ANNUITY FUND OF STAGE EMPLOYEES LOCAL NO.4, I.A.T.S.E.
PHONE:(718) 252-8777 2917 GLENWOOD ROAD, BROOKLYN, NY 11210 FAX:(718) 421-5605

APPLICATION FOR BENEFITS

INSTRUCTIONS

1. Carefully read this application in its entirety before answering any questions. It is particularly important that you read and understand the "**Special Tax Notice Regarding Plan Payments**". You may also wish to consult your tax advisor before completing this application. If after reading the application you find any part to be unclear, do not hesitate to contact the Fund Office.

2. **Do not** remove any pages from this application. The application must be returned to the Fund office in its entirety for it to be valid.

3. You **must** attach the following documents to this application for it to be valid:
   a) Proof Of Age (*birth certificate, drivers license, passport, etc*)
   b) Marriage Certificate (*if applicable*)
   c) Spouse's Proof Of Age (*if applicable*)
   d) Divorce Decree / Separation Papers (*if applicable*)
   e) Death Certificate Of Participant (*if applicable*)

4. Please neatly print the answers to all questions which apply to you.

5. The *Participant Information* section **must** be completed regardless of the type of disbursement elected.

6. The *Spouse Information* section **must** be completed if the Participant is married and making this application, or if the Spouse is making this application under a Qualified Domestic Relations Order ("QDRO").

7. The *Beneficiary Information* section **must** be completed only if a designated beneficiary is making this application.

8. If a married Participant is making this application for any type of distribution other than a "Lifetime Joint and Survivor Annuity", Section "B" **must** be completed.

9. If an unmarried Participant, or a Beneficiary is making this application for any type of distribution other than a "Single Life Annuity", Section "D" **must** be completed.

10. The last page of this application **must** be signed, dated, and notarized in order for the application to be valid.

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APPLICATION FOR BENEFITS

ELIGIBILITY ELECTION (*check one*)

[ ] I have attained at least age 59 ½ .

[ ] I have attained at least age 55 but not age 59 ½ and I have not had any Annuity Fund contributions made on my behalf for at least three (3) consecutive months.

[ ] I am younger than age 59 ½ but totally and permanently disabled[1].

Date you became disabled: _____

Nature of disability: _____

Name & Address of your Doctor: _____

_____

_____ , _____ _____

If you have a Social Security Disability Award to verify your disability, please attach it to this application.

[ ] I have not had any Annuity Fund contributions made on my behalf for at least twelve (12) consecutive months.

[ ] I am the designated beneficiary of: _____ _____
(Print Name Of Deceased Participant) (SSN Of Deceased)

[ ] I am requesting benefits under a Qualified Domestic Relations Order ("QDRO") that I have provided to the Fund Office.

[1] **Attach Proof Of Disability**

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APPLICATION FOR BENEFITS

PARTICIPANT INFORMATION (*required*):

Name: _____
(Last) (First) (Middle)

Address: _____
(Number and Street) (City) (State) (Zip)

Daytime phone number: _____ Nighttime phone number: _____

Social Security number: _____ Date of birth: _____

Marital Status: Single ❑ Married ❑ Divorced/Separated ❑[2] Cannot Locate Spouse ❑[3]

Date of marriage: _____ Date deceased: _____

Most recent employer: _____

SPOUSE INFORMATION (*if applicable*)

Name: _____
(Last) (First) (Middle)

Address: _____
(Number and Street) (City) (State) (Zip)

Daytime phone number: _____ Nighttime phone number: _____

Social Security number: _____ Date of birth: _____

BENEFICIARY INFORMATION (*if applicable*)

Name: _____
(Last) (First) (Middle)

Address: _____
(Number and Street) (City) (State) (Zip)

Daytime phone number: _____ Nighttime phone number: _____

Social Security number: _____ Date of birth: _____

Relationship to Participant: _____
(Husband, Wife, Son, Daughter, etc)

[2] **Attach Divorce Decree or Separation Papers**
[3] **Attach proof of Due Diligence**

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APPLICATION FOR BENEFITS

SECTION "A"
LIFETIME JOINT AND SURVIVOR ANNUITY

You should complete this section **only** if you are a married Participant and wish to receive your accumulated annuity as a "Lifetime Joint and Survivor Annuity".

