

MICHIANA AREA ELECTRICAL WORKERS' FRINGE BENEFIT FUNDS

Michiana Area Electrical Workers' Health and Welfare Fund
Michiana Area Electrical Workers' Money Purchase Plan

Michiana Area Electrical Workers' Pension Fund
TIC INTERNATIONAL CORPORATION

Re: Distribution / Withdrawal Request Forms Package

The forms on the following pages are intended for electing your distribution and withdrawal requests. This bundle consists of the following forms:

- Annuity Checklist
- Spousal Consent Form
- Distribution / Withdrawal Request Form

The Adobe Acrobat Reader includes a Bookmarks feature, which typically resides along the left-hand side of the Adobe viewing window. Clicking on any of the embedded bookmarks will allow you to jump between the various forms in this package.

Most of the form fields are fillable. You will be able to click into a field, type the requested information and tab to the next field. Balloon help will appear with hints or details as to the information being requested. Once completed, you may print the filled form and mail it to us. Please review the forms for any requested signatures and complete these requests before mailing.

After filling and printing the forms, mail the entire package to the following address:

MICHIANA AREA ELECTRICAL WORKERS' MONEY PURCHASE PLAN
6525 CENTURION DR
LANSING MI 48917-9275

Feel free to call the Fund office with any questions.

Sincerely,

Michiana Area Electical Workers' Money Purchase Plan

MICHIANA AREA ELECTRICAL WORKERS' MONEY PURCHASE PLAN APPLICATION CHECKLIST

For all reasons for distribution please make sure you provide:

DISTRIBUTION REQUEST FORM –complete all Sections of the form except Section 5.

BIRTH CERTIFICATE*

MARITAL STATUS CERTIFICATION (must complete regardless of marital status – single, married, divorced or widowed)

If Married:

SPOUSE'S BIRTH CERTIFICATE (if applicable)*

MARRIAGE LICENSE (if applicable)

If Divorced:

ALL PAGES OF JUDGMENT OF DIVORCE/QDRO (if applicable)

Ex-spouse(s) name(s): _____

SPOUSE'S DEATH CERTIFICATE (if applicable)

In addition:

For Disability please include:

Evidence of disability – for example: Social Security Disability Award, Eligibility for Total and Permanent Disability Benefit from Michiana Pension Fund, or other medical documentation.

For Death of Participant:

Death Certificate

Beneficiary's Birth Certificate*

Marriage License if beneficiary is spouse

**Baptismal records, passport and driver's license are also acceptable for proof of birth date.*

**Send all forms and documents to the Fund Office for processing.
DO NOT send them directly to Merrill Lynch.**

**MICHIANA AREA ELECTRICAL WORKERS' MONEY PURCHASE PLAN
6525 Centurion Drive
Lansing MI 48917-9275**

Plan Name _____
Plan # _____

**MARITAL STATUS CERTIFICATION or
QJSA Waiver & Consent FORM (417)**

1. Employee Identification *Please Print*

This form must be completed in its entirety or your request will be rejected.

Name: _____

Home Address: _____

Social Security Number (NNN-NN-NNNN)

Date of Birth (MM/DD/YYYY)

Home Phone (NNN) NNN-NNNN

2. Unmarried Participant Information:

Not Applicable – Participant must complete Section 3 below.

Certification: I hereby represent that I am *not* legally married, or that I am legally separated or abandoned. **Note: If you are legally separated or abandoned, you are treated as unmarried, and should complete this section.**

Signature of Participant _____ Date _____

3. Married Participant Information:

Not Applicable – Participant must complete Section 2 above.

Spousal Consent: If you are married this section must be completed.

Spouse's Social Security Number _____

LOAN REQUEST: I hereby represent that I am legally married to the Participant named above, and I hereby consent to the loan request made by the Participant under the Plan.

DISTRIBUTION REQUEST: I hereby represent that I am legally married to the Participant named above, and I hereby consent to the waiver of distribution in the form of a Qualified Joint & Survivor Annuity made by the Participant as indicated below.

