

ARIZONA SHEET METAL TRUST FUNDS

HEALTH AND WELFARE

ADMINISTRATIVE OFFICE

PENSION

2400 W. Dunlap Ave., Suite 250
Phoenix, AZ 85021
(602) 249-3582
www.southwestservicepa.com

RE: PENSION BENEFIT APPLICATION

Dear Participant:

We are pleased to furnish the enclosed Pension Application forms. Please read and complete the forms thoroughly and return them to the Administrative Office as soon as you are able. It is the recommendation of the Board of Trustees and the Administrative Office that upon completion of your application packet you arrange an appointment with a pension analyst to review the options that are available to you.

If you have reciprocal hours at another Local Union, it may take additional time to receive the information. You should also be aware that if it becomes necessary to request prior employment information from the Social Security Administration it often takes several months to receive their response.

Please contact our office at 602-249-3582 to inquire about your application process.

Sincerely,

Pension Department
Southwest Service Administrators, Inc.

Enclosure

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Consequences of Failure to Defer Receipt of Benefits

The Pension Protection Act of 2006 (PPA) requires notice to applicants of the consequences of currently taking a benefit distribution as opposed to deferring that distribution.

For the Arizona Sheet Metal Pension Trust Fund Plan (unless you qualify for a Service Pension, a Disability Pension or an "Occupational" Disability Pension) retirement before age 62 will result in a benefit reduction for early retirement. The amount of reduction depends on how much younger you are than age 62 when you retire. Please refer to pages 16 to 17 of your Summary Plan Description booklet (SPD) for more information about the amount of reduction and examples. Amounts received currently are subject to current rules relating to tax withholding and taxation.

If you retire after Normal Retirement Age as defined in the Plan (usually age 65), unless benefits are suspended under the rules on pages 30 to 31 of your SPD, benefits will be enhanced by 1% per month for the first 60 months and 1 ½ % per month thereafter, as noted in the "Delayed Retirement" provisions of the SPD on pages 15 to 16. Amounts received at some future date will be subject to the tax withholding and taxation rules then applicable to the recipient. You must begin to receive your pension no later than April 1 of the year following the year in which you reach age 70 ½. If this deadline is not met, you may be subject to an excise tax equal to 50% of the amount that should have been paid, which is in addition to any income taxes that are owed.

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BENEFIT PAYMENT OPTIONS RELATIVE VALUE

IRS REGULATIONS REQUIRE PLANS, SUCH AS OURS, TO GIVE RETIRING PARTICIPANTS A COMPARISON OF THE RELATIVE VALUES OF THE BENEFIT PAYMENT OPTIONS GENERALLY AVAILABLE TO THEM. THE GOAL IS TO HELP INDIVIDUALS MAKE INFORMED CHOICES ABOUT THE FORM IN WHICH THEY RECEIVE THEIR RETIREMENT BENEFITS.

WHAT IS RELATIVE VALUE?

RELATIVE VALUE MEANS THE ACTUARIAL PRESENT VALUE OF EACH OPTIONAL FORM OF PAYMENT COMPARED TO THE ACTUARIAL PRESENT VALUE OF THE NORMAL FORM OF PAYMENT UNDER A PLAN. ACTUARIAL VALUES OF BENEFITS ARE DETERMINED USING:

- ❖ MORTALITY ASSUMPTIONS, WHICH ARE BASED ON STANDARDIZED TABLES DEVELOPED BY ACTUARIAL ORGANIZATIONS AND LIFE INSURANCE COMPANIES. INFORMATION IS ANALYZED ABOUT LARGE GROUPS OF PEOPLE TO PROJECT THE RATES AT WHICH GROUPS OF INDIVIDUALS AT DIFFERENT AGES ARE EXPECTED TO DIE. THESE STATISTICAL MORTALITY PROJECTS ARE USED TO DEVELOP "AVERAGE LIFE EXPECTANCIES."
- ❖ INTEREST ASSUMPTIONS, WHICH ESTIMATE THE LIKELY INVESTMENT EARNINGS, OVER TIME, OF THE MONEY PUT ASIDE TO PAY BENEFITS. THIS IS IMPORTANT IN THE DETERMINATION OF ACTUARIAL VALUE BECAUSE INVESTMENT EARNINGS PROVIDE SOME OF THE MONEY USED TO PAY BENEFITS.

