# **Elevator Constructors Union Local No.1**

Plan # 095742

Ailliuity allu	nd 401(k) Fund											Distribution Request  Due to Qualified Domestic Relations Order																
Account Information *Include Participant information												n in this section.																
Social Security #			]-			-																						
Name (Last, First, MI)																												
Home Address																												
City																		Sta	ate			Z	ip					
Date of Birth		]_			-												_							_				
Alternate Payee I	nform	atic	n																									
Note: Separate forms a	are requi	ired	for e	each	alte	- rnat	te pa	yee.																				
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Social Security #	Data of Birth																											
Name (Last, First, MI)														(.		,,,,,	,, 											
Home Address																												
City																	1	Sta	ate			Z	ip					
If you are an existing participant, check here if address listed above is a new address.																												
Daytime Phone #			7—				]_				] E\	/en	ing	Ph	on	e #				]_[				  _				
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Withdrawal Classification																												
Form of Final Distribution: (choose one) - See reverse side for additional information.  Direct Rollovers: If you have any questions on rolling over your eligible assets to an IRA, or have questions on Vanguard IRAs, please contact Vanguard at 800-523-1188.  spouse only) If rolling over your eligible assets, please check one of the following boxes:																												
	Note: These options apply to either a partial or total direct rollover of cash and/or company stock.  Vanguard Traditional IRA (Call a Vanguard Specialist at 800-523-1188. Your specialist will assist you in preparing the necessary IRA Adoption Agreement. Also, please complete the Direct Rollover form.)  Eligible Employer Plan or Other IRA (Complete Direct Rollover Form and obtain further instructions from the receiving institution.)																											
Other: (available to spouse or non-spouse)	Lump Sum Cash Installments (Complete Installment Payment Request Form.) Deferral (Your account balance must be greater than \$5000.)																											
e. nen speace,	Partial Lump Sum Cash and 10 year Declining Balance Installments.  Specify \$ for Partial Lump Sum Cash. (Complete an Installment Payment Request Form.)																											
Partial Lump Sum Cash and Partial Rollover.  Specify \$ for Partial Lump Sum Cash.  (Complete a Direct Rollover Form and obtain further instructions from the receiving institution.)																												
	Partial Rollover and 10 year Declining Balance Installments. Specify \$ for Partial Rollover.  (Complete an Installment Payment Request Form, Direct Rollover Form, and obtain further instructions from the receiving institution.)														on.)													
Income Tax With	noldin	a				IF	?S r≏	aulat	ion	s restric	t the	ahi	litv t	o dir	ectl	v rol	// OV	er a	distr	ibuti∩	n to	) a n	ion-	spor	usal	alter	nate	pavee
Income Tax Withholding  IRS regulations restrict the ability to directly roll over a distribution to a non-spousal alternate payee.  Alternate  If transferred in a direct rollover - Federal and state withholding do not apply. See reverse side for additional information.  Payee  If not transferred in a direct rollover																												
Federal withholding - See reverse side for additional information.  State withholding - See reverse side for additional information.																												
	Withhold state taxes. Where applicable indicate specific dollars \$ or percentage%.																											
	Do	not	with	hold	stat	te ta	axes.																					
Authorization  Note: Place he are not the "Special Tou Natice Deposition Plan Brown at all provided by the Ford Office.																												
<b>Note:</b> Please be sure you have read the "Special Tax Notice Regarding Plan Payments" provided by the Fund Office.																												
Signature of Alternate Payee Date																												
To Be Completed by Plan Sponsor																												
Signature of Plan Spon	sor								[	Date																		

Keep a copy for your records and return this form to ECU Local 1 Annuity and 401(k) Fund Office in the enclosed envelope. T38035\_082008

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#### Form of Final Distribution

### Withdrawal Classification

Vanguard Traditional IRA - By selecting this option you may choose to have all or a portion of your eligible balance rolled over to a Vanguard traditional IRA. Call a Vanguard Specialist at 800-523-1188. Your specialist will assist you in preparing the necessary IRA Adoption Agreement.

**Eligible Employer Plan or Other IRA -** By selecting this option you may have all or a portion of your eligible cash balance and/or company stock rolled over to an eligible IRA or employer plan. The Fund Office will supply you with a Direct Rollover Form. In addition, it is your responsibility to open an account at the receiving institution prior to initiating your direct rollover through Vanguard.

Lump Sum Cash - By selecting this option you will receive your entire eligible cash balance.

Deferral - By selecting this option you elect to postpone receipt of your account balance until some future date.

Installments - By selecting this option you will receive your account balance in ten annual installments

Partial Lump Sum Cash and Installments - By selecting this option, you will receive a portion of your account balance in a single lump sum and the remainder or your account in ten annual installments.

Partial Lump Sum Cash and Partial Rollover - By selecting this option, you will receive a portion of your account balance in a single lump sum and the remainder of your account may be rolled over to a Vanguard IRA, another IRA or qualified plan.

Partial Rollover and Installments - By selecting this option you will have a portion of your account balance rolled over to a Vanguard IRA, another IRA or qualified plan, and you will receive the remainder of your account in ten annual installments.

# Income Tax Withholding Spouse

If transferred in a direct rollover - By electing to have your distribution directly rolled over to an IRA or qualified plan, no federal or state tax will be withheld.

## If not transferred in a direct rollover

Federal Withholding - By selecting this option the signer understands that 20% federal tax will be withheld on the taxable portion of the distribution.

State Withholding - State tax will be withheld according to your state's guidelines. For those participants who reside in states which provide the option, please indicate the appropriate dollar or percent on the front side of the form.

### Non-Spouse

No tax withholding will apply to distributions made to a non-spouse (e.g. child) alternate payee.