

# Sheet Metal Workers' National Supplemental Savings Fund

## Enrollment/ Change Form

### EMPLOYEE INFORMATION (Please print)

*Please return to your Local Union office*

Name:		SSN:
Address:		
City:	State, Zip Code:	Telephone No.:
Date of Birth:	Date of Hire:	Local Union No.:

### CONTRIBUTION ELECTION

- I authorize my employer to deduct from my eligible compensation the amount I enter on a before-tax basis and to contribute that amount to the plan on my behalf (enter an amount in 15¢ increments. The minimum contribution is 15¢/hr). \$\_\_\_\_\_. If I am eligible to make Catch-Up Contribution, I authorize my employer to treat any amount of my before-tax contributions that exceeds any statutory (or plan) limits as Catch-Up Contributions to the extent such contributions do not exceed the applicable statutory Catch-Up Contribution limit.

### INVESTMENT ELECTION

Investment elections must be made through *Benefits Complete*, in increments of 1%, either by calling 800-294-3575 or accessing your account online at [www.bcomplete.com](http://www.bcomplete.com). (The first time you access Benefits Complete you will need to establish a Personal Identification Number (PIN) by validating your social security number and date of birth.)

### AVAILABLE FUNDS – Make sure your choices total 100%

- |  |   |
|--|---|
| <input type="checkbox"/> % MainStay Cash Reserves Fund (Stable Value Option) | <input type="checkbox"/> % American Funds – The Growth Fund of America (R3)             |
| <input type="checkbox"/> % American Century International Bond Fund (A)      | <input type="checkbox"/> % Barclays Global Investors Russell 1000 Growth Index Fund (S) |
| <input type="checkbox"/> % JP Morgan Government Bond Fund (A)                | <input type="checkbox"/> % Barclays Global Investors Russell 1000 Value Index Fund (S)  |
| <input type="checkbox"/> % MainStay High-Yield Corporate Bond Fund (A)       | <input type="checkbox"/> % Columbia Mid Cap Value Fund (A)                              |
| <input type="checkbox"/> % Western Asset Core Bond Portfolio (FI)            | <input type="checkbox"/> % Dreyfus Premier Strategic Value Fund (A)                     |
| <input type="checkbox"/> % MainStay Retirement 2010 Fund (A)                 | <input type="checkbox"/> % Lord Abbett Small-Cap Blend Fund (A)                         |
| <input type="checkbox"/> % MainStay Retirement 2020 Fund (A)                 | <input type="checkbox"/> % SSgA Russell 2000 Index SL Series Strategy (H)               |
| <input type="checkbox"/> % MainStay Retirement 2030 Fund (A)                 | <input type="checkbox"/> % SSgA S&P MidCap 400 Index SL Series Strategy (H)             |
| <input type="checkbox"/> % MainStay Retirement 2040 Fund (A)                 | <input type="checkbox"/> % TCW Small Cap Growth Fund (I)                                |
| <input type="checkbox"/> % MainStay Retirement 2050 Fund (A)                 | <input type="checkbox"/> % American Funds – Europacific Growth Fund (R3)                |
| <input type="checkbox"/> % First American Real Estate Securities Fund (A)    | <input type="checkbox"/> % Barclays Global Investors EAFE Equity Index Fund (D)         |
| <input type="checkbox"/> % Goldman Sachs Growth & Income Strategy Fund (A)   | <input type="checkbox"/> % BlackRock Global Allocation Fund (A)                         |
| <input type="checkbox"/> % MainStay S&P 500 Index Fund (I)                   | <input type="checkbox"/> % Lazard Emerging Markets Portfolio (Inst)                     |
| <input type="checkbox"/> % Alger SmallCap and MidCap Growth Fund (A)         | <input type="checkbox"/> % Oppenheimer Global Fund (A)                                  |
| <input type="checkbox"/> % Allianz NFJ Small Cap Value Fund (A)              |   |

*If you fail to make an investment election through Benefits Complete, your account will be invested in the MainStay Target Retirement Fund that is most suitable based on your age at initial eligibility as follows:*

#### Age at Initial Eligibility

- 57 or older
- 47-56
- 37-46
- 27-36
- 26 or younger

#### Default Fund

- MainStay Retirement 2010 Fund (A)
- MainStay Retirement 2020 Fund (A)
- MainStay Retirement 2030 Fund (A)
- MainStay Retirement 2040 Fund (A)
- MainStay Retirement 2050 Fund (A)

