

# **I.B.E.W. LOCAL 332 PENSION TRUST FUND**

## **ADMINISTRATIVE OFFICES**

**P.O. BOX 5057, SAN JOSE, CA 95150-5057**

**Phone (408) 288-4559 / Fax (408) 288-4439**

To Whom It May Concern:

Enclosed is the LB.E.W. Local #332 Part B Disability Pension Application, per your request.

Please complete, sign and return the application to our office along with a copy of your birth certificate or Proof of Age (see enclosed instructions) and your marriage license. In addition, we will need a copy of Proof of Age for your spouse/beneficiary.

Enclosed please find an Attending Physician's Statement of Disability to give to your doctor. Please have your doctor complete the form and return it to our office. Upon receipt, the Physician's Statement will be referred to our Medical Consultant for a determination of your disability status.

Also included is Authorization Release Information form to give to your doctor's office in case the medical consultant reviewing your physician's statement needs to request your medical records for additional information.

Please note that if you have obtained a Social Security Disability "Notice of Award" from the Social Security Administration, please forward a copy of the award to our office for your file, if you have an award you will not have to have a physician's statement completed.

A self-addressed envelope is enclosed for your convenience.

If you have any questions, please do not hesitate to contact us at (408) 288-4559 or 1-800-541-8059 ext. 4559 (California Residents Only).

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**PART B DISABILITY APPLICATION**

**INSTRUCTIONS**

- |   |  |
|---|--|
| 1. Please read each question carefully  | 5. Mail the completed Application and Physician's Statement to:<br>Post Office Box 5057<br>San Jose, CA 95150-5057 |
| 2. Print all information  |  |
| 3. Be sure to Sign and Date the Application   |  |
| 4. Be sure to have your Doctor complete the Part B Disability Physician's Statement |  |

**PERSONAL DATA**

1. Participant's Name \_\_\_\_\_  
(Last) (First) (Middle)
2. Address \_\_\_\_\_  
Street City State Zip Code
3. Participant's SSN \_\_\_\_\_ 4. Date of Birth \_\_\_\_\_
5. Telephone No. \_\_\_\_\_
6. Date of Disability: Month \_\_\_\_\_ Year \_\_\_\_\_
7. Last date worked: Month \_\_\_\_\_ Year \_\_\_\_\_
8. Beneficiary's Name \_\_\_\_\_
9. Beneficiary's SSN \_\_\_\_\_ 10. Date of Birth \_\_\_\_\_
11. Marital Status:  Married  Single  Divorced  Widowed  
**IF DIVORCED, PLEASE PROVIDE COPY IF DIVORCE DECREE WITH PROPERTY SETTLEMENT**
12. Is any portion of your Pension Benefit payable to someone else under a Court Order:  Yes  No

**TYPE OF APPLICATION**

13. I wish to apply for:  Normal Retirement  \* Early Retirement
- X**  **Part B Disability**  Part A Disability Retirement  Estimate Only

**IT IS ABSOLUTELY ESSENTIAL THAT YOU BE AS ACCURATE AS POSSIBLE IN YOUR REPLIES.  
INCORRECT OR INCOMPLETE INFORMATION MAY DELAY PAYMENT OF YOUR PENSION BENEFITS.**

**I realize that all information on this application will be used for determining my Benefits, if any, and I hereby declare under perjury that the foregoing is correct to the best of my knowledge.**

\_\_\_\_\_ Date

\_\_\_\_\_ Signature

## **INSTRUCTIONS CONCERNING SUBMISSION OF PROOFS OF AGE**

The acceptable proofs of your age are listed below in two groups. Submit a photostat copy of one of the proofs listed in Group I. If you have it or can possibly obtain it since this class of age is more convincing.

If you cannot submit a proof in the Group 1 classification, submit photostat copies of two (2) of the proofs listed in Group II. You are cautioned, however, that naturalization papers, United States Passports and Immigration papers may not be photostated. If you are submitting any of these, you must send the original. It will be returned to you.

Additional proofs of age may be requested if the documents you submitted do not constitute convincing proof of your age.