Under this option a reduced monthly annuity benefit *(less than the amount payable under the "Single Life Annuity" benefit*) is payable during your lifetime. If your spouse is still living at the time of your death, fifty percent (50%) of your reduced annuity benefit will continue to be paid to your spouse for the remainder of his/her life.

[ ] I **do** wish to receive my accumulated Annuity in the form of a "Lifetime Joint and Survivor Annuity".

By electing to receive this form of payment I understand that:

a) I will receive an adjusted monthly benefit for my lifetime and then, after my death, my eligible surviving spouse will receive fifty percent (50%) of my adjusted monthly benefit for his/her life.

b) I must have been married to my spouse for at least one (1) year at the time of my death in order for my eligible spouse to receive the fifty percent (50%) survivor payment

c) If my spouse predeceases me after my annuity payments have begun, the election remains in effect and I will receive the adjusted monthly benefit for the remainder of my life.

d) If my spouse and I divorce after my annuity payments have begun the election remains in effect and my ex-spouse (should he/she survive me) will receive 50% of my monthly benefit for the remainder of his/her life unless a Qualified Domestic Relations Order ("QDRO") states otherwise.

e) That my total accumulated annuity will be used to purchase a lifetime annuity policy from an insurance company after competitive bidding. Once so purchased, the lifetime benefits will be paid directly from the insurance company.

I certify that I have read and understand the above, and furthermore I understand and agree that once my total accumulated annuity is used to purchase a lifetime annuity policy from an insurance company that this will release the Trustees of the Annuity Fund of Stage Employees Local Four, I.A.T.S.E. from any further obligations or responsibilities with respect to the benefits so paid.

_____
Print Participant's Name

_____ _____
Participant's Signature Date

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APPLICATION FOR BENEFITS

SECTION "B"
REJECTION OF A LIFETIME JOINT AND SURVIVOR ANNUITY

You **must** complete this section if you are a married Participant, and **do not** wish to receive your accumulated annuity as a "Lifetime Joint and Survivor Annuity"

[ ] I **do not** wish to receive my accumulated share in the Annuity Fund in the form of a "Lifetime Joint and Survivor Annuity"

By rejecting to receive this form of payment I understand that:

a) No survivor benefits will be payable to my spouse from the Annuity Plan after my death unless benefits are payable to my spouse as a designated beneficiary under another benefit payment contained herein.

b) I **must** select a benefit payment method from Section "E" or "F" of this Application.

_____
Print Participant's Name

_____ _____
Participant's Signature Date

SPOUSE'S STATEMENT OF CONSENT

I,_____, swear that I am the legal spouse of the Participant described herein and hereby consent to my spouse's rejection of the "Lifetime Joint and Survivor Annuity", as well as to his/her particular designation of beneficiary. I understand that as a result, I will not be paid any survivor benefits from the Annuity Plan after my spouse's death unless I am eligible for and am the designated beneficiary for benefits payable under another benefit payment method contained herein. Furthermore no change in designation of beneficiary shall be valid without my written, notarized consent.

_____
Print Spouse's Name

_____ _____
Spouse's Signature Date

State of _____)
)SS:
County of _____)

On the _____ day of _____, _____ before me came _____ to me known and known to me to be the person described above who executed the foregoing statement before me under oath.

_____
Notary Public

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APPLICATION FOR BENEFITS

BENEFICIARY DESIGNATION FORM

This form is to be used to designate (*or change a previous designation*) for survivor benefits from the Annuity Fund. If you are a married Participant, you and your spouse **must** complete Section "B" (*Rejection of A Lifetime Joint and Survivor Annuity*) to make this designation valid.

