distribution form in less than 30 days, I have waived my rights to the 30-day waiting period.

Finally, I certify that no portion of the benefits to which I am entitled from this Plan is subject to a Qualified Domestic Relations Order which would affect the payment of any benefits from this Plan.

Participant, Beneficiary or Alternate Payee **Signature** _____ **Date** _____

For Plan Administrator Use

Plan Administrator's **Signature** _____ **Date** _____

**Employee: Please make a copy of this form for yourself, and return the original to:
T.I.C. c/o Michiana Area Electrical Workers Money Purchase Plan
6525 Centurion Drive; Lansing, MI 48917**

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