### **GROUP I**

1. A birth certificate
2. A baptismal certificate or a statement as to the date of birth shown by a church record, certified by the custodian of such record.
3. Notification of registration of birth in a public registry of vital statistics.
4. Certification of record of age by the U.S. Census Bureau
5. Hospital birth records, certified by the custodian of such record
6. Document showing approval of Social Security Pension
7. A foreign church or government record
8. A signed statement by the Physician or midwife who was in attendance at birth as to date the birth as shown on their records.
9. Naturalization record (Photostat not permitted : Submit original)
10. Immigration papers (Photostat not permitted : Submit original)

### **GROUP II**

11. Military record
12. Passport (U.S. Passports may not be photostated : Submit original)
13. School records, certified by the custodian of such record
14. Vaccination record, certified by the custodian of such record.
15. An insurance policy which shows the age or date of birth
16. Other evidence such as signed statements from persons who have knowledge of the date of birth

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**AUTHORIZATION TO RELEASE INFORMATION**

I AUTHORIZE any physician, medical practitioner, hospital, clinic, other medical or medically related facility, insurance or reinsuring company, consumer reporting agency, or employer having information available as to diagnosis, treatment and prognosis with respect to any physical or mental condition and/or treatment of me and any other non-medical information of me to give to:

UNITED ADMINISTRATIVE SERVICES

or its legal representative, any and all such information.

I UNDERSTAND the information obtained by use of the Authorization will be used by:

UNITED ADMINISTRATIVE SERVICES

to determine eligibility for Disability Retirement Benefits. Any information obtained will not be released by:

UNITED ADMINISTRATIVE SERVICES

to any person or organization EXCEPT to reinsuring companies, or other persons, or organizations performing business or legal services in connection with my application, or as may be otherwise lawfully required or as I may further authorize.

I KNOW that I may request to receive a copy of this Authorization.

I AGREE that a photocopy of this Authorization shall be as valid as the original.

I AGREE this AUTHORIZATION shall be valid during the pendency of this claim.

Signed this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

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Signature

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**IBEW LOCAL 332  
ATTENDING PHYSICIAN'S STATEMENT OF DISABILITY**

THE PATIENT IS RESPONSIBLE FOR THE COMPLETION OF THIS FORM WITHOUT EXPENSE TO THE COMPANY.

(PRINT) Name of Patient		Age	Policy Number
Present Address	City	State	Zip Code
If Group Insurance, Give Name of Policyholder		Insured Name (if Patient is dependent)	

**1. HISTORY**

- (a) When did symptoms first appear or accident happen?      Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_
- (b) Date patient ceased work because of disability:      Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_
- (c) Has patient ever had same or similar condition?       Yes       No
- If yes, state when and describe:

**2. PRESENT CONDITION**

- (a) Subjective symptoms
- (b) Objective findings
- Include results of current X-rays, EKGs or any other special tests.
- (c) Is patient:       Ambulatory?       Bed Confined?       House Confined?       Hospital Confined?

**3. DIAGNOSIS**

**4. TREATMENT**

- (a) Date of first visit      Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_
- Date of last visit      Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_
- Frequency of visits       Weekly       Monthly      Other \_\_\_\_\_
- (b) When did you last examine the patient?      Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

**5. PROGRESS**

Recovered       Improved       Unimproved       Retrogressed

**6. EXTENT OF DISABILITY**

**FOR ANY OCCUPATION      FOR REGULAR OCCUPATION**

- (a) Is patient now **Totally Disabled**?\*       Yes       No       Yes       No
- (b) If no, when was the patient able to return to work?      Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_
- (c) If yes, when do you think patient will be able to resume work?
- Approximate date:      Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_       Indefinite       Never
- (d) If yes, is patient a suitable candidate for a rehabilitation program?       Yes       No

**7. MENTAL CONDITION**

Is the patient competent to endorse checks and direct the use of the proceeds thereof?  Yes  No

Complete appropriate section(s) if the disability is due to CARDIAC CONDITION.

**8. CARDIAC**

(a) Functional capacity (American Heart Association)  Class 1 (no limitation)  Class 2 (slight limitation)  Class 3 (marked limitation)  Class 4 (complete limitation)

(b) Blood Pressure

**REMARKS (PLEASE ATTACH SUPPORTING DOCUMENTATION):**

Date	Signature (Attending Physician)	Print Name (Attending Physician), Degree	Telephone
Street Address	City or Town	State or Province	Zip Code

\*The **Board of Trustees of IBEW Local 332** has requested that you review the medical evidence submitted and give us your opinion whether the above member is **Totally Disabled**, defined as the inability of the participant to perform all the duties of his/her regular occupation and thereafter the inability to perform any substantial gainful employment.