WHAT ARE THE RELATIVE VALUES UNDER OUR PLAN?

UNDER OUR PLAN, THE NORMAL FORMS OF PAYMENT ARE THE:

- ❖ 50% HUSBAND-AND-WIFE PENSION FOR MARRIED PARTICIPANTS; AND
- ❖ SINGLE LIFE ANNUITY WITH 36 MONTHS GUARANTEED FOR SINGLE PARTICIPANTS.

IN GENERAL, MOST OPTIONAL FORMS OF PAYMENT AVAILABLE UNDER OUR PLAN HAVE APPROXIMATELY THE SAME ACTUARIAL PRESENT VALUE AS THE NORMAL FORM. THIS IS TRUE FOR MARRIED PARTICIPANTS RETIRING BETWEEN AGES 55 AND 65 WITH A SPOUSE UP TO 10 YEARS YOUNGER OR OLDER. THIS IS ALSO TRUE FOR DISABLED PARTICIPANTS RETIRING AT AGES 35 THROUGH 60.

HOW WAS THIS DETERMINED?

THE VALUATION AND REPORTING METHODOLOGIES USED WERE BASED ON IRS REGULATIONS, WHICH CAN BE FOUND IN TREASURY REGULATIONS SECTION 1.417(A)(3)-1. THESE METHODOLOGIES ARE FAIRLY TECHNICAL AND CAN BE DIFFICULT TO UNDERSTAND. HOWEVER, IRS REGULATIONS REQUIRE THAT WE PROVIDE THIS INFORMATION TO YOU.

WHAT DOES THIS MEAN TO ME?

AS WE SAID EARLIER, BASICALLY, THIS MEANS THAT THE OPTIONAL FORMS OF PAYMENT PROVIDED BY THE PLAN HAVE RELATIVELY THE SAME VALUE AS THE NORMAL FORM OF PAYMENT UNDER OUR PLAN. HOWEVER, IT IS

IMPORTANT THAT YOU REALIZE THAT THIS IS NOT A GUARANTEE OR EVEN A PREDICTION OF WHAT YOU WILL ACTUALLY BE ELIGIBLE TO RECEIVE WHEN YOU RETIRE. THE ACTUAL VALUE OF THE DIFFERENT FORMS OF PAYMENT WILL VARY DEPENDING ON HOW LONG THE INDIVIDUAL AND SPOUSE OR BENEFICIARY LIVE AND ON THEIR AGES WHEN PAYMENTS START.

UPON YOUR WRITTEN REQUEST, YOU WILL BE PROVIDED WITH THE RELATIVE VALUES, BASED ON YOUR OWN AGE AND ESTIMATED BENEFITS, BETWEEN YOUR NORMAL FORM OF PAYMENT AND ON ANY OTHER FORMS OF PAYMENT THAT YOU ARE ELIGIBLE FOR. WE WILL ALSO PROVIDE YOU WITH THE DETAILS OF THE ACTUARIAL ASSUMPTIONS USED TO MAKE THE COMPARISON. YOU MAY WANT TO CONSULT A FINANCIAL ADVISOR WHEN YOU ARE NEARING RETIREMENT TO DETERMINE WHAT IS RIGHT FOR YOU.

TO OBTAIN AN INDIVIDUAL RELATIVE VALUES ESTIMATE, PLEASE SEND A WRITTEN REQUEST TO:

SOUTHWEST SERVICE ADMINISTRATORS, INC.
2400 W. DUNLAP AVENUE – SUITE 250
PHOENIX, ARIZONA 85021

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PENSION APPLICATION

INSTRUCTIONS

1. Please print all information.
2. Be sure to answer all questions. This will help to avoid delays in processing your application.
3. Be sure to sign and date application.
4. **Mail completed application to the following address:**

Arizona Sheet Metal Pension Trust Fund
Southwest Service Administrators, Inc
2400 West Dunlap Avenue, Suite 250
Phoenix, AZ 85021

PERSONAL DATA

NAME _____ PHONE # _____
(LAST) (FIRST) (M.I.)