I, _____, hereby designate the following person to be my primary beneficiary:
Print Name Of Married Participant

Name: _____
(Last) (First) (Middle)

Address: _____
(Number and Street) (City) (State) (Zip)

Social Security number: _____ Date of birth: _____

Relationship to Participant: _____
(Husband, Wife, Son, Daughter, etc)

In addition, I hereby designate as my contingent beneficiary, in the event my primary beneficiary does not survive me:

Name: _____
(Last) (First) (Middle)

Address: _____
(Number and Street) (City) (State) (Zip)

Social Security number: _____ Date of birth: _____

Relationship to Participant: _____
(Husband, Wife, Son, Daughter, etc)

I understand that this or any future designation of beneficiary is valid only with the written, notarized consent of my spouse

_____
Print Participant's Name

_____ _____
Participant's Signature Date

APPLICATION FOR BENEFITS

SECTION "C"
ELECTION OF SINGLE LIFE ANNUITY

You should complete this section **only** if you are an unmarried Participant, a Beneficiary of a deceased Participant, or have a Qualified Domestic Relations Order on file with the Fund office, and **do** wish to receive your accumulated annuity as a "Single Life Annuity"

[ ] I **do** wish to receive my accumulated annuity in the form of a "Single Life Annuity".

By electing to receive this form of payment I understand that:

a) That my total accumulated annuity will be used to purchases a lifetime annuity policy from an insurance company after competitive bidding. Once so purchased the lifetime benefits will be paid directly from the insurance company.

I certify that I have read and understand the above, and furthermore I understand and agree that once my total accumulated annuity is used to purchase a lifetime annuity policy from an insurance company that this will release the Trustees of the Annuity Fund of Stage Employees Local Four, I.A.T.S.E. from any further obligations or responsibilities with respect to the benefits so paid.

_____
Print Applicant's Name

_____ _____
Applicant's Signature Date

SECTION "D"
REJECTION OF "SINGLE LIFE ANNUITY"

You should complete this section if you are an unmarried Participant, a Beneficiary of a deceased Participant, or have a Qualified Domestic Relations Order on file with the Fund office, and **do not** wish to receive your accumulated annuity as a "Single Life Annuity".

[ ] I **do not** wish to receive my accumulated share in the Annuity Fund in the form of a "Single Life Annuity".

By rejecting to receive this form of payment I understand that:

a) No survivor benefits will be payable to my beneficiary from the Annuity Plan after my death unless benefits are payable as a designated beneficiary under another benefit payment contained herein.

b) I **must** select a benefit payment method from Section "E" or "F" of this Application.

_____
Print Applicant's Name

_____ _____
Applicant's Signature Date

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APPLICATION FOR BENEFITS

SECTION "E"
DIRECT IRA OR OTHER QUALIFIED RETIREMENT PLAN ROLLOVER

You should complete this section **only** if you are, the **Participant** or the **Spousal Beneficiary** of the Participant, and wish to rollover any/all of your accumulated annuity.

[ ] I wish to rollover **all** of my accumulated annuity directly to the IRA or other Qualified Retirement Plan named below which is known to me to accept rollovers.

[ ] I wish to rollover **only** $_____ of my accumulated annuity to the IRA or other Qualified Retirement Plan named below which is known to me to accept rollovers. Pay the remainder of my benefit to me according to the option I have selected in Section "F" of this application.

If you have elected to roll over only a portion of your accumulated annuity, you **must** select a benefit payment method for the remainder of it in **Section "F"** of this application.

Please make payment of my benefits on my behalf to:

_____ _____
Name of IRA Trustee or Qualified Retirement Plan Account Number

_____
Mailing Address

_____

I certify that the recipient of a direct rollover that I have named above is an Individual Retirement Account, an 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 Annuity Fund of Stage Employees Local Four, I.A.T.S.E. from any further obligations or responsibilities with respect to the benefits so paid.

_____
Print Participant's / Spousal Beneficiary's Name

_____ _____
Participant's / Spousal Beneficiary's Signature Date

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APPLICATION FOR BENEFITS

SECTION "F"
NON LIFETIME BENEFIT PAYMENT METHODS

You **must** complete this section if you have **rejected** either of the lifetime annuity options.

I wish to receive my accumulated annuity as follows:

[ ] Lump sum. [ ] Full Account Balance. Or [ ] Partial In The Amount of $ _____

[ ] In monthly annuity payments of $_____ until the amount in my account is exhausted, not to exceed 120 months. Applicable only when the account balance is over $3500.00

[ ] In part as a lump sum with the remainder to be paid to me in monthly installments until the amount in my account is exhausted, not to exceed to 120 months. I wish to receive my accumulated annuity as follows:

Lump sum: $ _____ Annuity: $ _____ per month

Whenever a Participant withdraws his or her money in a lump sum (except in the case of a direct rollover) or in equal monthly installments, federal law imposes a twenty percent (20%) mandatory tax withholding on the amounts withdrawn.

