



Dear Participant:

A participant in the Annuity Plan may receive payment of his/her account balance under the following circumstances:

- At **retirement**
- Upon receipt of a **Social Security Disability Award** (Include copy of "Notice of Award" letter)
- Six months of continuous entitlement to a California, Nevada, or Utah **unemployment benefit**, whichever is applicable (include copy of unemployment pay stubs or claim payment history)
- Six months of continuous entitlement to a California, Nevada, or Utah **disability or worker's compensation** benefit, whichever is applicable (include copy of SDI or WC payment history record)
- Six months of continuous entitlement to any **combination of unemployment and disability benefits** from California, Nevada, or Utah (include copy of unemployment claim record, SDI or Workers' comp. payment history record)
- When he/she has worked **less than 300 hours in covered employment in the last two full plan years** (plan year = January through December)
- **Death** (payment to beneficiary)

For your use, we have enclosed an application, payment option form and withholding form. If you feel that you are entitled to receive money from your account, please complete these forms and return them to the Trust Fund office in the envelope enclosed.

**ALL FORMS MUST BE COMPLETED AND RETURNED BEFORE PAYMENT CAN BE MADE**

If your application is approved, payment of your account balance, plus interest, will be made approximately 30 days after its receipt.

If you have any questions, please contact this office.

Sincerely,

Trust Fund Office  
Annuity Department  
(800) 251-5014



# OE3 Trust Funds

Health. Security. Service.

Operating Engineers Trust Funds  
PO Box 23190, Oakland CA 94623-0190

P 800-251-5014 • www.oe3trustfunds.org

**THIS FORM MUST BE COMPLETED**

## APPLICATION FOR BENEFITS

### INSTRUCTIONS:

Please PRINT.

Be sure to sign and date the application.

Mail the completed forms in the envelope provided.

INCORRECT OR INCOMPLETE INFORMATION MAY DELAY PAYMENT OF YOUR BENEFIT.

1. NAME \_\_\_\_\_  
(Last) (First) (Middle) Telephone Number \_\_\_\_\_

2. ADDRESS \_\_\_\_\_

3. DATE LAST WORKED \_\_\_\_\_ 4. SOCIAL SECURITY # \_\_\_\_\_

5. DATE OF BIRTH \_\_\_\_\_  
(PROVIDE PROOF OF AGE; SEE ENCLOSED "INSTRUCTIONS CONCERNING PROOFS OF AGE" FOR A LIST OF ACCEPTABLE ITEMS)

6. MARITAL STATUS: ☐ NEVER MARRIED ☐ MARRIED ☐ DIVORCED ☐ DIVORCED & REMARRIED ☐ WIDOWED

NOTICE: If married, please provide copy of your Marriage Certificate and proof of your spouse's age

If divorced, include complete copy of the Final Judgement of Dissolution (all pages), including complete copies of any Marital Settlement Agreement(s) attached to the Final Judgment.

If widowed, please provide a copy of your spouse's Death Certificate.

### IF LEGALLY MARRIED

SPOUSE'S NAME: \_\_\_\_\_ DATE OF MARRIAGE \_\_\_\_\_

SPOUSE'S SOCIAL SECURITY # \_\_\_\_\_ BIRTHDATE \_\_\_\_\_

**QUALIFIED DOMESTIC RELATIONS ORDERS:** Please specify whether any of your annuity benefits under this Plan have been assigned or awarded to spouse or former spouse, child or other persons under any court judgement or order relating to the dissolution of a previous marriage (or a separation) or relating to child support payments. \_\_\_\_\_.

If "yes" please attach a copy of the judgement or order to your application.

### 7. REASON YOU ARE REQUESTING A DISTRIBUTION:

☐ Retirement ☐ Receipt of Social Security Disability Benefits (Provide Notice of Award Letter from SSA)

☐ 6 Months of continuous receipt of State Unemployment, Workers' Comp., or Disability Benefits (attach Proof)

☐ Less than 300 hours of work for the last two consecutive plan years of the type of kind of work that could be covered by a collective bargaining agreement, within the territorial jurisdiction of the union.