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**SPECIAL TAX NOTICE REGARDING PLAN PAYMENTS**

This notice explains how you can continue to defer federal income tax on your retirement savings in the I.B.E.W. Local 332 Pension Plan Part B (the "Plan") and contains important information you will need before you decide how to receive your Plan benefits.

This notice is provided to you by the Board of Trustees (your "Plan Administrator") because all or part of the payment that you will soon receive from the Plan may be eligible for rollover by you or your Plan Administrator to a traditional IRA or an eligible employer plan. A rollover is a payment by you or the Plan Administrator of all or part of your benefit to another plan or IRA that allows you to continue to postpone taxation of that benefit until it is paid to you. Your payment cannot be rolled over to a Roth IRA, a SIMPLE IRA, or a Coverdell Education Savings Account (formerly known as an education IRA). An "eligible employer plan" includes a plan qualified under section 401(a) of the Internal Revenue Code, including a 401(k) plan, profit-sharing plan, defined benefit plan, stock bonus plan, and money purchase plan; a section 403(a) annuity plan; a section 403(b) tax-sheltered annuity; and an eligible section 457(b) plan maintained by a governmental employer (governmental 457 plan).

An eligible employer plan is not legally required to accept a rollover. Before you decide to roll over your payment to another employer plan, you should find out whether the plan accepts rollovers and, if so, the types of distributions it accepts as a rollover. You should also find out about any documents that are required to be completed before the receiving plan will accept a rollover. Even if a plan accepts rollovers, it might not accept rollovers of certain types of distributions. If this is the case, you may wish instead to roll your distribution over to a traditional IRA or split your rollover amount between the employer plan in which you will participate and a traditional IRA. If an employer plan accepts your rollover, the plan may restrict subsequent distributions of the rollover amount or may require your spouse's consent for any subsequent distribution. A subsequent distribution from the plan that accepts your rollover may also be subject to different tax treatment than distributions from this Plan. Check with the administrator of the plan that is to receive your rollover prior to making the rollover.

If you have additional questions after reading this notice, you can contact your plan Administrator at (408) 288-4559.

**SUMMARY**

**There are two ways you may be able to receive a Plan payment that is eligible for rollover:**

- (1) Certain payments can be made directly to a traditional IRA that you establish or to an eligible employer plan that will accept it and hold it for your benefit ("DIRECT ROLLOVER"); or**
- (2) The payment can be PAID TO YOU.**

**If you choose a DIRECT ROLLOVER**

- Your payment will not be taxed in the current year and no income tax will be withheld.
- You choose whether your payment will be made directly to your traditional IRA or to an eligible employer plan that accepts your rollover. Your payment cannot be rolled over to a Roth IRA, a SIMPLE IRA, or a Coverdell Education Savings Account because these are not traditional IRAs.
- The taxable portion of your payment will be taxed later when you take it out of the traditional IRA or the eligible employer plan. Depending on the type of plan, the later distribution may be subject to different tax treatment than it would be if you received a taxable distribution from this Plan.

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**If you choose to have a Plan payment that is eligible for rollover PAID TO YOU**

- You will receive only 80% of the taxable amount of the payment, because the Plan Administrator is required to withhold 20% of that amount and send it to the IRS as income tax withholding to be credited against your taxes.
- The taxable amount of your payment will be taxed in the current year unless you roll it over. Under limited circumstances, you may be able to use special tax rules that could reduce the tax you owe. However, if you receive the payment before age 59-1/2, or the Plan's early retirement age of 55, you may have to pay an additional 10% tax.
- You can roll over all or part of the payment by paying it to your traditional IRA or to an eligible employer plan that accepts your rollover within 60 days after you receive the payment. The amount rolled over will not be taxed until you take it out of the traditional IRA or the eligible employer plan.
- If you want to roll over 100% of the payment to a traditional IRA or an eligible employer plan, *you must find other money to replace the 20% of the taxable portion that was withheld.* If you roll over only the 80% that you received, you will be taxed on the 20% that was withheld and that is not rolled over.

**Your Right to Waive the 30-Day Notice Period.** Generally, neither a direct rollover nor a payment can be made from the Plan until at least 30 days after your receipt of this notice. Thus, after receiving this notice, you have at least 30 days to consider whether or not to have your withdrawal directly rolled over. If you do not wish to wait until this 30-day notice period ends before your election is processed, you may waive the notice period by making an affirmative election indicating whether or not you wish to make a direct rollover. Your withdrawal will then be processed in accordance with your election as soon as practical after it is received by the Plan Administrator.

