

# Northern California Glaziers, Architectural Metal and Glass Workers Pension Trust Fund & Northern California Glaziers Individual Account Retirement Plan

4160 Dublin Boulevard, Suite 100

Dublin, CA 94568-7756

Toll Free: (800) 222-6298 \* Fax: (925) 833-7301

Email: Glaziersinfo@hsba.com

Website: www.norcalglaziertrust.org



## PLEASE READ CAREFULLY

### YOUR APPLICATION CANNOT BE PROCESSED WITHOUT THE FOLLOWING:

1. Copy of Proof of Identity for yourself. (see instructions below)
2. Copy of Proof of Marriage –county issued certificate if married in the US.
3. If you are or have been divorced, legally separated, or had an annulment, you **MUST** submit the Final Judgment of Dissolution of Marriage, Legal Separation, or Annulment along with any other Property/Marital Settlement Agreement and/or Qualified Domestic Relations Order (QDRO) for **all** prior marriages **even if they occurred prior to your work under the Plan**. If you do not have these documents, you may obtain copies, for a fee, from the Superior Court in the county where your divorce was filed, Contact the Superior Court for more information.
4. If you are widowed, please submit a photocopy of the death certificate.
5. Social Security Disability Award Notice if you are applying under the Disability eligibility.

### INSTRUCTIONS CONCERNING SUBMISSION OF PROOF OF IDENTITY

The Trust Fund will verify the identity of a member who submits an application through one of the following methods:

- **Method 1:** Submit a copy of your birth certificate and a copy of your current and unexpired government issued photo identification (e.g. driver's license, military identification, or passport); or
- **Method 2:** Submit a signed and notarized application with:  
A copy of your birth certificate, or a copy of your current and unexpired government issued identification (e.g. driver's license, military identification, or passport); or
- **Method 3:** Apply **in person** to the Trust Fund Office with current and unexpired government issued photo identifications (e.g. driver's license, military identification, or passport) for yourself.

**Child beneficiary applying for a benefit** - in the event that the Member is deceased, has not yet retired, was not married at the time of their passing, and has a child under the age of 18 and/or who was under the care of the Member the Trust Fund will verify the identity of an unemancipated minor beneficiary as follows:

- **Method 1:** Submit a copy of the minor's birth certificate to be submitted with a signed and notarized application by the minor's guardian or parent; or
- **Method 2:** Submit a copy of a court order assigning guardianship with a signed and notarized application by the minor's guardian; or
- **Method 3:** Apply in person to the Trust Fund Office with a copy of the minor's birth certificate or court order assigning guardianship; and the guardian presents a current and unexpired government issued photo identification.

**If you are unable to verify your identity using the above methods, you may request an appeal through the Trust Fund. Appeals will be forwarded to the Plan's legal counsel for review.**

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**NORTHERN CALIFORNIA GLAZIERS INDIVIDUAL ACCOUNT RETIREMENT PLAN BENEFIT APPLICATION**

Applicant's Name:		SSN:
Complete Address, City, State, Zip:		
Phone Number:	Email:	Date of Birth:

**\*Please provide copy of proof of Identity.**

**Marital Status:**

☐ Never Married ☐ Married ☐ Divorced ☐ Divorced & Remarried ☐ Legally Separated ☐ Widow

Spouse Name: \_\_\_\_\_ SSN: \_\_\_\_\_

Spouse Date of Birth: \_\_\_\_\_

**\* Please provide copy of Proof of Marriage -county issued certificate if married in the US.**

**If divorced, provide:**

Former Spouse Name: \_\_\_\_\_ SSN: \_\_\_\_\_

Date of Marriage: \_\_\_\_\_ Date of Separation: \_\_\_\_\_

Former Spouse Name: \_\_\_\_\_ SSN: \_\_\_\_\_

Date of Marriage: \_\_\_\_\_ Date of Separation: \_\_\_\_\_

**\*If you are Divorced or Legally Separated you must provide a copy of the Final Judgment of Dissolution of Marriage or Judgment of Legal Separation along with any Property/Marital Settlement Agreements and/or Qualified Domestic Relations Order (QDRO) for all prior marriages.**

**ELIGIBILITY AND EMPLOYMENT HISTORY**

**Check one of the following:**

- ☐ Retired – Receiving a pension from the Northern California Glaziers, Architectural Metal and Glassworkers Pension Plan.
- ☐ Disabled – Please provide your Social Security Disability Benefits Notice of Award.
- ☐ Absence from the Industry – Age 62 and not employed in the Glazing Industry.
- ☐ Absence from the Industry – 6 consecutive months or more – not currently working, nor have you worked in the industry **in any capacity, union, or no-union** in the geographic area covered in the Glazing Industry.

