



## Pre-Retirement Death Benefits

**MEMBER ID:** \_\_\_\_\_

Please check one. I am using this form for:

- Spouse, under age 50  
 Spouse, age 50 and over

### DECEASED MEMBER INFORMATION

Please include a copy of the death certificate.

SSN: \_\_\_\_\_ Date of Birth: \_\_\_/\_\_\_/\_\_\_ Gender:  M  F Date of Death: \_\_\_/\_\_\_/\_\_\_

Name of Member (last, first, middle initial): \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

### BENEFICIARY/CLAIMANT INFORMATION

SSN: \_\_\_\_\_ Date of Birth: \_\_\_/\_\_\_/\_\_\_ Gender:  M  F

Name of Beneficiary/Claimant (last, first, middle initial): \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Cell Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Home Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Email: \_\_\_\_\_

### ANNUITY START DATE

For spouse beneficiary/claimants, if you wish to defer commencement, DO NOT complete this section.

The first day of \_\_\_\_\_ (month), \_\_\_\_\_ (year).

### PARTIAL WITHDRAWAL INSTRUCTIONS

You have the option to withdraw part of the accumulated balances rather than having all of them converted to an annuity. **If you do not want to withdraw any of the accumulated balances, please skip this section.** Please note that a partial withdrawal reduces your monthly benefit in proportion to the amount withdrawn.

Please read carefully and select only ONE of the following:

- I elect a withdrawal of the total **personal** contributions only, including earnings.  
 I elect a partial withdrawal of \$ \_\_\_\_\_ or \_\_\_\_\_ % (not to exceed 20%) of the total accumulation in the retirement account.  
 I elect a withdrawal of the total **personal** contributions, including earnings, AND a partial withdrawal of \$ \_\_\_\_\_ or \_\_\_\_\_ % (not to exceed 20%) of the total **employer** contributions, including earnings, in the retirement account.

## DISTRIBUTION INSTRUCTIONS FOR PARTIAL WITHDRAWAL

If you elected a partial withdrawal, you must select one or more of the choices below. Skip this section if you DID NOT elect a partial withdrawal. Please read carefully.

I wish to have \$\_\_\_\_\_ or \_\_\_\_\_% of my partial withdrawal transferred to the Annuity Plan Retirement Savings Account (RSA). Please complete and submit an RSA Enrollment Form.

I wish to have \$\_\_\_\_\_ or \_\_\_\_\_% of my partial withdrawal paid directly to me. I understand that 20% federal and applicable state taxes will be withheld.

I wish to have \$\_\_\_\_\_ or \_\_\_\_\_% of my partial withdrawal rolled over to the IRA, inherited IRA, 403(b) tax-sheltered annuity, or 401(k) plan indicated below:

Name of IRA or other qualified plan: \_\_\_\_\_

ID or account number: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

**NOTE: You must obtain an official transfer form from the above organization that is accepting the rollover. Please send the form(s) to the Pension Boards, or request that the institution forward it on your behalf.**

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## THE OPTIONS SELECTED BELOW ARE IRREVOCABLE ELECTIONS

### PAYMENT OPTIONS

Please read carefully and select only ONE of the following:

**Deferred Annuity**

The accumulated amounts will continue to accrue investment earnings and will be used for an annuity beginning at a future date.

**Equal Monthly Payments**

Extending over (select ONE):  3 years  5 years  8 years

**(This option is only available for spouse claimants who begin benefit payments before the age of 50.)**

**Single Life Annuity**

I understand that this annuity option provides payments to me only during my lifetime and that no payments will be paid to any beneficiary upon my death.

**Single Life Annuity with 10-Year Certain Option**

I understand that this option provides payments to me during my lifetime. If I die before 120 monthly payments have been made, the beneficiary(ies) named below will receive 100% of the monthly benefit for the remainder of the 120 payments, and no benefits will be paid on or after the 10<sup>th</sup> anniversary of my annuity start date. If I die after having received 120 monthly payments, no benefits will be payable upon my death.