8. DATE YOU REQUEST DISTRIBUTION TO BE MADE: \_\_\_\_\_

9. FORM OF PAYMENT ☐ Lump Sum ☐ Other – refer to Article 3 of the Summary Plan Description

I hereby apply for benefits from the Annuity Trust Fund for Operating Engineers. I certify under penalty of perjury that these 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. I acknowledge that I have read the Articles and/or Sections of the Plan rules and regulations pertaining to my application.

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_



**PROOF OF AGE(S) MUST BE PROVIDED**

## OPERATING ENGINEERS ANNUITY PLAN

### INSTRUCTIONS CONCERNING SUBMISSION OF PROOF OF AGE

Proof of your age will be required before any benefits can be permitted. If you are married, it is also required that you provide your spouse's proof of age and a copy of your Marriage License.

The acceptable proofs of your age are listed below in two groups. Submit a **copy of ONE (1)** of the proofs listed in **Group A**. If you have, or can possibly obtain, since this class of proof of age is the more convincing. For example, in most instances, your Birth Certificate would be the best evidence.

If you cannot submit a proof in the group classification, submit **copies of TWO (2)** of the proofs listed in **Group B**. You are cautioned; however, that Naturalization papers and Immigration papers may not be copied. If you are submitting any of these, you must send the original document. It will be returned to you via certified mail.

\*Additional proofs of age may be requested if the documents you submit do not constitute proof of your age.

| Group A                                                                                                                                | Group B                                                                                                                                                                    |
|----------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1. Birth Certificate (Best proof in most instances)                                                                                    | 1. Military Record.                                                                                                                                                        |
| 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. | 2. Passport (Copy is acceptable).                                                                                                                                          |
| 3. Notification of Registration of Birth in a public registry of vital statistics.                                                     | 3. School records, certified by the custodian of such record.                                                                                                              |
| 4. Certification of Record of age by the U.S. Census Bureau.                                                                           | 4. Vaccination record, certified by the custodian of such record.                                                                                                          |
| 5. Hospital Birth record, certified by the custodian of such record.                                                                   | 5. An insurance policy which shows the age or date of birth.                                                                                                               |
| 7. A signed statement by the physician or mid-wife who was in attendance at birth, as to the date of birth shown on their records.     | 6. Marriage records showing date of birth or age. (Application for Marriage License or church record, certified by the custodian of such record, or Marriage Certificate). |
| 8. Naturalization Record<br>( <u>Copy not permitted</u> : submit original).                                                            | 7. Other evidence such as signed statements from persons who have knowledge of the date of birth.                                                                          |
| 9. Immigration Papers<br>( <u>Copy not permitted</u> : submit original).                                                               | 8. Letter from Social Security stating your date of birth as shown on its records.                                                                                         |
| 10. A foreign government record.                                                                                                       |                                                                                                                                                                            |
| 11. State issued Identification Card or Driver License, which shows the age or date of birth.                                          |                                                                                                                                                                            |



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**THIS FORM MUST BE COMPLETED**

## LUMP SUM PAYMENT (INCLUDES ROLLOVERS)

*Your check may include interest on your balance.*

I understand the Plan provision for a lump sum payment and I will accept this single lump sum payment as final and understand that it is in lieu of all benefits under the Plan, present and future,

\_\_\_\_\_  
PARTICIPANT'S SIGNATURE                      DATE SIGNED                      SOCIAL SECURITY NUMBER

\_\_\_\_\_  
SPOUSE'S SIGNATURE                      DATE SIGNED                      SOCIAL SECURITY NUMBER

## CONSENT OF SPOUSE (IF MARRIED)

I hereby consent to the requested distribution, recognizing that the distribution involves property in which I may claim a community or other interest.