**MORE INFORMATION**

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**I. PAYMENTS THAT CAN AND CANNOT BE ROLLED OVER**

Payments from the Plan may be "eligible rollover distributions." This means that they can be rolled over to a traditional IRA or to an eligible employer plan that accepts rollovers. Payments from a plan cannot be rolled over to a Roth IRA, a SIMPLE IRA, or a Coverdell Education Savings Account. Your Plan administrator should be able to tell you what portion of your payment is an eligible rollover distribution.

The following types of payments *cannot* be rolled over:

**a. Payments Spread over Long Periods.** You cannot roll over a payment if it is part of a series of equal (or almost equal) payments that are made at least once a year and that will last for:

- your lifetime (or a period measured by your life expectancy), or
- your lifetime and your beneficiary's lifetime (or a period measured by your joint life expectancies), or
- a period of 10 years or more.

**b. Required Minimum Payments.** Beginning when you reach age 70 1/2 or retire, whichever is later, a certain portion of your payment cannot be rolled over because it is a "required minimum payment" that must be paid to you. Special rules apply if you own 5% or more of your employer.



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The Plan Administrator of this Plan should be able to tell you if your payment includes amounts which cannot be rolled over.

**II. DIRECT ROLLOVER**

A DIRECT ROLLOVER is a direct payment of the amount of your Plan benefits to a traditional IRA or an eligible employer plan that will accept it. You can choose a DIRECT ROLLOVER of all or any portion of your payment that is an eligible rollover distribution, as described in Part I above. You are not taxed on any taxable portion of your payment for which you choose a DIRECT ROLLOVER until you later take it out of the traditional IRA or eligible employer plan. In addition, no income tax withholding is required for any taxable portion of your Plan benefits for which you choose a DIRECT ROLLOVER. This Plan might not let you choose a DIRECT ROLLOVER if your distributions for the year are less than \$200.

**a. DIRECT ROLLOVER to a Traditional IRA.** You can open a traditional IRA to receive the direct rollover. If you choose to have your payment made directly to a traditional IRA, contact an IRA sponsor (usually a financial institution) to find out how to have your payment made in a direct rollover to a traditional IRA at that institution. If you are unsure of how to invest your money, you can temporarily establish a traditional IRA to receive the payment. However, in choosing a traditional IRA, you may wish to make sure that the traditional IRA you choose will allow you to move all or a part of your payment to another traditional IRA at a later date, without penalties or other limitations. See IRS Publication 590, *Individual Retirement Arrangements*, for more information on traditional IRAs (including limits on how often you can roll over between IRAs).

**b. DIRECT ROLLOVER to a Plan.** If you are employed by a new employer that has an eligible employer plan, and you want a direct rollover to that plan, ask the plan administrator for that plan whether it will accept your rollover. An eligible employer plan is not legally required to accept a rollover. Even if your new employer's plan does not accept a rollover, you can choose a DIRECT ROLLOVER to a traditional IRA. If the employer plan accepts your rollover, the plan may provide restrictions on the circumstances under which you may later receive a distribution of the rollover amount or may require spousal consent to any subsequent distribution. Check with the plan administrator of that plan before making your decision.

**c. DIRECT ROLLOVER of a Series of Payments.** If you receive a payment that can be rolled over to a traditional IRA or an eligible employer plan that will accept it, and it is paid in a series of payments for less than 10 years, your choice to make or not make a DIRECT ROLLOVER for a payment will apply to all later payments in the series until you change your election. You are free to change your election for any later payment in the series.

**d. Change in Tax Treatment Resulting from a DIRECT ROLLOVER.** The tax treatment of any payment from the eligible employer plan or traditional IRA receiving your DIRECT ROLLOVER might be different than if you received your benefit in a taxable distribution directly from the Plan. For example, if you were born before January 1, 1936, you might be entitled to ten-year averaging or capital gain treatment, as explained below. However, if you have your benefit rolled over to a section 403(b) tax-sheltered annuity, a governmental 457 plan, or a traditional IRA in a DIRECT ROLLOVER, your benefit will no longer be eligible for that special treatment. See the sections below entitled "Additional 10% Tax if You Are under Age 59-1/2" and "Special Tax Treatment if You Were Born before January 1, 1936."