I understand that my spouse is electing a form of payment from his/her account that is NOT in the standard form of a Qualified Joint and Survivor Annuity. I understand that, as a result of my spouse's waiving that form of benefit, amounts withdrawn by my spouse from his/her account will not be available to pay me a continuing monthly benefit after my spouse's death. By signing this form, I consent to my spouse's election to receive a payment other than a Qualified Joint and Survivor Annuity, and I hereby waive any and all rights to the benefit that I would otherwise have been provided under the Plan with respect to the amount of this payment.

Spouse's Signature _____ Print Spouse's Name _____ Date _____

Witness to Spousal Consent: I have witnessed the signature of the person who signed this form as spouse on the date indicated above. This person presented satisfactory evidence to prove his/her identity.

Notary Public _____

State _____ County _____ Date _____

In addition to signing here, notaries may attach a standard form of acknowledgment if they wish.

4. Participant's Signature and Certification

I acknowledge that I have received an explanation of both the standard form of benefit, which is a Qualified Joint & Survivor Annuity (if I am married) or a Single Life Annuity (if I am not married), and the financial effect of waiving that benefit. I hereby acknowledge that the payment I have elected from my account is a waiver of the standard annuity benefit, and I authorize you to make payment in this form.

Participant'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

ANNUITY NOTICE/FORM

As a participant in the plan that is identified in the accompanying benefit distribution information (“Plan”), you have accrued benefits under the provisions of the Plan equal to your account balance. You have received this notice because you are eligible to receive a distribution of your vested account balance from the Plan. You have the right to defer the distribution of your account balance until the later of age 62 or your normal retirement age under the Plan. Please read this Notice carefully because it provides important information that may assist you in making a decision with regard to the payment of your vested account balance from the Plan. It is important that you understand the information provided in this Notice. You may direct any questions to or secure more information from Merrill Lynch, the third party administrator for the Plan. See the information below under the heading: “How to Contact Merrill Lynch”. **This Notice is being provided to you no less than 30 days and no more than 90 days before your annuity starting date. However, if after you receive this Notice, you affirmatively elect a form of distribution, and if you are married, your spouse consents to that election, your annuity starting date may be within the first 30 days after you received this Notice (but not during the first 7 days after this Notice is provided to you). Therefore, you have the right to consider your payment options for a period of at least 30 days.**

*The Plan provides that your account balance will be used to purchase a normal form of annuity benefit for a married participant which is a **Qualified Joint and Survivor Annuity** and for an unmarried participant which is a **Single Life Annuity**. Instead of receiving a benefit in the applicable normal annuity form, a participant may, if eligible, elect an **Optional Form of Benefit** with payment beginning at the same time that you would have received payment in the normal annuity form. However, if you are married, your spouse must consent in writing to such election before a plan representative or notary public. An election to waive the normal annuity form must be made during the 90-day period before your benefits begin. You may also revoke this election before your benefits begin. If that occurs, your vested account balance will be paid in the normal annuity form unless you affirmatively elect another form of distribution and, if married, your spouse consents thereto. If you are married, the consent of your spouse is not required to revoke your election.*

I. DESCRIPTION OF THE FORMS OF PAYMENT AVAILABLE UNDER THE PLAN

Qualified Joint and Survivor Annuity (“QJSA”). If you are married, the normal form of payment of your vested account balance is a QJSA. A QJSA is a form of payment that provides you with an annuity (usually a monthly payment) for as long as you are alive and, if your spouse (at the date your payments begin) survives you, provides him/her with an annuity (usually a monthly payment) for as long as he/she is alive that is not less than 50% (and not greater than 100%) of the amount of the annuity that you received prior to your death.

Single Life Annuity (“SLA”). If you are not married, the normal form of payment of your vested account balance is an SLA. An SLA is a form of payment that provides you with an annuity (usually a monthly amount) for as long as you are alive. At your death, payments will stop. For example, if you die after you receive one monthly payment, no further benefits will be paid to your estate or beneficiaries after your death.