Date you last worked in **any** capacity for wages or profit as a Glaziers, Architectural Metal and Glass Workers, in the industry: \_\_\_\_\_

**Current Employment:** ☐ Unemployed ☐ Disability/Workers Compensation

**If employed, provided your current Employer's info:** Employer Name: \_\_\_\_\_

Address: \_\_\_\_\_ Job Classification: \_\_\_\_\_

**CALIFORNIA STATE TAX**

**CHECK ONE:**

- ☐ I elect to have NO State Income Tax withheld.
- ☐ I elect to have State Income Tax withheld in an amount equal to 10% of the Federal Tax withholding.

**The Plan is required to withhold 20 percent of the payment for federal income taxes. This withholding does not increase your taxes but will be credited against any income tax you owe. (For further information on direct rollovers and withholding, please read the enclosed Special Notice Regarding Plan Payments.)**

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**DIRECT ROLLOVER FORM**

**If you elect a direct rollover, please provide the information for the Rollover Account.**

\_\_\_\_\_  
Name of IRA Trustee or Qualified Retirement Plan

\_\_\_\_\_  
Account Number

I certify that the recipient of a direct rollover that I have named above is an Individual Retirement Account, and Individual Retirement Annuity, or a qualified retirement plan that accepts rollovers. I understand that payment of my benefits to the trustee of the IRA or qualified retirement plan will release the Trustees of the Northern California Glaziers Individual Retirement Plan Trust Fund from any further obligations or responsibilities with respect to the benefits so paid.

**PAYMENT ELECTION FORM**

**Elect one of the following and provide the requested information.**

- ☐ I want my Individual Retirement Account paid as a Lump Sum. I understand that 20% will be withheld for Federal income tax as required by law.
- ☐ I want my Individual Retirement Account paid as a Partial Payment in the **net** amount of \$ \_\_\_\_\_. I understand that 20% will be withheld for Federal income tax as required by law. Partial payouts may not be elected more often than once every six (6) months, subject to the Plan's eligibility requirements.
- ☐ I want my Individual Retirement Account paid as a Rollover to an IRA or to a qualified retirement plan which accepts rollovers **(complete box above)**.
- ☐ I want only part of my payment directly transferred to the IRA or other qualified retirement plan named below and the remainder of my account (less 20% withheld for Federal income tax) paid directly to me. Transfer only \$ \_\_\_\_\_ to the IRA or qualified retirement plan named above.
- ☐ I want my Individual Retirement Account paid as a Spousal Annuity.
- ☐ I want my Individual Retirement Account paid as installments. I understand that installment payments can only be made if my Individual Retirement Account is \$5,000 or more. The Board may impose a reasonable charge for account that is paid as installments. **(Complete page 5)**.

I hereby apply for benefits from the Northern California Glaziers Individual Account Retirement Plan. The above statements are true to the best of my knowledge and belief. I understand that a false statement may disqualify me for annuity benefits, and that the Board of Trustees shall have the right to recover any payments made to me because of a false statement. I acknowledge that I have read the Plan Rules and Regulations and that any questions I have had concerning them have been answered.

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Printed name:** \_\_\_\_\_

**GENERAL ACKNOWLEDGMENT – NOTARIZATION**

**(ONLY COMPLETE NOTARIZATION IF YOU ARE USING "METHOD 2" TO VERIFY YOUR IDENTITY.)**

State of \_\_\_\_\_ County of \_\_\_\_\_

On \_\_\_\_\_, before me, \_\_\_\_\_,

Notary Public, personally appeared \_\_\_\_\_, who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of \_\_\_\_\_ that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

\_\_\_\_\_  
(Seal)

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**SPOUSE'S CONSENT TO REJECT HUSBAND AND WIFE ANNUITY**

**NOTARY REQUIRED IF YOU ARE MARRIED AND YOUR ACCOUNT BALANCE IS OVER \$5,000.00**

Participant Name: \_\_\_\_\_

Spouse Name: \_\_\_\_\_

I declare under penalty of perjury under the laws of the State of California that the Participant listed above is my legal spouse. I hereby consent to my spouse's election to receive our annuity benefit or the partial payment of our annuity benefit in a form other than a qualified joint and survivor annuity. I understand that this means that if my spouse predeceases me, I will not receive a survivor annuity I would otherwise receive as required by law on the amounts distributed (including a rollover).

