

# Sprinkler Industry Supplemental Pension Fund

8000 CORPORATE DRIVE • LANDOVER, MARYLAND 20785

TELEPHONE  
(301) 577-1700

TOLL FREE  
(800) 638-2603

## APPLICATION FOR LUMP SUM DISTRIBUTION Economic Downturn Only

**(If you qualify for a retirement, disability, separation benefit, you should contact the fund office as more advantageous distributions may be available.)**

Name \_\_\_\_\_ S.S. No. \_\_\_\_\_  
Address \_\_\_\_\_ Local \_\_\_\_\_  
\_\_\_\_\_  
Date of Birth \_\_\_\_\_  
Phone No. (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_ Cell Phone No. (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_ Email  
Address \_\_\_\_\_

### I. AMOUNT OF WITHDRAWAL \_\_\_\_\_

(Amount cannot exceed 75% of your 2/1/2010 balance attributable to contributions made after 1998 – if you desire to withdraw the maximum amount possible under this rule, you may write “Maximum amount allowed” or “Max Allowed but not more than \$XX,XXX.00, or other words to that effect.) Keep in mind that if you have not been a participant for at least five years, contributions made on your behalf during the last two years are not available for distribution under this plan provision.

### II. FORM OF PAYMENT

Lump Sum paid directly to me. I understand the SIS Pension Fund will withhold 20% of my Lump Sum payment against any Federal Income Tax I may owe.

**OR**

Lump Sum paid directly to the following trustee of my individual retirement arrangement

Name and address of IRA \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(You must include transfer papers from your individual retirement arrangement)

A. You and your spouse, if any, must sign and date this form.

B. If you are married, you and your spouse must complete the attached Spousal Consent in the presence of a Notary Public. If you are not married, you must instead submit the statement by unmarried participants.

I hereby apply for an Economic Downturn distribution from the SIS Pension Plan and consent to the payment of the amount I have requested in a lump sum. I understand that if I am married, it means that no pension benefits will be paid to my spouse under the SIS Pension Plan after my death based on this distributed amount. I understand that this Distribution is taxable and is also subject to a 10% early distribution tax penalty. I understand that my distribution will be reduced by \$100 to help offset the cost of processing this benefit.

Signature of Member \_\_\_\_\_ Date \_\_\_\_\_

Signature of Spouse \_\_\_\_\_ Date \_\_\_\_\_

**SPRINKLER INDUSTRY SUPPLEMENTAL PENSION FUND**

**Spousal Consent For Economic Downturn Distribution**

I, \_\_\_\_\_ (Name of Spouse), being duly sworn, state that I am the spouse of the Participant described in the Application for Lump Sum Distribution – Economic Downturn, which accompanies this form. I have been informed that my spouse now has approximately \$\_\_\_\_\_ credited to his/her Accumulated Share in the Sprinkler Industry Supplemental Pension Fund. I have been informed that my spouse has applied for an Economic Downturn Distribution in the amount of \$\_\_\_\_\_ from the Sprinkler Industry Supplemental Pension Fund.

I HEREBY CONSENT to my spouse’s application for an Economic Downturn Distribution in the amount stated above which, if approved by the Fund’s Board of Trustees, will be distributed directly to him/her or to his IRA by the Sprinkler Industry Supplemental Pension Fund in the form of a single lump sum. My consent is willingly made with the understanding that this Economic Downturn Distribution will be made in a form other than a 50% Husband and Wife Pension and will reduce or entirely eliminate the amount of benefits to which I could someday be entitled from the Sprinkler Industry Supplemental Pension Fund.

Spouse’s Signature \_\_\_\_\_

Date \_\_\_\_\_

State of \_\_\_\_\_)

§§:

County of \_\_\_\_\_)

On the \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, before me came

\_\_\_\_\_ to me known and known to me to be the person

described in and who executed the foregoing statement and (s)he duly acknowledged to me that (s)he executed the same.

\_\_\_\_\_  
Notary Public or Plan Representative

STATEMENT BY APPLICANTS WHO ARE NOT MARRIED  
FOR ECONOMIC DOWNTURN BENEFIT

I, \_\_\_\_\_, 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 recognized common law marriage.

**(INDICATE BY MARKING (and completing as appropriate) one of the following statements)**

\_\_\_\_\_ I hereby state that I have not been married.

\_\_\_\_\_ I hereby state that I have been married and that the marriage ended by death on \_\_\_\_\_.  
(attach a copy of the Death Certificate)

\_\_\_\_\_ I hereby state that I have been married and that the marriage ended by divorce on \_\_\_\_\_.  
(attach a copy of the divorce decree and property settlement)

I recognize that the Fund may make inquiries about my marital status with various organizations and individuals and I consent to the release of any information about my marital status from my employers, my local and international union, and any fringe benefit fund in which I have participated, and any other organization or individual.

\_\_\_\_\_ )  
(Date) (Employee's Signature)

State of \_\_\_\_\_ )  
County of \_\_\_\_\_ ) ss:

On the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, before me came

\_\_\_\_\_ to me known and known to me to be the person described in and who executed the foregoing statement and (s)he duly acknowledged to me that (s)he executed the same.

\_\_\_\_\_  
Notary Public or Plan Representative