

**STEAMSHIP TRADE ASSOCIATION OF BALTIMORE -
INTERNATIONAL LONGSHOREMEN'S ASSOCIATION (AFL-CIO)
SEVERANCE AND ANNUITY PLAN**

APPLICATION FOR BENEFITS

SECTION I - GENERAL INFORMATION

PARTICIPANT NAME (*Last, First, Middle Initial*)

DATE OF BIRTH

PARTICIPANT ADDRESS (*No., Street*)

SOCIAL SECURITY NUMBER

PARTICIPANT ADDRESS (*City, State, Zip Code*)

SEX
M ____ F ____

DISTRIBUTION TYPE:

1) RETIREMENT: NORMAL RETIREMENT DATE: _____
 EARLY
 SERVICE
 VESTED
 DISABILITY
 70 1/2

2) TERMINATION: LAST DATE WORKED: _____

LETTER RECEIVED FROM LOCAL UNION: Y ____ N ____

3) IN-SERVICE DISTRIBUTION: AGE AT DATE OF APPLICATION: _____

4) DEATH BENEFIT: _____
 DECEASED MEMBER'S NAME (*Last, First, Middle Initial*) SOCIAL SECURITY NUMBER

DATE OF DEATH

ACCOUNT BALANCE AS OF (____/____/2020): _____

SECTION II - FORM OF BENEFIT ELECTED

If your Account Balance is less than \$1,000:

____ Automatic Lump Sum Payment

If your Account Balance is at least \$1,000:

____ Lump Sum Payment of full balance of your Individual Account

____ Lump Sum Payment of partial balance of your Individual Account in the amount of (*Insert Amount*)
(In-Service Distributions only)

SECTION III - MARITAL STATUS

Marital Status: MARRIED _____ SINGLE _____

If married, complete the following and attach a copy of your marriage certificate.

Spouse's Name: _____ Social Security Number: _____

Date of Marriage: _____

If single, complete the following:

I, (*Insert Name*), hereby state that I am not legally married at this time. I also state that I have not lived with anyone under circumstances constituting a common law marriage in a state that recognizes common law marriage.

_____ I hereby state that I have never been married.

_____ I hereby state that I have been married, but that my marriage ended by death on (*Insert Date*). Attach a copy of the death certificate.

_____ I hereby state that I have been married, but that my marriage ended by divorce on (*Insert Date*). Attach a copy of the divorce decree.

I realize that the Fund may make inquiries about my marital status with various organizations and/or individuals and I give my consent to release such information about my marital status.

PARTICIPANT'S SIGNATURE

DATE

SECTION IV - BENEFICIARY

BENEFICIARY NAME (*Last, First, Middle Initial*)

DATE OF BIRTH

BENEFICIARY ADDRESS (*No., Street*)

SOCIAL SECURITY NUMBER

BENEFICIARY ADDRESS (*City, State, Zip Code*)

-----SEX-----
M _____ F _____

RELATIONSHIP: _____ Spouse
 _____ Other*

*Complete Section V if you are married and you are designating a non-spousal Beneficiary.

SECTION V - WAIVER FORM FOR MARRIED PARTICIPANT AND SPOUSE

(Complete this Section if you are married and a non-spousal Beneficiary is designated in Section IV)

Married Participant's Statement:

I, (*Insert Name*), do not wish to designate my Spouse as the Beneficiary for any benefits payable under the Steamship Trade Association of Baltimore, Incorporated - International Longshoremen's Association (AFL-CIO) Severance and Annuity Plan (the "Plan") in the event of my death. I hereby state that the person co-signing this Section is my current legal spouse.

PARTICIPANT'S SIGNATURE

DATE

Married Spouse's Statement:

I, (*Insert Name of Married Spouse*), state that I am the legal spouse of (*Insert Name of Participant*).

I acknowledge that I understand that in the event of a married Participant's death, this Plan is legally required to pay any benefit payable under the Plan to his or her surviving spouse unless the Participant and spouse waive this right and specifically designate another beneficiary. I also understand that the Participant may not name someone other than myself as his or her beneficiary under the Plan unless I either consent to the designation or waive my right to do so.

Please check one of the following:

I permit the Participant to change the beneficiary designated on this form without my further consent.

I do not permit the Participant to change the beneficiary on this form without my consent. I specifically consent to the Participant naming (*Insert Name*) as the designated beneficiary.

I have been fully advised of my rights and knowingly make this waiver.

SPOUSE'S SIGNATURE**

DATE

State of _____

County of _____

My Commission expires: _____

On the (*Insert Day*) day of (*Insert Month*), before me came (*Insert Spouse's Name*), known to me to be the person who executed the foregoing statement in my presence.

NOTARY PUBLIC

PLAN REPRESENTATIVE

**Spouse's signature must be notarized or witnessed by a Plan Representative.

SECTION VI - DIRECT ROLLOVER

(Complete this Section if you are receiving a Lump Sum Payment)

You should read the Special Tax Notice which accompanies this form. If you are automatically required to receive or if you elect the Lump Sum Payment, your benefit is not valid unless you also elect one of the following:

_____ I elect to take all cash paid directly to me, with 20% of the taxable portion withheld for Federal taxes (Residents of Maryland will have 7.75% Maryland State tax withheld).

_____ I elect to have the Plan roll over the taxable portion of my lump sum directly to an individual retirement account (IRA) or another qualified retirement plan as follows:

Name of IRA Custodian or Plan Trustee _____

Address _____

Account No. _____

I have read the Special Tax Notice which accompanies this form and I understand the election I have made.

PARTICIPANT'S SIGNATURE

DATE

SECTIONS III, V AND VI (if applicable) must be signed in the presence of either a PLAN REPRESENTATIVE or a Notary Public

I hereby certify that all the information contained in this Application is true to my knowledge.

PARTICIPANT'S SIGNATURE

DATE

State of _____

County of _____

My Commission expires: _____

I affirm that on the _____ day of _____ 2020, before me came _____.

- _____ Section III - Marital Status
- _____ Section V - Waiver Form for Married Participant and Spouse
- _____ Section VI - Direct Rollover

NOTARY PUBLIC

PLAN REPRESENTATIVE

DIRECT ROLLOVER INFORMATION

PARTICIPANT NAME (*Last, First, Middle Initial*)

SOCIAL SECURITY NUMBER

DATE

AMOUNT (As of __/__/2020)

TO WHOM IT MAY CONCERN:

(Insert Name) has elected to receive a lump-sum distribution from the STA-ILA Severance and Annuity Fund ("the Fund"). The Fund is a tax-qualified profit sharing plan under the Internal Revenue Code. All distributions from the Fund are attributable to employer contributions.

(Insert Name) has elected to have his benefits paid in the form of a direct rollover to a qualified retirement plan maintained by your organization.

Please complete the following certification and return it to the STA-ILA Severance and Annuity Fund within ten (10) days.

Thank you in advance for your assistance in this matter.

I hereby certify that the plan constitutes an eligible retirement plan within the meaning of Section 402(c)(8)(b) of the Internal Revenue Code.

Name of Organization _____

Address _____

City, State, Zip Code _____

Telephone Number _____

Signature _____

Print Name _____

Title of Person Signing _____

Our Member's Account No. _____

Date _____