\_\_\_\_\_  
SPOUSE'S SIGNATURE                      DATE SIGNED                      SOCIAL SECURITY NUMBER

## NOTARIZATION (FOR CONSENT OF SPOUSE)

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 whose name is subscribed to the within instrument and acknowledged to me that he/she executed the same in his/her authorized capacity and that by his/her signature on the instrument the person, or the entity upon behalf of which the person 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 office seal.

\_\_\_\_\_  
Notary's Signature



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**THIS FORM MUST BE COMPLETED**

**ANNUITY PLAN OF THE PENSION TRUST FUND FOR OPERATING ENGINEERS  
DISTRIBUTION ELECTION FORM**

**ATTENTION:** BEFORE COMPLETING THIS FORM, YOU SHOULD READ THE SPECIAL TAX NOTICE REGARDING PLAN PAYMENTS CAREFULLY. YOU MAY ALSO WISH TO CONSULT YOUR TAX ADVISOR BEFORE MAKING THIS ELECTION.

Complete this form if you will receive a payout in a lump sum, a series of payments for a scheduled period of less than 10 years, or other eligible rollover distribution.

\_\_\_\_\_  
Participant's Name

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

\_\_\_\_\_  
Participant's Signature

If you will receive part or all of your benefits as an "eligible rollover distribution", you may elect to have part or all of that distribution transferred to an Individual Retirement Account (IRA) or to another qualified retirement plan (if it accepts rollovers). If you choose not to have an eligible rollover distribution transferred directly to an IRA or other retirement plan, 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 Special Notice Regarding Plan Payments that the Plan has given you).

Check below to indicate whether or not you elect a direct rollover of your annuity payment:

\_\_\_\_\_ I do not want to rollover any of my payment to an IRA or other qualified retirement plan. Pay me the full amount of my benefits, after withholding 20 percent for Federal Income taxes as required by law.

\_\_\_\_\_ I want to rollover my payment directly to an IRA or other qualified retirement plan that accepts rollovers. The IRA or other retirement plan is named below.

\_\_\_\_\_ I would like to have only part of my payment in the amount of \$ \_\_\_\_\_ directly rolled over to the IRA or qualified retirement plan named below, and the remainder of my benefit paid to me, after withholding 20 percent for Federal Income taxes as required by law.



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If you elect a direct rollover, you must provide all of the following information. Until you provide this information, no direct roll over can be made.

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

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

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

If you elected a direct rollover of all or part of your benefits, please read and sign the following statement:

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 plan will release the Trustees of the Annuity Plan of the Pension Trust Fund for Operating Engineers from any further obligations or responsibilities with respect to the benefits so paid.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**MEDALLION SIGNATURE GUARANTEE** is required for withdrawals of \$150,000.00 or more – A Notary is not a medallion signature guarantee, and the original form below with a medallion signature must be provided. You can obtain a medallion signature guarantee from a financial institution such as commercial bank, savings bank, credit union, or broker-dealer.

Please place the medallion signature guarantee in the space below:

\_\_\_\_\_  
Participant's Signature

\_\_\_\_\_  
Date

**Operating Engineers Annuity Plan and  
Hawaii Annuity Plan for Operating Engineers**

**30 – DAY NOTICE WAIVER STATEMENT**

**Notice to Participant and Spouse**

Federal Law requires that the Board of Trustees provide you with a written explanation of the effect of distribution under the Operating Engineers Annuity Plan. This written explanation must be provided to you no later than 30 days prior to processing your application for annuity distribution. The 30-day minimum is intended to give you and your spouse sufficient time to weigh your options. However, you may waive the 30-day period and receive your distribution sooner by completing the ***30- Day Notice Waiver Statement*** below.

After receiving this notice, you have at least 30 days to consider whether or not to have withdrawal directly rollover to another qualified plan and/or take a taxable distribution. If you do not wish to wait until this 30-day notice period ends, you may waive the notice period by completing this form.

If you waive the 30-day waiting period, then your distribution will be processed without the waiting period. Under the law you and your spouse have the right to consider your distribution options for at least 30 days to make your decisions, and no one can force you to receive payment sooner.