**III. PAYMENT PAID TO YOU**

If your payment can be rolled over (see Part I above) and the payment is made to you in cash, it is subject to 20% federal income tax withholding on the taxable portion (state tax withholding may also apply). The payment is taxed in the year

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you receive it unless, within 60 days, you roll it over to a traditional IRA or an eligible employer plan that accepts rollovers. If you do not roll it over, special tax rules may apply.

**Income Tax Withholding:**

- a. Mandatory Withholding.** If any portion of your payment can be rolled over under Part I above and you do not elect to make a DIRECT ROLLOVER, the Plan is required by law to withhold 20% of the taxable amount. This amount is sent to the IRS as federal income tax withholding. For example, if you can roll over a taxable payment of \$10,000, only \$8,000 will be paid to you because the Plan must withhold \$2,000 as income tax. However, when you prepare your income tax return for the year, unless you make a rollover within 60 days (see "Sixty-Day Rollover Option" below), you must report the full \$10,000 as a taxable payment from the Plan. You must report the \$2,000 as tax withheld, and it will be credited against any income tax you owe for the year. There will be no income tax withholding if your payments for the year are less than \$200.
- b. Voluntary Withholding.** If any portion of your payment is taxable but cannot be rolled over under Part I above, the mandatory withholding rules described above do not apply. In this case, you may elect not to have withholding apply to that portion. If you do nothing, 10% will be taken out of this portion of your payment for federal income tax withholding. To elect out of withholding, ask the Plan Administrator for the election form and related information.
- c. Sixty-Day Rollover Option.** If you receive a payment that can be rolled over under Part I above, you can still decide to roll over all or part of it to a traditional IRA or to an eligible employer plan that accepts rollovers. If you decide to roll over, *you must contribute the amount of the payment you received to a traditional IRA or eligible employer plan within 60 days after you receive the payment.* The portion of your payment that is rolled over will not be taxed until you take it out of the traditional IRA or the eligible employer plan.

You can roll over up to 100% of your payment that can be rolled over under Part I above, including an amount equal to the 20% of the taxable portion that was withheld. If you choose to roll over 100%, you must find other money within the 60-day period to contribute to the traditional IRA or the eligible employer plan, to replace the 20% that was withheld. On the other hand, if you roll over only the 80% of the taxable portion that you received, you will be taxed on the 20% that was withheld.

*Example:* The taxable portion of your payment that can be rolled over under Part I above is \$10,000, and you choose to have it paid to you. You will receive \$8,000, and \$2,000 will be sent to the IRS as income tax withholding. Within 60 days after receiving the \$8,000, you may roll over the entire \$10,000 to a traditional IRA or an eligible employer plan. To do this, you roll over the \$8,000 you received from the Plan, and you will have to find \$2,000 from other sources (your savings, a loan, etc.). In this case, the entire \$10,000 is not taxed until you take it out of the traditional IRA or an eligible employer plan. If you roll over the entire \$10,000, when you file your income tax return you may get a refund of part or all of the \$2,000 withheld.

If, on the other hand, you roll over only \$8,000, the \$2,000 you did not roll over is taxed in the year it was withheld. When you file your income tax return, you may get a refund of part of the \$2,000 withheld. (However, any refund is likely to be larger if you roll over the entire \$10,000.)

**Additional 10% Tax If You Are under Age 59-1/2.** If you receive a payment before you reach age 59-1/2 and you do not roll it over, then, in addition to the regular income tax, you may have to pay an extra tax equal to 10% of the taxable portion of the payment. *The additional 10% tax generally does not apply* to (1) payments that are paid after you separate from service with your employer during or after the year you reach age 55 (i.e. the Plan's early retirement age), (2) payments

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that are paid because you retire due to disability, (3) payments that are paid as equal (or almost equal) payments over your life or life expectancy (or your and your beneficiary's lives or life expectancies), (4) payments that are paid directly to the government to satisfy a federal tax levy, (5) payments that are paid to an alternate payee under a qualified domestic relations order, or (6) payments that do not exceed the amount of your deductible medical expenses. See IRS Form 5329 for more information on the additional 10% tax.

The additional 10% tax will not apply to distributions from a governmental 457 plan, except to the extent the distribution is attributable to an amount you rolled over to that plan (adjusted for investment returns) from another type of eligible employer plan or IRA. Any amount rolled over from a governmental 457 plan to another type of eligible employer plan or to a traditional IRA will become subject to the additional 10% tax if it is distributed to you before you reach age 59-1/2, unless one of the exceptions applies.

