



International Association of Plumbing & Mechanical Officials 401(k) Plan

765485-01

For My Information

- For questions regarding this form, visit the Web site at empowermyretirement.com or contact Service Provider at 1-833-569-2433.
This request will be processed upon review and approval by the employer.
Use black or blue ink when completing this form.

A Participant Information

Account extension, if applicable, identifies funds transferred to a beneficiary due to participant's death, alternate payee due to divorce or a participant with multiple accounts.

Account Extension

Grid for Social Security Number or Taxpayer Identification Number (9 digits)

Social Security Number or Taxpayer Identification Number (Must provide all 9 digits)

Form fields for Last Name, First Name, M.I., Daytime Phone Number, Alternate Phone Number, and Email Address.

B Type of Request Requiring Spousal Consent

Loan Request

Loan Amount \$

The interest rate is the Prime Rate published in the Wall Street Journal on the first business day of the month the loan is originated and is fixed for the life of the loan.

Withdrawal Request

Full Withdrawal, Partial Withdrawal, Amount \$, Net Amount

Payment to Self

Rollover to an, Eligible Plan, IRA

Hardship Withdrawal, Amount \$, Net Amount

(The following option(s) are for ongoing withdrawals and will be for the frequency elected on the previously submitted Withdrawal Form.)

Periodic Payment, Amount \$

Fixed Annuity, Amount \$

C Signatures and Consent (Signatures must be on the lines provided.)

My Spouse's Consent (Please have the Spouse sign on the 'Spouse's Signature' line below.)

The participant must obtain spousal consent if the participant elected a payout option other than a Qualified Joint and Survivor Annuity.

If the request requiring Spousal Consent is a Loan Request:

Spouse to complete: I (name of spouse), hereby certify that I am the spouse of the participant and understand that federal law requires that I consent in writing to any type of distribution from the Plan unless that distribution is in the form of a joint and survivor annuity. I understand that I can refuse to consent to the Plan's issuance of the loan to my spouse. I understand that by consenting to the loan issued to my spouse, I hereby waive my rights and understand that any benefits which may be payable to me at my spouse's death or retirement may be eliminated or reduced by the balance of any unpaid loan principal and accrued interest. I further understand that my election to waive my survivor benefits is irrevocable with respect to the value of the loan that has not been repaid. Being fully apprised of these facts, I understand the effects of this waiver and hereby voluntarily consent to the loan requested by my spouse.

If the request requiring Spousal Consent is a Withdrawal Request:

Waiver of Qualified Joint and Survivor Annuity

Spouse to complete: I (name of spouse), the Participant's spouse, understand that I have a right to have the Plan pay my spouse's retirement benefit in the form of Qualified Joint and Survivor Annuity (QJSA). I acknowledge that I have received and read the QJSA notice describing the QJSA and optional forms of benefit offered in the Plan and I waive my right to the QJSA. I understand that by waiving the right to the QJSA and signing this form, I may receive less money than I would have received under the QJSA payment form and I may receive nothing after my spouse dies, depending on the form of payment my spouse chooses.

I agree that my spouse may receive retirement benefits by the method elected on this form. I understand that my spouse cannot choose a different method of retirement benefit unless I agree to the change (unless it's to increase the survivor benefit of the Joint and Survivor Annuity).

Last Name _____

First Name _____

M.I. _____

Social Security Number _____

Number _____

C Signatures and Consent *(Signatures must be on the lines provided.)*

My Spouse's Consent *(Please have the Spouse sign on the 'Spouse's Signature' line below.)*

Spouse's Signature _____ **Date (Required)** _____

A handwritten signature is required on this form. An electronic signature will not be accepted and will result in a significant delay.

*The spouse's signature must be notarized by a Notary Public or witnessed by the participant's authorized Plan Administrator. If a Notary Public is used, the date of the spouse's signature on this form in the 'My Spouse's Consent' section must match the date of the Notary Public signature on the separate jurat or notarial certificate or in this section below. **Consent must be obtained no more than 180 days prior to the effective date of the original request in order to be effective. If your notary completes a separate jurat or notarial certificate, your spouse must still sign on the above spouse's signature line and enter the date on this form.***

ATTENTION Notary Public: Make sure that you have reviewed the notary requirements for your state. If your state requires a separate jurat or notarial certificate, please complete and attach to this request.

We require that the following information must be included on the separate jurat or notarial certificate: (1) name of document being notarized; (2) the plan name; (3) the plan number; and (4) participant's and spouse's names. Separate jurat or notarial certificates submitted that do not include this information will be rejected and will delay the withdrawal request. If your state does require a separate jurat or notarial certificate and you complete the section below, this statement of notary will be rejected and will delay the withdrawal request.

If your state does not require a separate jurat or notarial certificate, you may complete the notary section below.

Statement of Notary

NOTE: Notary seal must be visible.

The consent to this request was subscribed and sworn *(or affirmed)*

State of _____) to before me on this _____ day of _____, year _____, by _____

SEAL

)ss. **(name of spouse)** _____

County/Parish/Borough of _____) proved to me on the basis of satisfactory evidence to be the person who appeared before me, who affirmed that such consent represents his/her free and voluntary act.

Notary Public's signature _____ My commission expires ____ / ____ / ____

A handwritten signature is required on this form. An electronic signature will not be accepted and will result in a significant delay.

Notary Public's full name _____ Telephone number _____

Plan Administrator Signature Witnessing Spousal Consent *(Please sign on the 'Plan Administrator Signature' line below.)*

If Spousal Consent notarization is not obtained, I have personal knowledge and hereby certify that this request was submitted and signed by the participant's spouse.

Plan Administrator Signature _____ **Date (Required)** _____

A handwritten signature is required on this form. An electronic signature will not be accepted and will result in a significant delay.

Print Full Name _____

D Mailing Instructions

Participant forward to Employer

Employer please update the outstanding item on the To Do List associated to this request and retain this form for your records.

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Effective December 31, 2020, Empower acquired the Massachusetts Mutual Life Insurance Company's (MassMutual) retirement business. Empower administers the business on MassMutual's behalf, with certain administrative services being performed by MassMutual and its affiliates during a temporary transition period. Empower is not affiliated with MassMutual or its affiliates.