\_\_\_\_\_  
**Spouse Signature**

\_\_\_\_\_  
**Date**

**To be completed by Notary Public**

State of \_\_\_\_\_ County of \_\_\_\_\_

On \_\_\_\_\_ before me, \_\_\_\_\_  
Date Name and Title of the Officer

Personally appeared \_\_\_\_\_

**(NOTARY REQUIRED FOR SPOUSE'S SIGNATURE)**

who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the forgoing paragraph is true and correct.

WITNESS my hand and official seal.

(Place Notary Seal Below)

\_\_\_\_\_  
Signature of Notary Public

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached and not the truthfulness, accuracy, or validity of that document.

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NORTHERN CALIFORNIA  
**GLASS MANAGEMENT**  
ASSOCIATION

**ELECTION FORM CONTINUED**

**Complete ONLY if you elect installment payments.**

***If you are under age 73 and elect installment payments, complete the section below.  
At age 73 you please continue to the next section of the Election Form.***

- ☐ Annual Installments: (This payment option may be changed each June of the Plan Year prior to the designated distribution date.)

I want an annual amount of \$\_\_\_\_\_ payable the 1<sup>st</sup> day of \_\_\_\_\_.  
(month)

- ☐ Monthly Installments: The amount cannot exceed 4% of the Individual Retirement Account balance. This payment option may be changed each June.

I want a monthly amount of \$\_\_\_\_\_ payable the 1<sup>st</sup> day of each month.

**Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

***If you are age 73 or older and elected installment payments, complete the section below.***

- ☐ Lump Sum: I want my Individual Retirement Account paid as a lump sum. I understand that 20% will be withheld for Federal income tax as required by law.

- ☐ Fixed Installments:

☐ Annual – I want an annual amount of \$\_\_\_\_\_ payable each year on June 1<sup>st</sup>.

☐ Monthly – I want a monthly amount of \$\_\_\_\_\_ payable on the 1<sup>st</sup> day of each month.

Minimum installments must be payable in substantially equal amounts, and the present value of payments to be made will not be more than 50% of the present value of the total payments to be made to the participant or beneficiaries. Payments must be completed within a period not extending beyond the life expectancy of the Participant and a designated beneficiary. The Plan administrator will determine the minimum amounts.

- ☐ I elect to have my account held in a separate interest-bearing account from the Plan's general investments. I understand that I will not thereafter be allowed to change this election.

**Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

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## YOUR ROLLOVER OPTIONS

You are receiving this notice because all or a portion of a payment you are receiving from the Glaziers Individual Account Retirement Plan (the "Plan") is eligible to be rolled over to an IRA or an employer plan. This notice is intended to help you decide whether to do such a rollover.

Rules that apply to most payments from a plan are described in the "General Information About Rollovers" section. Special rules that only apply in certain circumstances are described in the "Special Rules and Options" section.

## GENERAL INFORMATION ABOUT ROLLOVERS

### How can a rollover affect my taxes?

You will be taxed on a payment from the Plan if you do not roll it over. If you are under age 59½ and do not do a rollover, you will also have to pay a 10% additional income tax on early distributions (unless an exception applies). However, if you do a rollover, you will not have to pay tax until you receive payments later and the 10% additional income tax will not apply if those payments are made after you are age 59½ (or if an exception applies).

### Where may I roll over the payment?

You may roll over the payment to either an IRA (an individual retirement account or individual retirement annuity) or an employer plan (a tax-qualified plan, section 403(b) plan, or governmental section 457(b) plan) that will accept the rollover. The rules of the IRA or employer plan that holds the rollover will determine your investment options, fees, and rights to payment from the IRA or employer plan (for example, no spousal consent rules apply to IRAs and IRAs may not provide loans). Further, the amount rolled over will become subject to the tax rules that apply to the IRA or employer plan.

### How do I do a rollover?

There are two ways to do a rollover. You can do either a direct rollover or a 60-day rollover.

If you do a direct rollover, the Plan will make the payment directly to your IRA or an employer plan. You should contact the IRA sponsor or the administrator of the employer plan for information on how to do a direct rollover.

If you do not do a direct rollover, you may still do a rollover by making a deposit into an IRA or eligible employer plan that will accept it. Generally, you will have 60 days after you receive the payment to make the deposit. If you do not do a direct rollover, the Plan is required to withhold 20% of the payment for federal income taxes (up to the amount of cash and property received other than employer stock). This means that, in order to roll over the entire payment in a 60-day rollover, you must use other funds to make up for the 20% withheld. If you do not roll over the entire amount of the payment, the portion not rolled over will be taxed and will be subject to the 10% additional income tax on early distributions if you are under age 59½ (unless an exception applies).