ADDRESS _____
(STREET # AND NAME) (CITY) (STATE) (ZIPCODE)

SOCIAL SECURITY # ____/____/____ DOB _____
(ATTACH PROOF OF AGE)

DATE LAST WORKED _____ NAME OF EMPLOYER _____

DATE YOU RETIRED OR INTEND TO RETIRE _____

TYPE OF PENSION

If eligible I wish to retire on a (check one)

Regular Early Disability Vested Service Service Partial Pension

*IF APPLYING FOR A DISABILITY PENSION, PLEASE COMPLETE ITEMS A THRU "D" BELOW:

(A) Date you first became disabled _____

(B) Have you applied for Social Security Disability Benefits? Yes No

(C) Are you receiving Social Security Disability Benefits? Yes No
If YES, attach a copy of your Award letter.

If NO, you should make application immediately as a Social Security Award will be the only proof of disability acceptable to the Trustees.

(D) Were you refused a Social Security Disability Benefit? Yes No
If YES, are you appealing such decision? _____

MARITAL STATUS Check all that apply and provide dates where applicable.

- Single – Never Married
- *Married Date Married _____ Spouse's Date of Birth _____
- *Married Date Married _____ Spouse's Date of Birth _____
- *Married Date Married _____ Spouse's Date of Birth _____
- Separated Date Separated _____
- Divorced Date Divorced _____
- Divorced Date Divorced _____
- Widowed Date of Death _____

- Married: Please provide a copy of your Marriage Certificate and Spouse's Birth Certificate.
- Divorced: Please provide a copy of your Divorce Decree.
- Widowed: Please provide a copy of your Spouse's Death Certificate.

PENSION PAYMENT OPTION - Elect One

- SINGLE OPTION
The monthly amount will be paid to the participant for his or her Lifetime only.
- HUSBAND and WIFE OPTION
The monthly amount to be paid to the eligible surviving spouse is 50% or 75% of the monthly amount received by the pensioner at the time of his death had his pension been in effect on the day before he died and as if the Husband-and-Wife Pension had been in effect on such date.

EMPLOYMENT HISTORY – PAST SERVICE CREDIT

List below your periods of covered employment **prior to June 16, 1965:**

Names(s) of Employer(s) and Job Location(s) or Area	Dates of Employment		Job Classification
	From Mo/Yr	To Mo/Yr	

(IF ADDITIONAL SPACE IS NEEDED, PLEASE ATTACH A SEPARATE SHEET TO THIS APPLICATION)

EMPLOYMENT HISTORY – FUTURE SERVICE CREDIT

List Below the jobs held **after June 16, 1965** in which you were employed in the type of work covered by the Collective Bargaining Agreement in the geographical area covered by the Plan:

Names(s) of Employer(s) and Job Location(s) or Area	Dates of Employment From Mo/Yr To Mo/Yr	Job Classification

MEMBERSHIP HISTORY IN ARIZONA #359

List below your local union affiliation in the State of Arizona and the approximate dates:

From _____ To _____ Local Union # _____

From _____ To _____ Local Union # _____

From _____ To _____ Local Union # _____

RECIPROCITY DATA – OTHER SHEET METAL PENSION PLANS OR LOCAL UNIONS

List below any Pension Plan or Union other than this Plan regardless of location of the Union involved in which you believe you may have accumulated pension credit:

Name of Pension Plan (or Local Union No.)	Location of Plan		Date of Pension Credits or Contribution	
	City	State	From (Mo/Yr)	To (Mo/Yr)

BENEFICIARY DESIGNATION

I hereby designate the following beneficiary to receive any payments under the Plan which may be due in the event of my death, unless a different beneficiary is hereby properly designated by me.

I understand that if I am single, other options can be provided regarding primary beneficiary upon written request.

I understand that if I am married and choose an option other than the Husband & Wife Option, my spouse and I must sign the waiver form provided by the Pension Fund office. The signatures of the waiver must be notarized when my spouse's identity is verified.