Optional Form of Benefit (“OFB”). An OFB is another form of benefit payment available under the Plan in lieu of your applicable normal form of benefit. Each OFB available under the Plan is described in the Summary Plan Description (“SPD”) for the Plan. The following is a description of various types of OFB that may be available under the Plan. If you are interested in receiving your benefit in the form of an OFB, check your SPD to determine whether it is an OFB offered by the Plan.

Non-Qualified Joint and Survivor Annuity (“NQJSA”). A NQJSA is a form of payment that provides you with an annuity (usually a monthly payment) for as long as you are alive and if your beneficiary, as designated on the benefit commencement date (referred to as the “contingent annuitant”), survives you, provides him/her with an annuity (usually a monthly payment) for as long as he/she is alive. The contingent annuitant is someone other than your spouse.

Certain Period and Life Annuity (“C&L”). A C&L is a form of payment that provides you with an annuity (usually a monthly amount) for as long as you are alive and guarantees that annuity payments will continue for a specified period of time if you die prior to the end of the specified period. For example, in the case of a life and 5-year certain annuity, payments are made to you for life, regardless of how long you live. However, if your death occurs before payments have been made for 5 years, then payments are continued for the balance of the 5-year period to your designated beneficiary.

Single Life Annuity (Married Participant). (See the description above for an SLA.)

Installment Refund Annuity (“InstRA”). An InstRA is a form of payment that provides you with an annuity (usually a monthly amount) for a specified period of time. At the end of the specified period, all payments stop even if you are still alive. If you die before the end of the specified period, the payments will continue to your beneficiary for the remainder of the period.

Full Refund Annuity (“FRA”). An FRA is a form of payment that provides you with an annuity (usually a monthly amount) for as long as you are alive. When you die, if the net premium for the annuity exceeds the annuity payments made to you, a death benefit equal to such excess will be paid in a single sum to your beneficiary.

Single Sum Payment. A Single Sum Payment is a one-time payment of your vested account balance under the Plan. Upon receipt of a Single Sum Payment, you will no longer be entitled to receive any further payments from the Plan.

Installment Payment. An Installment Payment is a form of payment in which your vested account balance is paid in approximately equal periodic installments.

Flexible Installment Refund Annuity (“FIRA”). An FIRA is a form of payment that provides you with an annuity, payable monthly, for as long as you are alive. The actual payments made each year are determined on the basis of your life expectancy under Internal Revenue Service tables. Your life expectancy is redetermined annually, so the amount of the monthly payment may change each year. When you die, any remaining balance in your account will be payable to your beneficiary.

II. DESCRIPTION OF THE FINANCIAL EFFECT OF A FORM OF BENEFIT

The actual amount that is payable under a QJSA (or an SLA in the case of an unmarried participant), or if applicable, another form of annuity available under the Plan depends on several variables, the most important of which include: (1) the amount of your vested account balance, (2) the cost/price of an annuity on the date of purchase, (3) the age of the participant and, if applicable, his/her spouse (or if applicable, contingent annuitant), and (4) when the payment of the annuity begins. To provide a basis for you to evaluate the annuity forms of benefit available under the Plan, the chart below has been provided. The benefit amounts therein are estimated amounts. If your benefit is paid in the form of an annuity, the Plan will provide the annuity by purchasing it from an insurance company with your vested account balance. There is no guaranty that an insurance company will be willing to provide the annuity amounts listed. The actual amounts that will be paid depend upon the annuity contract that will be purchased.

*Further, the chart illustrates estimated amounts payable per month per \$1,000 of vested account balance beginning at the ages and in the forms indicated, assuming that if you are married, that your spouse is the same age as you or if applicable, your contingent annuitant is the same age as you. If your benefit is paid in the form of a single-sum, the balance in your account at the time of distribution is the value of your benefit. The value of an annuity will ultimately depend on how long a participant (and his/her spouse in the case of a QJSA or other contingent annuitant in the case of any other joint life annuity) actually lives. **Please contact Merrill Lynch if you desire a statement of the specific amounts that may be payable to you.***

To determine the approximate monthly amount that would be payable based on a certain vested account balance, divide \$1,000 into the vested account balance, and then multiply the result by the monthly amount shown below.