### How much may I roll over?

If you wish to do a rollover, you may roll over all or part of the amount eligible for rollover. Any payment from the Plan is eligible for rollover, except:

- Certain payments spread over a period of at least 10 years or over your life or life expectancy (or the lives or joint life expectancy of you and your beneficiary)
- Required minimum distributions after age 73 (or after death)
- Hardship distributions
- Corrective distributions of contributions that exceed **tax law limitations**



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The Plan administrator or the payor can tell you what portion of a payment is eligible for rollover.

## **If I don't do a rollover, will I have to pay the 10% additional income tax on early distributions?**

If you are under age 59½, you will have to pay the 10% additional income tax on early distributions for any payment from the Plan (including amounts withheld for income tax) that you do not roll over, unless one of the exceptions listed below applies. This tax applies to the part of the distribution that you must include in income and is in addition to the regular income tax on the payment not rolled over.

The 10% additional income tax does not apply to the following payments from the Plan:

- Payments made after you separate from service if you will be at least age 55 in the year of the separation
- Payments that start after you separate from service if paid at least annually in equal or close to equal amounts over your life or life expectancy (or the lives or joint life expectancy of you and your beneficiary)
- Payments made due to disability
- Payments after your death
- Corrective distributions of contributions that exceed tax law limitations
- Payments made directly to the government to satisfy a federal tax levy
- Payments made under a qualified domestic relations order (QDRO)
- Certain payments made while you are on active duty if you were a member of a reserve component called to duty after September 11, 2001, for more than 179 days; and
- Payments for certain distributions relating to certain federally declared disasters.

## **If I do a rollover to an IRA, will the 10% additional income tax apply to early distributions from the IRA?**

If you receive a payment from an IRA when you are under age 59½, you will have to pay the 10% additional income tax on early distributions on the part of the distribution you must include in income, unless an exception applies. In general, the exceptions to the 10% additional income tax for early distributions from an IRA are the same as the exceptions listed above for early distributions from a plan. However, there are a few differences for payments from an IRA, including:

- There is no exception for payments after separation from service that are made after age 55.
- The exception for qualified domestic relations orders (QDROs) does not apply (although a special rule applies under which, as part of a divorce or separation agreement, a tax-free transfer may be made directly to an IRA of a spouse or former spouse).
- The exception for payments made at least annually in equal or close to equal amounts over a specified period applies without regard to whether you have had a separation from service.
- There are additional exceptions for (1) payments for qualified higher education expenses, (2) payments up to \$10,000 used in a qualified first-time home purchase, and (3) payments for health insurance premiums after you have received unemployment compensation for 12 consecutive weeks (or would have been eligible to receive unemployment compensation but for self-employed status).

## **Will I owe State income taxes?**

This notice does not describe any State or local income tax rules (including withholding rules).

## **SPECIAL RULES AND OPTIONS**

### **If you miss the 60-day rollover deadline**

Generally, the 60-day rollover deadline cannot be extended. However, the IRS has the limited authority to waive the deadline under certain extraordinary circumstances, such as when external events prevented you from completing the rollover by the

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60-day rollover deadline. Under certain circumstances, you may claim eligibility for a waiver of the 60-day rollover deadline by making a written self-certification. Otherwise, to apply for a waiver from the IRS, you must file a private letter ruling request with the IRS. Private letter ruling requests require the payment of a nonrefundable user fee. For more information, see IRS Publication 590-A, *Contributions to Individual Retirement Arrangements (IRAs)*.

## **If you were born on or before January 1, 1936**

If you were born on or before January 1, 1936, and receive a lump sum distribution that you do not roll over, special rules for calculating the amount of the tax on the payment might apply to you. For more information, see IRS Publication 575, *Pension and Annuity Income*.

## **If you roll over your payment to a Roth IRA**

If you roll over a payment from the Plan to a Roth IRA, a special rule applies under which the amount of the payment rolled over (reduced by any after-tax amounts) will be taxed. However, the 10% additional income tax on early distributions will not apply (unless you take the amount rolled over out of the Roth IRA within 5 years, counting from January 1 of the year of the rollover).