BENEFICIARY DATA

Beneficiary _____ Relationship _____

Beneficiary's Address _____

(STREET # AND NAME) (CITY) (STATE) (ZIP CODE)

Date of Birth _____ Social Security Number ____/____/____

CERTIFICATION

I hereby certify that all of the information furnished by me, including any attachments or addenda to this form, as well as any records or documents supplied in support of this application are, to the best of my knowledge and belief, true, complete and correct. I understand I must submit proof of my age and if applicable, proof of my spouse's contingent annuitant's age acceptable to the Trustees. I also understand that, if I am married, I must submit a copy of my Marriage License or Certificate.

Signature _____ Date _____

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RETIREMENT DECLARATION

NAME: _____ **SOCIAL SECURITY NUMBER:** _____

AS A RETIREE ON A PENSION FROM THE ARIZONA SHEET METAL LOCAL 359 PENSION TRUST FUND, I DECLARE THAT I WILL BE BOUND BY ALL THE RULES AND REGULATIONS OF THE PENSION PLAN, AND THAT:

I UNDERSTAND THAT I MUST REFRAIN FROM EMPLOYMENT AS FOLLOWS:

1. **BEFORE AGE (62)** – I MUST WITHDRAW COMPLETELY AND REFRAIN FROM EMPLOYMENT OR FROM ACTING AS A CONTRACTOR, BUSINESSMAN OR OTHERWISE IN THE SHEET METAL AND RELATED INDUSTRIES WHEREVER SUCH EMPLOYMENT OR ACTIVITY MAY BE PERFORMED.

1(A). I UNDERSTAND THAT SHOULD I BECOME EMPLOYED IN WORK OF THE TYPE DESCRIBED ABOVE, I MUST NOTIFY THE TRUSTEES IN WRITING WITHIN 21 DAYS FOLLOWING THE COMMENCEMENT OF SUCH EMPLOYMENT, AND THAT MY PENSION BENEFITS WILL BE SUSPENDED FOR ANY CALENDAR MONTH IN WHICH I AM SO EMPLOYED AND AT THE DISCRETION OF THE BOARD FOR SIX (6) ADDITIONAL CALENDAR MONTHS AFTER CEASING SUCH EMPLOYMENT BUT NOT BEYOND NORMAL RETIREMENT AGE. FAILURE TO NOTIFY THE TRUSTEES IN WRITING OF SUCH WORK WITHIN 21 DAYS MAY RESULT IN AN ADDITIONAL PERIOD OF SIX (6) MONTHS OVER AND ABOVE THE SUSPENSION PERIOD, BUT NOT BEYOND NORMAL RETIREMENT AGE.

2. **AFTER AGE (62)** – I MUST WITHDRAW AND REFRAIN FROM EMPLOYMENT FOR WAGES OR PROFIT IN EXCESS OF FORTY (40) HOURS IN A CALENDAR MONTH, IN THE SAME INDUSTRY, IN THE SAME TRADE OR CRAFT, AND IN THE SAME GEOGRAPHIC AREA COVERED BY THE PLAN. IF YOU WORK IN EXCESS OF FORTY (40) HOURS YOU MUST LET THE TRUSTEES KNOW IN WRITING WITHIN 21 DAYS.

LAST DAY WORKED IN COVERED EMPLOYMENT _____ EMPLOYER _____

LAST DAY WORKED IN ANY EMPLOYMENT _____ EMPLOYER _____

SIGNED _____ DATE _____

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DISABILITY RETIREMENT DECLARATION

NAME: _____ SOCIAL SECURITY NUMBER: _____

IN RETIRING FROM THE ARIZONA SHEET METAL PENSION TRUST FUND ON A DISABILITY PENSION, I DECLARE THAT I WILL BE BOUND BY ALL THE RULES AND REGULATIONS OF THE PENSION PLAN AND THAT:

1. I UNDERSTAND THAT I MUST WITHDRAW COMPLETELY AND REFRAIN FROM ANY EMPLOYMENT ANYWHERE FOR WAGES OR PROFIT IN THE TYPE OF WORK COVERED BY THE COLLECTIVE BARGAINING AGREEMENT WHILE I AM RECEIVING MY PENSION.
2. IF I RETURN TO THE TYPE OF WORK DESCRIBED ABOVE, I WILL NOTIFY THE TRUSTEES IN WRITING OF THIS FACT WITHIN 21 DAYS AFTER I HAVE RETURNED TO WORK.
3. IF I RECOVER OR IF I LOSE ENTITLEMENT TO MY SOCIAL SECURITY DISABILITY PENSION PRIOR TO AGE 62, I WILL NOTIFY THE TRUSTEES IN WRITING WITHIN 21 DAYS.
4. I FURTHER UNDERSTAND THAT IF I FAIL TO GIVE THE NOTICE SPECIFIED ABOVE, I WILL SUFFER THE DISQUALIFICATIONS PROVIDED IN THE PLAN
5. I UNDERSTAND THAT I, PERSONALLY, MUST ENDORSE EACH PENSION CHECK.
6. I UNDERSTAND THAT IF I AM UNDER 65 YEARS OF AGE WHILE RECEIVING MY PENSION, I MUST FURNISH TO THE TRUSTEES BY APRIL 15TH OF EACH YEAR, UPON REQUEST, COPIES OF MY FEDERAL TAX RETURN AND COPIES OF ALL W-2 FORM WHICH WERE ATTACHED. I UNDERSTAND THAT FAILURE TO FURNISH THIS INFORMATION AS REQUIRED MAY RESULT IN THE SUSPENSION OF MY PENSION BENEFIT IN ACCORDANCE WITH THE PROVISIONS OF THE PENSION PLAN.

LAST DAY WORKED IN
COVERED EMPLOYMENT _____ EMPLOYER _____

LAST DAY WORKED IN
ANY EMPLOYMENT _____ EMPLOYER _____

SIGNED: _____ DATE: _____

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AUTHORIZATION FOR DIRECT DEPOSIT PENSION TRUST FUND

NAME OF FINANCIAL INSTITUTION

NAME OF BRANCH OFFICE

TELEPHONE NUMBER

STREET ADDRESS OR P.O. BOX NUMBER

CITY

STATE

ZIP CODE

CHECKING SAVINGS

ACCOUNT NUMBER

BANK ROUTING OR TRANSIT NUMBER (9 DIGITS)

PLEASE PROVIDE THE EXACT SEQUENCE OF NUMBERS, DASHES, SPACES, ETC. OF THE MEMBERS ACCOUNT NUMBER

MEMBER INFORMATION

NAME

SOCIAL SECURITY NUMBER

STREET ADDRESS OR P.O. BOX NUMBER

TELEPHONE NUMBER

CITY

STATE

ZIP CODE

I HEREBY AUTHORIZE THE ABOVE NAMED PENSION TRUST FUND TO DEPOSIT MY MONTHLY PENSION CHECK INTO THE ACCOUNT LOCATED AT THE FINANCIAL INSTITUTION LISTED ABOVE.

I FURTHER AUTHORIZE THE ABOVE NAMED PENSION TRUST FUND AND/OR THIS FINANCIAL INSTITUTION TO DEBIT MY ACCOUNT FOR THE PURPOSE OF ERROR CORRECTION AND/OR TO REFUND PENSION PAYMENTS INADVERTENTLY MADE AFTER MY DEATH.

SIGNATURE

DATE

PLEASE ATTACH A VOIDED CHECK IF A CHECKING ACCOUNT.

PLEASE ATTACH A BLANK DEPOSIT SLIP IF A SAVINGS ACCOUNT.

**Withholding Certificate for
 Pension or Annuity Payments**

2010

Purpose. Form W-4P is for U.S. citizens, resident aliens, or their estates who are recipients of pensions, annuities (including commercial annuities), and certain other deferred compensation. Use Form W-4P to tell payers the correct amount of federal income tax to withhold from your payment(s). You also may use Form W-4P to choose (a) not to have any federal income tax withheld from the payment (except for eligible rollover distributions, or payments to U.S. citizens delivered outside the United States or its possessions) or (b) to have an additional amount of tax withheld.