	Age 65	Age 60	Age 55	Age 50	Age 45
SLA	\$7.14 per month	6.36 per month	5.79 per month	5.38 per month	5.08 per month
50% QJSA	\$6.55 / 3.28** per month	5.93 / 2.97** per month	5.47 / 2.74** per month	5.14 / 2.57** per month	4.90 / 2.45** per month
66 2/3% QJSA	\$6.38 / 4.25** per month	5.80 / 3.87** per month	5.37 / 3.58** per month	5.07 / 3.38** per month	4.84 / 3.23** per month
75% QJSA	\$6.29 / 4.72** per month	5.73 / 4.30** per month	5.33 / 4.00** per month	5.03 / 3.77** per month	4.82 / 3.62** per month
100% QJSA	\$6.05 / 6.05** per month	5.55 / 5.55** per month	5.19 / 5.19** per month	4.92 / 4.92** per month	4.73 / 4.73** per month
5 C&L	\$7.06 Monthly, Guaranteed payment of 5 years	6.33 Monthly, Guaranteed payment of 5 years	5.78 Monthly, Guaranteed payment of 5 years	5.37 Monthly, Guaranteed payment of 5 years	5.08 Monthly, Guaranteed payment of 5 years
10 C&L	\$6.83 Monthly, Guaranteed payment of 10 years	6.22 Monthly, Guaranteed payment of 10 years	5.73 Monthly, Guaranteed payment of 10 years	5.35 Monthly, Guaranteed payment of 10 years	5.06 Monthly, Guaranteed payment of 10 years
15 C&L	\$6.50 Monthly, Guaranteed payment of 15 years	6.04 Monthly, Guaranteed payment of 15 years	5.63 Monthly, Guaranteed payment of 15 years	5.30 Monthly, Guaranteed payment of 15 years	5.04 Monthly, Guaranteed payment of 15 years
20 C&L	\$6.10 Monthly, Guaranteed payment of 20 years	5.81 Monthly, Guaranteed payment of 20 years	5.51 Monthly, Guaranteed payment of 20 years	5.24 Monthly, Guaranteed payment of 20 years	5.01 Monthly, Guaranteed payment of 20 years
NQJSA	Similar to QJSA with non-spousal beneficiary	Similar to QJSA with non-spousal beneficiary	Similar to QJSA with non-spousal beneficiary	Similar to QJSA with non-spousal beneficiary	Similar to QJSA with non-spousal beneficiary
FRA	\$6.57 per month	6.02 per month	5.60 per month	5.27 per month	5.02 per month
5 InstRA	\$18.79 per month	18.79 per month	18.79 per month	18.79 per month	18.79 per month
10 InstRA	\$10.56 per month	10.56 per month	10.56 per month	10.56 per month	10.56 per month
15 InstRA	\$7.88 per month	7.88 per month	7.88 per month	7.88 per month	7.88 per month
20 InstRA	\$6.57 per month	6.57 per month	6.57 per month	6.57 per month	6.57 per month

** Estimate of amount payable to surviving spouse.

III. HOW TO CONTACT THE THIRD PARTY ADMINISTRATOR

You may contact Merrill Lynch in any of the following ways:

Mail: The Retirement Group @ Merrill Lynch; 1400 Merrill Lynch Drive, 04-BS-PRO; Pennington, NJ 08534
Telephone/Fax: 800-228-4015 and 609-274-0333

Michiana Area Electrical Workers' Money Purchase Plan

Plan # 200816

Distribution Request Form

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	First Name, Middle Initial and Last Name	Social Security Number
Address	Complete Street Address, Unit Number, City, State and Zip Code	

2. Reason for Distribution (Check One)

- Termination of Employment
- Death (attach Death Certificate)
- Retirement
- Disability

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 or Transfer 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 - enter in the following format: NNN-NNNNN)

Dollar amount or percentage: \$ _____ or _____ % 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 percentage: \$ _____ or _____ % 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 percentage: \$ _____ or _____ % 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

Single Sum

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

_____ Vested %: _____%
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**