A Participant who initially elects to receive his or her benefit in a lump sum payment, but not as a direct rollover, may within sixty (60) days of the initial election make a written request to have the lump sum payment rolled into a traditional IRA or qualified defined contribution plan. This later election will avoid having the lump sum payment treated as taxable income at the time of initial receipt, but it will not avoid the twenty percent (20%) tax withholding.

If a Participant receives a distribution before reaching age 59½, the distribution is subject to a federal excise tax of ten percent (10%) in addition to any income tax payable. The excise tax does not apply if the distribution is made because the Participant died, or has become disabled. Nor will it apply if the distribution is made pursuant to a lifetime annuity or Qualified Domestic Relations Order.

I certify that I have read and understand the above tax information as it relates to the benefit payment method I have selected.

_____
Print Applicant's Name

_____ _____
Applicant's Signature Date

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APPLICATION FOR BENEFITS

APPLICANT CERTIFICATION

I hereby apply for a benefit payment from the Annuity Fund of Stage Employees Local Four, I.A.T.S.E. I certify that 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 Trustees shall have the right to recover any payments made to me because of a false statement.

_____
Print Applicant's Name

_____ _____
Applicant's Signature Date

State of _____)
)SS:
County of _____)

On the _____ day of _____, _____ before me came _____ to me known and known to me to be the person described above who executed the foregoing statement before me under oath.

_____
Notary Public

ROLLOVER OPTIONS

All or a portion of a payment you are receiving from the Annuity Plan of Stage Employees Local No. 4, IATSE (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.

This notice describes the rollover rules that apply to payments from the Plan that are not from a designated Roth account (a type of account with special tax rules in some employer plans).

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. 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 70½ (or after death)
- Hardship distributions, or
- Corrective distributions of contributions that exceed tax law limitations.

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 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).
- Payments up to the amount of your deductible medical expenses.
- 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.

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 from the IRA, 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 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 60-day rollover deadline. To apply for a waiver, 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, Individual Retirement Arrangements (IRAs).

If You Have an Outstanding Loan that is Being Offset.

If you have an outstanding loan from the Plan, your Plan benefit may be offset by the amount of the loan, typically when your employment ends. The loan offset amount is treated as a distribution to you at the time of offset and will be taxed (including the 10% additional income tax on early distributions, unless an exception applies) unless you do a 60-day rollover in the amount of the loan offset to an IRA or employer plan.

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 Rollover Your Payment to a Roth IRA.

You can roll over a payment from the Plan made before January 1, 2010 to a Roth IRA only if your modified adjusted gross income is not more than $100,000 for the year the payment is made to you and, if married, you file a joint return. These limitations do not apply to payments made to you from the Plan after 2009. If you wish to roll over the payment to a Roth IRA, but you are not eligible to do a rollover to a Roth IRA until after 2009, you can do a rollover to a traditional IRA and then, after 2009, elect to convert the traditional IRA into a Roth IRA.

If you roll over the payment 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). For payments from the Plan during 2010 that are rolled over to a Roth IRA, the taxable amount can be spread over a 2-year period starting in 2011.

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, *Individual Retirement Arrangements (IRAs)*.

You cannot roll over a payment from the Plan to a designated Roth account in an employer plan.

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 does 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 70½.

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 70½.

- 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.

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.

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 (not including payments from a designated Roth account in the Plan), 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.

Unless you elect otherwise, a mandatory cashout of more than $1,000 (not including payments from a designated Roth account in the Plan) will be directly rolled over to an IRA chosen by the Plan Administrator or the payor. A mandatory cashout is a payment from a plan to a participant made before age 62 (or normal retirement age, if later) and without consent, where the participant's benefit does not exceed $5,000 (not including any amounts held under the plan as a result of a prior rollover made to the plan).

You may have special rollover rights if you recently served in the U.S. Armed Forces. For more information, see IRS Publication 3, *Armed Forces' Tax Guide.*

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, *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 , or by calling 1-800-TAX-FORM.