Your options depend on whether the payment is periodic, nonperiodic, or an eligible rollover distribution, as explained on

pages 3 and 4. Your previously filed Form W-4P will remain in effect if you do not file a Form W-4P for 2010.

What do I need to do? Complete lines **A** through **G** of the **Personal Allowances Worksheet**. Use the additional worksheets on page 2 to further adjust your withholding allowances for itemized deductions, adjustments to income, any additional standard deduction, certain credits, or multiple pensions/more-than-one-income situations. If you do not want any federal income tax withheld (see *Purpose* above), you can skip the worksheets and go directly to the Form W-4P below.

Sign this form. Form W-4P is not valid unless you sign it.

Personal Allowances Worksheet (Keep for your records.)

A Enter "1" for **yourself** if no one else can claim you as a dependent **A** _____

B Enter "1" if:
 { • You are single and have only one pension; or
 • You are married, have only one pension, and your spouse has no income subject to withholding; or
 • Your income from a second pension or a job, or your spouse's pension or wages (or the total of all) is \$1,500 or less. } **B** _____

C Enter "1" for your **spouse**. But, you may choose to enter "-0-" if you are married and have either a spouse who has income subject to withholding or you have more than one source of income subject to withholding. (Entering "-0-" may help you avoid having too little tax withheld.) **C** _____

D Enter number of **dependents** (other than your spouse or yourself) you will claim on your tax return **D** _____

E Enter "1" if you will file as **head of household** on your tax return **E** _____

F Child Tax Credit (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information.
 • If your total income will be less than \$61,000 (\$90,000 if married), enter "2" for each eligible child; then **less** "1" if you have three or more eligible children.
 • If your total income will be between \$61,000 and \$84,000 (\$90,000 and \$119,000 if married), enter "1" for each eligible child plus "1" **additional** if you have six or more eligible children **F** _____

G Add lines A through F and enter total here. (**Note.** *This may be different from the number of exemptions you claim on your tax return.*) **G** _____

For accuracy, complete all worksheets that apply.
 { • If you plan to **itemize or claim adjustments to income** and want to reduce your withholding, see the **Deductions and Adjustments Worksheet** on page 2.
 • If you have more than one source of income subject to withholding or a spouse with income subject to withholding **and** your combined income from all sources exceeds \$18,000 (\$32,000 if married), see the **Multiple Pensions/More-Than-One-Income Worksheet** on page 2 to avoid having too little tax withheld.
 • If **neither** of the above situations applies, **stop here** and enter the number from line G on line 2 of Form W-4P below.

----- **Cut here and give Form W-4P to the payer of your pension or annuity. Keep the top part for your records.** -----

**Withholding Certificate for
 Pension or Annuity Payments**

2010

► **For Privacy Act and Paperwork Reduction Act Notice, see page 4.**

Type or print your first name and middle initial.	Last name	Your social security number : : : : : : : : :
Home address (number and street or rural route)		Claim or identification number (if any) of your pension or annuity contract
City or town, state, and ZIP code		

Complete the following applicable lines.

1 Check here if you **do not want any** federal income tax withheld from your pension or annuity. (Do not complete lines 2 or 3.) ►

2 Total number of allowances and marital status you are claiming for withholding from each **periodic** pension or annuity payment. (You may also designate an additional dollar amount on line 3.) ► _____
Marital status: Single Married Married, but withhold at higher "Single" rate (Enter number of allowances.)

3 Additional amount, if any, you want withheld from each pension or annuity payment. (**Note.** *For periodic payments, you cannot enter an amount here without entering the number (including zero) of allowances on line 2.*) ► \$ _____

Your signature ► _____

Date ► _____

Deductions and Adjustments Worksheet

Note. Use this worksheet **only** if you plan to itemize deductions or claim certain credits or adjustments to income.