If you roll over the payment to a Roth IRA, later payments from the Roth IRA that are qualified distributions will not be taxed (including earnings after the rollover). A qualified distribution from a Roth IRA is a payment made after you are age 59½ (or after your death or disability, or as a qualified first-time homebuyer distribution of up to \$10,000) and after you have had a Roth IRA for at least 5 years. In applying this 5-year rule, you count from January 1 of the year for which your first contribution was made to a Roth IRA. Payments from the Roth IRA that are not qualified distributions will be taxed to the extent of earnings after the rollover, including the 10% additional income tax on early distributions (unless an exception applies). You do not have to take required minimum distributions from a Roth IRA during your lifetime. For more information, see IRS Publication 590-A, *Contributions to Individual Retirement Arrangements (IRAs)*, and IRS Publication 590-B, *Distributions from Individual Retirement Arrangements (IRAs)*.

## **If you are not a plan participant**

**Payments after death of the participant.** If you receive a distribution after the participant's death that you do not roll over, the distribution will generally be taxed in the same manner described elsewhere in this notice. However, the 10% additional income tax on early distributions and the special rules for public safety officers do not apply, and the special rule described under the section "If you were born on or before January 1, 1936" applies only if the participant was born on or before January 1, 1936.

**If you are a surviving spouse.** If you receive a payment from the Plan as the surviving spouse of a deceased participant, you have the same rollover options that the participant would have had, as described elsewhere in this notice. In addition, if you choose to do a rollover to an IRA, you may treat the IRA as your own or as an inherited IRA.

An IRA you treat as your own is treated like any other IRA of yours, so that payments made to you before you are age 59½ will be subject to the 10% additional income tax on early distributions (unless an exception applies) and required minimum distributions from your IRA do not have to start until after you are age 73.

If you treat the IRA as an inherited IRA, payments from the IRA will not be subject to the 10% additional income tax on early distributions. However, if the participant had started taking required minimum distributions, you will have to receive required minimum distributions from the inherited IRA. If the participant had not started taking required minimum distributions from the Plan, you will not have to start receiving required minimum distributions from the inherited IRA until the year the participant would have been age 73.

**If you are a surviving beneficiary other than a spouse.** If you receive a payment from the Plan because of the participant's death and you are a designated beneficiary other than a surviving spouse, the only rollover option you have is to do a direct rollover to an inherited IRA. Payments from the inherited IRA will not be subject to the 10% additional income tax on early distributions. You will have to receive required minimum distributions from the inherited IRA.



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Payments under a qualified domestic relations order. If you are the spouse or former spouse of the participant who receives a payment from the Plan under a qualified domestic relations order (QDRO), you generally have the same options the participant would have (for example, you may roll over the payment to your own IRA or an eligible employer plan that will accept it). Payments under the QDRO will not be subject to the 10% additional income tax on early distributions.

## **If you are a nonresident alien**

If you are a nonresident alien and you do not do a direct rollover to a U.S. IRA or U.S. employer plan, instead of withholding 20%, the Plan is generally required to withhold 30% of the payment for federal income taxes. If the amount withheld exceeds the amount of tax you owe (as may happen if you do a 60-day rollover), you may request an income tax refund by filing Form 1040NR and attaching your Form 1042-S. See Form W-8BEN for claiming that you are entitled to a reduced rate of withholding under an income tax treaty. For more information, see also IRS Publication 519, *U.S. Tax Guide for Aliens*, and IRS Publication 515, *Withholding of Tax on Nonresident Aliens and Foreign Entities*.

## **Other special rules**

If a payment is one in a series of payments for less than 10 years, your choice whether to make a direct rollover will apply to all later payments in the series (unless you make a different choice for later payments).

If your payments for the year are less than \$200, the Plan is not required to allow you to do a direct rollover and is not required to withhold for federal income taxes. However, you may do a 60-day rollover.

You may have special rollover rights if you recently served in the U.S. Armed Forces. For more information on special rollover rights related to the U.S. Armed Forces, see IRS Publication 3, *Armed Forces' Tax Guide*. You also may have special rollover rights if you were affected by a federal declared disaster (or similar event), or if you received a distribution on account of a disaster. For more information on special rollover rights related to disaster relief, see the IRS website at [www.irs.gov](http://www.irs.gov).

## **FOR MORE INFORMATION**

You may wish to consult with the Plan administrator or payor, or a professional tax advisor, before taking a payment from the Plan. Also, you can find more detailed information on the federal tax treatment of payments from employer plans in: IRS Publication 575, *Pension and Annuity Income*; IRS Publication 590-A, *Contributions to Individual Retirement Arrangements (IRAs)*; IRS Publication 590-B, *Distributions from Individual Retirement Arrangements (IRAs)*; and IRS Publication 571, *Tax-Sheltered Annuity Plans (403(b) Plans)*. These publications are available from a local IRS office, on the web at [www.irs.gov](http://www.irs.gov), or by calling 1800-TAX-FORM.