If you complete the waiver below, then for 7 days after you have been given this form, you may nonetheless revoke the waiver, change your mind and take additional time to consider your benefit options.

**Please note that by signing this form you are officially waiving the notice period after this 7-day period has expired.**

---

**Participant and Spouse Waiver**

I, \_\_\_\_\_, have read the ***Notice to Participant and Spouse*** above. I understand that my spouse and I have the opportunity to consider my options on the annuity benefits for at least 30 days after I am provided with the application for benefit. Because I wish to receive payments of my benefits before this period ends, I voluntarily elect to waive my right to delay payment for 30 days. Instead, I request that the Plan make payment to me as soon as administratively possible after the 7th day of such forms and information are provided to me. I understand that I may change my mind and revoke this waiver during this seven-day period.

\_\_\_\_\_  
Participant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Spouse's Signature

\_\_\_\_\_  
Date

## **SPECIAL TAX NOTICE REGARDING PLAN PAYMENTS**

This notice explains how you can continue to defer federal income tax on your retirement savings in the Operating Engineers Annuity Plan (the “Plan”) and contains important information you will need before you decide how to receive your Plan benefits. Because Operating Engineers Annuity Plan cannot provide you with tax advice and tax rules are complex, you may wish to consult a qualified tax professional before you made a withdrawal decision.

*Your Right to Waive the 30-Day Notice Period.* 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 on the appropriate application 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.

## **YOUR ROLLOVER OPTIONS**

You are receiving this notice because all or a portion of a payment you are receiving from the “Plan” is eligible to be rolled over to an IRA or an eligible employer plan. This notice is intended to help you decide whether to do such a rollover. The term “IRA” as used in this notice includes traditional IRAs and individual retirement annuities, and Roth IRAs or Roth individual retirement annuities. It does not include SIMPLE IRAs or Coverdell Education Savings Accounts. 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(b) tax sheltered annuity plan; and an eligible section 457(b) plan maintained by a governmental employer (governmental 457 plan).

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 59 ½ and do not 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 59 ½ (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 including Roths) or an employer plan (a tax-qualified plan, section 403(b) plan, or governmental 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. Please note that there are special tax rules that apply to Roth IRAs and Roth Individual Retirement Annuities.

### **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. 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 59 ½ (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.
- Required minimum distributions after age 73 (or after death).
- Corrective distributions of contributions that exceed tax law limitations.
- After-tax contributions.

The Plan administrator or the payer 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 59 1/2, 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 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 from a governmental defined benefit pension plan made after you separate from service if you are a public safety employee and you are at least age 50 in the year of separation
- 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 59 ½, 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 your payment includes after-tax contributions**

After-tax contributions included in a payment are not taxed. You will receive a separate payment for the after-tax contributions. At this writing the Plan does not have the authority to allow a direct rollover of your after-tax contributions.

### **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 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 tax on the payment might apply to you. For more information, see IRS Publication 575, Pension and Annuity Income.

### **If you are an eligible retired public safety officer and your pension payment is used to pay for health coverage or qualified long-term care insurance**

If the Plan is a governmental plan, you retired as a public safety officer, and your retirement was by reason of disability or was after normal retirement age, you can exclude from your taxable income plan payments paid directly as premiums to an accident or health plan (or a qualified long-term care insurance contract) that your employer maintains for you, your spouse, or your dependents, up to a maximum of \$3,000 annually. For this purpose, a public safety officer is a law enforcement officer, firefighter, chaplain, or member of a rescue squad or ambulance crew.

### **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 59 ½ 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 70 ½.

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.

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.

#### **Other special rules**

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, see IRS Publication 3, Armed Forces' Tax Guide.

#### **FOR MORE INFORMATION**

You may wish to consult with the Plan administrator or payer, 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; and IRS Publication 590, Individual Retirement Arrangements (IRAs). These publications are available from a local IRS office, on the web at [www.irs.gov](http://www.irs.gov), or by calling 1-800-TAX-FORM.