1	Enter an estimate of your 2010 itemized deductions. These include qualifying home mortgage interest, charitable contributions, state and local taxes, medical expenses in excess of 7.5% of your income, and miscellaneous deductions	1	\$ _____
2	Enter: $\left\{ \begin{array}{l} \$11,400 \text{ if married filing jointly or qualifying widow(er)} \\ \$ 8,400 \text{ if head of household} \\ \$ 5,700 \text{ if single or married filing separately} \end{array} \right\}$	2	\$ _____
3	Subtract line 2 from line 1. If zero or less, enter “-0-”	3	\$ _____
4	Enter an estimate of your 2010 adjustments to income and any additional standard deduction. (See Pub. 919)	4	\$ _____
5	Add lines 3 and 4 and enter the total. (Include any credit amounts from <i>Worksheet 6</i> in Pub. 919.)	5	\$ _____
6	Enter an estimate of your 2010 income not subject to withholding (such as dividends or interest)	6	\$ _____
7	Subtract line 6 from line 5. If zero or less, enter “-0-”	7	\$ _____
8	Divide the amount on line 7 by \$3,650 and enter the result here. Drop any fraction.	8	_____
9	Enter the number from the Personal Allowances Worksheet , line G, page 1	9	_____
10	Add lines 8 and 9 and enter the total here. If you use the Multiple Pensions/More-Than-One-Income Worksheet , also enter this total on line 1 below. Otherwise, stop here and enter this total on Form W-4P, line 2, page 1	10	_____

Multiple Pensions/More-Than-One-Income Worksheet

Note. Complete only if the instructions under line G, page 1, direct you here. This applies if you (and your spouse if married filing a joint return) have more than one source of income subject to withholding (such as more than one pension, or a pension and a job, or you have a pension and your spouse works).

1	Enter the number from line G, page 1 (or from line 10 above if you used the Deductions and Adjustments Worksheet)	1	_____
2	Find the number in Table 1 below that applies to the LOWEST paying pension or job and enter it here. However , if you are married filing jointly and the amount from the highest paying pension or job is \$65,000 or less, do not enter more than “3.”	2	_____
3	If line 1 is more than or equal to line 2, subtract line 2 from line 1. Enter the result here (if zero, enter “-0-”) and on Form W-4P, line 2, page 1. Do not use the rest of this worksheet	3	_____
Note. If line 1 is less than line 2, enter “-0-” on Form W-4P, line 2, page 1. Complete lines 4–9 below to figure the additional withholding amount necessary to avoid a year-end tax bill.			
4	Enter the number from line 2 of this worksheet	4	_____
5	Enter the number from line 1 of this worksheet	5	_____
6	Subtract line 5 from line 4.	6	_____
7	Find the amount in Table 2 below that applies to the HIGHEST paying pension or job and enter it here	7	\$ _____
8	Multiply line 7 by line 6 and enter the result here. This is the additional annual withholding needed	8	\$ _____
9	Divide line 8 by the number of pay periods remaining in 2010. For example, divide by 12 if you are paid every month and you complete this form in December 2009. Enter the result here and on Form W-4P, line 3, page 1. This is the additional amount to be withheld from each payment	9	\$ _____

Table 1

Table 2

Married Filing Jointly		All Others		Married Filing Jointly		All Others	
If wages from LOWEST paying pension or job are—	Enter on line 2 above	If wages from LOWEST paying pension or job are—	Enter on line 2 above	If wages from HIGHEST paying pension or job are—	Enter on line 7 above	If wages from HIGHEST paying pension or job are—	Enter on line 7 above
\$0 - \$7,000	0	\$0 - \$6,000	0	\$0 - \$65,000	\$550	\$0 - \$35,000	\$550
7,001 - 10,000	1	6,001 - 12,000	1	65,001 - 120,000	910	35,001 - 90,000	910
10,001 - 16,000	2	12,001 - 19,000	2	120,001 - 185,000	1,020	90,001 - 165,000	1,020
16,001 - 22,000	3	19,001 - 26,000	3	185,001 - 330,000	1,200	165,001 - 370,000	1,200
22,001 - 27,000	4	26,001 - 35,000	4	330,001 and over	1,280	370,001 and over	1,280
27,001 - 35,000	5	35,001 - 50,000	5				
35,001 - 44,000	6	50,001 - 65,000	6				
44,001 - 50,000	7	65,001 - 80,000	7				
50,001 - 55,000	8	80,001 - 90,000	8				
55,001 - 65,000	9	90,001 - 120,000	9				
65,001 - 72,000	10	120,001 and over	10				
72,001 - 85,000	11						
85,001 - 105,000	12						
105,001 - 115,000	13						
115,001 - 130,000	14						
130,001 and over	15						

Additional Instructions

Section references are to the Internal Revenue Code.