**Special Tax Treatment If You Were Born before January 1, 1936.** If you receive a payment from a plan qualified under section 401(a) that can be rolled over under Part I and you do not roll it over to a traditional IRA or an eligible employer plan, the payment will be taxed in the year you receive it. However, if the payment qualifies as a "lump sum distribution," it may be eligible for special tax treatment. A lump sum distribution is a payment, within one year, of your entire balance under the Plan (and certain other similar plans of the employer) that is payable to you *after* you have reached age 59-1/2 or because you have separated from service with your employer (or, in the case of a self-employed individual, after you have reached age 59-1/2 or have become disabled). For a payment to be treated as a lump sum distribution, you must have been a participant in the plan for at least five years before the year in which you received the distribution. The special tax treatment for lump sum distributions that may be available to you is described below.

**Ten-Year Averaging.** If you receive a lump sum distribution and you were born before January 1, 1936, you can make a one-time election to figure the tax on the payment by using "10-year averaging" (using 1986 tax rates). Ten-year averaging often reduces the tax you owe.

**Capital Gain Treatment.** If you receive a lump sum distribution and you were born before January 1, 1936, and you were a participant in the Plan before 1974, you may elect to have the part of your payment that is attributable to your pre-1974 participation in the Plan taxed as long-term capital gain at a rate of 20%.

There are other limits on the special tax treatment for lump sum distributions. For example, you can generally elect this special tax treatment only once in your lifetime, and the election applies to all lump sum distributions that you receive in that same year. You may not elect this special tax treatment if you rolled amounts into this Plan from a 403(b) tax-sheltered annuity contract or from an IRA not originally attributable to a qualified employer plan. If you have previously rolled over a distribution from this Plan (or certain other similar plans of the employer), you cannot use this special averaging treatment for later payments from the Plan. If you roll over your payment to a traditional IRA, governmental 457 plan, or 403(b) tax-sheltered annuity, you will not be able to use special tax treatment for later payments from that IRA, plan, or annuity. Also, if you roll over only a portion of your payment to a traditional IRA, governmental 457 plan, or 403(b) tax-sheltered annuity, this special tax treatment is not available for the rest of the payment. See IRS Form 4972 for additional information on lump sum distributions and how you elect the special tax treatment.

#### **IV. SURVIVING SPOUSES, ALTERNATE PAYEES, AND OTHER BENEFICIARIES**

In general, the rules summarized above that apply to payments to employees also apply to payments to surviving spouses of employees and to spouses or former spouses who are "alternate payees." You are an alternate payee if your interest in the Plan results from a "qualified domestic relations order," which is an order issued by a court, usually in connection with a divorce or legal separation.

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If you are a surviving spouse or an alternate payee, you may choose to have a payment that can be rolled over, as described in Part I above, paid in a DIRECT ROLLOVER to a traditional IRA or to an eligible employer plan or paid to you. If you have the payment paid to you, you can keep it or roll it over yourself to a traditional IRA or to an eligible employer plan. Thus, you have the same choices as the employee.

If you are a beneficiary other than a surviving spouse or an alternate payee, you cannot choose a direct rollover, and you cannot roll over the payment yourself.

If you are a surviving spouse, an alternate payee, or another beneficiary, your payment is generally not subject to the additional 10% tax described in Part III above, even if you are younger than age 59-1/2.

If you are a surviving spouse, an alternate payee, or another beneficiary, you may be able to use the special tax treatment for lump sum distributions and the special rule for payments that include employer stock, as described in Part III above. If you receive a payment because of the employee's death, you may be able to treat the payment as a lump sum distribution if the employee met the appropriate age requirements, whether or not the employee had 5 years of participation in the Plan.

**HOW TO OBTAIN ADDITIONAL INFORMATION**

This notice summarizes only the federal (not state or local) tax rules that might apply to your payment. The rules described above are complex and contain many conditions and exceptions that are not included in this notice. Therefore, you may want to consult with the Plan Administrator or a professional tax advisor before you take a payment of your benefits from your Plan. Also, you can find more specific information on the tax treatment of payments from qualified employer plans in IRS Publication 575, *Pension and Annuity Income*, and IRS Publication 590, *Individual Retirement Arrangements*. These publications are available from your local IRS office, on the IRS's Internet Web Site at [www.irs.gov](http://www.irs.gov), or by calling 1-800-TAX-FORMS.