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### ANNUITY ELECTION - Please select only ONE of the following:

**Basic Annuity** The Investment Objective of the Basic Annuity is to produce long-term returns at the embedded 4% annual return assumption. The assets supporting the Basic Annuity are invested in fixed-income securities that reflect high overall quality ratings. Benefits are expected to remain relatively constant over time, but could change with an extended period of returns higher or lower than the embedded 4% for the underlying portfolios.

**Participating Annuity** The Investment Objective of the Participating Annuity is to produce long-term annual returns above the embedded 4% return assumption. The assets supporting this annuity are invested in global stocks, fixed-income securities, and real assets. Benefits are expected to gradually increase over time, but could decrease with an extended period of low asset returns for the investment portfolios of the Participating Annuity.

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## BENEFICIARY DESIGNATION 10 – Year Certain Option or Equal Payment Beneficiary

If you elected a the 10-Year Certain option or Equal Payment option, you must name at least one beneficiary below. **If you did not elect a 10-Year Certain option or Equal Payment Beneficiary, please skip this section.**

I understand that the following beneficiary(ies) will receive benefits upon my death if a total of 120 payments or the remaining of the Equal Payments that have not been paid to me. A beneficiary may be a person, institution, trust, or estate to which your annuity payments are payable. An institution, trust, or estate will receive the actuarial equivalent of the remainder of the 120 payments or Equal payments in one lump sum.

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

SSN or Tax ID: \_\_\_\_\_ Date of Birth or Date of Trust: \_\_\_\_/\_\_\_\_/\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Percentage Share: \_\_\_\_\_%

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

SSN or Tax ID: \_\_\_\_\_ Date of Birth or Date of Trust: \_\_\_\_/\_\_\_\_/\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Percentage Share: \_\_\_\_\_%

[ ] Additional beneficiary(ies): check if applicable, and list information on a separate sheet of paper and attach to this form.

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### BENEFICIARY/CLAIMANT SIGNATURE

The undersigned beneficiary acknowledges that they shall, at all times, be subject to the terms and conditions specified by the Pension Boards. These terms and conditions may be amended, modified, or supplemented at any time at the sole discretion of the Pension Boards. I acknowledge that the Annuity Plan document is available to me by clicking here:

[https://bit.ly/ANNUITY\\_PLAN](https://bit.ly/ANNUITY_PLAN).

Beneficiary/Claimant Signature \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

### DEPOSITORY INFORMATION

Bank Name: \_\_\_\_\_

Bank Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Routing Number: \_\_\_\_\_ Account Number: \_\_\_\_\_

Account Type: [ ] Checking [ ] Savings **Please attach a voided check or savings deposit slip.**

Any changes to the above specified depository information must be submitted in writing. Please note that checks may be issued by the Pension Boards or by our bank Northern Trust.

**SIGNATURE – FOR DEPOSITORY INFORMATION**

**Single Name Account Agreement** If Northern Trust, on behalf of the Pension Boards, should make a payment after my death, I hereby agree, on behalf of my executors and administrators, that my estate, and depository listed above, will refund any such money to PBUCC.

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Joint Name Account Agreement**

If any funds credited to the account that represent a payment to the member made after the death of such member, the undersigned will take no action to withdraw such funds from the account. The undersigned also agrees to return such funds to PBUCC. This shall not in any way diminish any rights that the undersigned may have to receive any payment under the Plan.

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Application Checklist - TO AVOID DELAY IN PROCESSING YOUR APPLICATION, BE CERTAIN TO:**

- Review your application, ensure you sign and date the application.
- Complete and return the 1st page of the W-4P.
- Copy of the member’s death certificate.
- Attach a copy of proof age for you (birth certificate, passport or driver’s license).

**Please return this signed and completed form by email to: [info@pbucc.org](mailto:info@pbucc.org); by fax: 212.729.2701; or mail to: Pension Boards-UCC, 475 Riverside Drive, Suite 1020, New York, NY 10115.**