*Note: if you have no date of birth on record, contributions will be defaulted to the MainStay Retirement 2010 Fund (A) until a date of birth is received by the Plan.*

### AUTHORIZATION

My signature will serve as authorization for this and all future telephone or online transactions I make to my account.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

**Pre-Retirement Death Benefit  
Beneficiary Designation Form**

**Sheet Metal Workers'  
National Supplemental Savings Plan**

601 N. Fairfax Street, Suite 500  
Alexandria, Virginia 22314

*Note: This Form is used to designate a beneficiary if you die before you retire. When you retire, you will be required to complete a new beneficiary form.*

Your Plan account is payable to your beneficiary if you die. If you are married, your primary beneficiary is automatically your spouse, unless your spouse consents in writing to the designation of a different beneficiary. Your contingent beneficiary(ies) will receive your benefit if your primary beneficiary is not alive at the time of your death. If you are not married and you fail to designate a beneficiary, the Plan Administrator will, in the event of your death, identify your beneficiary in accordance with the terms of the Plan.

<b>PARTICIPANT DATA (To be completed by all Participants)</b>		
Name (Last, First, Middle)	Social Security Number	Home Telephone #
Home Address (Number and Street or rural Route)	Date of Birth	Age Last Birthday
City, Town or Post Office	State	Zip Code

<b>PRIMARY BENEFICIARY (To be completed by all Participants)</b>		
Name (Last, First, Middle)	Social Security Number	Home Telephone #
Home Address (Number and Street or Rural Route)	Date of Birth	Age Last Birthday
City, Town or Post Office	State	Zip Code
Relationship		

<b>SECONDARY BENEFICIARY (To be completed by all Participants)</b>		
If the Primary Beneficiary designated above does not survive me or dies prior to receiving all payments to be made under the Fund, payments (or remaining payments) shall be made to:		
Name (Last, First, Middle)	Social Security Number	Home Telephone #
Home Address (Number and Street or rural Route)	Date of Birth	Age Last Birthday
City, Town or Post Office	State	Zip Code
Relationship		

**Certification of Marital Status** (To be completed by all Participants. Your signature must be witnessed by a Notary Public.)

I understand that federal law provides that if I am married when I die, my spouse must be provided an annuity for his or her life after I die unless my spouse and I elect to waive the spousal benefit. Finally, I understand that I may revoke the following election at any time before I die.

**I certify that:**

- I am not legally married at this time.** If I marry, I will notify you. (If you have ever been married, please provide the Fund Office a copy of divorce decree, separation agreement, or death certificate.)
- I am unable to locate my spouse.** (The Plan Administrator will contact you to obtain additional information.)
- The person signing Spousal Consent to Waiver of Survivor Benefits, below, is my legal spouse.** (Attach marriage certificate.)

I hereby certify that the information I have provided in this Application is true and correct to the best of my knowledge and belief. I understand that a false statement may disqualify me for benefits, and that the Trustees shall have the right to recover any payments made to me because of a false statement.

\_\_\_\_\_  
Participant's Signature

\_\_\_\_\_  
Date

Sworn to and subscribed to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Notary Public

My Commission Expires: \_\_\_\_\_

**SPOUSAL CONSENT** (To be completed by your spouse if you are married and your designated primary beneficiary is not your spouse. Your spouse's signature must be witnessed by a Notary Public.)

I, \_\_\_\_\_, certify that I am the legal spouse of the Participant named above. I understand that the law requires that I be the recipient of lifetime survivor benefits equal to at least 50% of my spouse's lifetime benefit and that I be the designated beneficiary of death benefits, unless I consent to my spouse's election to waive such benefit and to appoint someone else as beneficiary. I consent to the waiver of the lifetime survivor benefit and to the waiver of death benefits. I understand that the effect of the waiver is to cause me to give up my survivor benefit protection. I also consent to the Primary Beneficiary and Contingent Beneficiary selected above, and any future Beneficiaries, elected by my spouse. I understand that my spouse can choose another beneficiary without telling me and without getting my consent. I understand that I do not have to sign this consent. I am signing this consent voluntarily.

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

\_\_\_\_\_  
Date

Witness:

Sworn to and subscribed to before me this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Notary Public

My Commission Expires: \_\_\_\_\_.

**FOR ADMINISTRATIVE USE ONLY**

**ACKNOWLEDGMENT**

Date Received: \_\_\_\_\_  
                                    Month                                    Day                                    Year