

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 along with proof of age (i.e. driver's license, birth certificate) to your Fund Office at 1431 Opus Place #350, Downers Grove, IL 60515 Phone: 630.288.6868 or 800.660.9989 and Fax: 630.686.4128 Fund Office: Complete and sign section 5. Retain a copy, and forward the original to Merrill Lynch.

**1. Participant (or Beneficiary) Information**

Name \_\_\_\_\_  
Last First Middle Initial

Address \_\_\_\_\_  
Street City State Zip

-       
Social Security Number

-      
Home Phone Number

**2. Reason for Distribution (Check One)**

<input type="checkbox"/> Death (attach Death Certificate) <input type="checkbox"/> Disability (attach proof of disability) <input type="checkbox"/> Retirement <input type="checkbox"/> Termination of Employment <input type="checkbox"/> Beneficiary	<p style="text-align: center;"><b><u>PAYMENT METHOD</u></b></p> <input type="checkbox"/> Single Sum
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Last Day of Work

*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. Please also note that your account balance may be adjusted to reflect any Employer contributions that were mistakenly made on your behalf. The Plan reserves the right to correct any errors or miscalculations. For example, if a benefit estimate conflicts with the actual benefit determined in accordance with the terms of the Plan, the Plan terms will prevail.*

**3. Distribution Election**

Any taxable portion of your distribution that is eligible to be rolled over to an IRA or a qualified retirement plan and that is not directly rolled will automatically be subject to 20% withholding for federal income tax purposes, unless you are a non-spousal beneficiary. Please read the Special Tax Notice Regarding Plan Payments prior to requesting a distribution. Please indicate your election by checking all that apply of the following (A through F):

**A. Direct Rollover or Transfer to a Merrill Lynch IRA or Roth 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)

Roth IRA  
 Traditional IRA

Dollar amount or percentage: \$ \_\_\_\_\_ or \_\_\_\_\_ % of your vested account balance.

**B. Transfer to a Merrill Lynch Account** - The amount indicated below will be transferred to a Merrill Lynch brokerage 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 percentage: \$ \_\_\_\_\_ or \_\_\_\_\_ % of your vested account balance.

**C. Direct Rollover to a Non-Merrill Lynch IRA or Roth 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.

Check applicable box

Roth IRA  
 Traditional IRA

Institution Name: \_\_\_\_\_

Account #: \_\_\_\_\_

### 3. Distribution Election (continued)

- D. Direct Transfer to a Non-Merrill Lynch Account** - If you elect this option, you must attach verification of the existence of your 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**.

Dollar amount or percentage: \$ \_\_\_\_\_ or \_\_\_\_\_ % of your vested account balance.

Institution Name: \_\_\_\_\_

Account #: \_\_\_\_\_

- E. 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:*

- Distribute as indicated in Part \_\_\_\_\_ of this Section (Indicate appropriate letter).
- Leave it in your account (May not be available to you. Please confirm with your Employer).
- F. Direct Payment to You** - The amount indicated below will be made payable and sent directly to you.

Dollar amount or percentage: \$ \_\_\_\_\_ or \_\_\_\_\_ % of your vested account balance.

### 4. Income Tax Withholding Notice and Election

A withdrawal (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.**

#### A. Federal taxes.

*For taxable amounts withdrawn for which withholding is not required (IRS requires 20% be withheld if the amount is eligible to be rolled over and, unless otherwise elected, 10% be withheld on money not eligible to be rolled over):*

- Withhold the standard 10%, **OR**
- Withhold \_\_\_\_\_ % (whole percentage other than 10%), **OR**
- Do not withhold.

#### B. State taxes. Depending on the state in which you reside, you may have state taxes withheld.

#### C. 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.

Continued

**5. To Be Completed By Fund Office**

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Date of Last Contribution

Vested %: \_\_\_\_\_ %

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Termination Date

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Date of Birth

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Date of Participation

**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's Signature (Beneficiary) \_\_\_\_\_ Date \_\_\_\_\_

**For Plan Sponsor Use**

Plan Sponsor's Signature \_\_\_\_\_ Date \_\_\_\_\_

**Please make a copy of this form for yourself, and return the original to the Fund Office at  
Address: 1431 Opus Place #350, Downers Grove, IL 60515  
Phone: 630.288.6868  
Fax:630.686.4128**

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