When should I complete the form? Complete Form W-4P and give it to the payer as soon as possible. Get Pub. 919, *How Do I Adjust My Tax Withholding*, to see how the dollar amount you are having withheld compares to your projected total federal income tax for 2010. You may also use the IRS Withholding Calculator on the IRS website at www.irs.gov/individuals for help in determining how many withholding allowances to claim on your Form W-4P.

Multiple pensions/more than one income. To figure the number of allowances that you may claim, combine allowances and income subject to withholding from all sources on one worksheet. You may file a Form W-4P with each pension payer, but do not claim the same allowances more than once. Your withholding usually will be most accurate when all allowances are claimed on the Form W-4P for the highest source of income subject to withholding and zero allowances are claimed on the others.

Other income. If you have a large amount of income from other sources not subject to withholding (such as interest, dividends, or capital gains), consider making estimated tax payments using Form 1040-ES, *Estimated Tax for Individuals*. Call 1-800-TAX-FORM (1-800-829-3676) to get Form 1040-ES and Pub. 505, *Tax Withholding and Estimated Tax*. You can also get forms and publications from the IRS website at www.irs.gov.

If you have income from wages, see Pub. 919 to find out if you should adjust your withholding on Form W-4 or Form W-4P.

Note. Social security and railroad retirement payments may be includible in income. See Form W-4V, *Voluntary Withholding Request*, for information on voluntary withholding from these payments.

Withholding From Pensions and Annuities

Generally, federal income tax withholding applies to the taxable part of payments made from pension, profit-sharing, stock bonus, annuity, and certain deferred compensation plans; from individual retirement arrangements (IRAs); and from commercial annuities. The method and rate of withholding depends on (a) the kind of payment you receive, (b) whether the payments are delivered outside the United States or its commonwealths and possessions, and (c) whether the recipient is a nonresident alien individual, a nonresident alien beneficiary, or a foreign estate. Qualified distributions from a Roth IRA are nontaxable and, therefore, not subject to withholding. See page 4 for special withholding rules that apply to payments outside the United States and payments to foreign persons.

Because your tax situation may change from year to year, you may want to refigure your withholding each year. You can change the amount to be withheld by using lines 2 and 3 of Form W-4P.

Choosing not to have income tax withheld. You (or in the event of death, your beneficiary or estate) can choose not to have federal income tax withheld from your payments by using line 1 of Form W-4P. For an estate, the election to have no income tax withheld may be made by the executor or personal representative of the decedent. Enter the estate's employer identification number (EIN) in the area reserved for "Your social security number" on Form W-4P.

You may not make this choice for eligible rollover distributions. See *Eligible rollover distribution—20% withholding* on page 4.

Caution. There are penalties for not paying enough federal income tax during the year, either through withholding or estimated tax payments. New retirees, especially, should see Pub. 505. It explains your estimated tax requirements and describes penalties in detail. You may be able to avoid quarterly estimated tax payments by having enough tax withheld from your pension or annuity using Form W-4P.

Periodic payments. Withholding from periodic payments of a pension or annuity is figured in the same manner as withholding from wages. Periodic payments are made in installments at regular intervals over a period of more than 1 year. They may be paid annually, quarterly, monthly, etc.

If you want federal income tax to be withheld, you must designate the number of withholding allowances on line 2 of Form W-4P and indicate your marital status by checking the appropriate box. Under current law, you cannot designate a specific dollar amount to be withheld. However, you can designate an additional amount to be withheld on line 3.

If you do not want any federal income tax withheld from your periodic payments, check the box on line 1 of Form W-4P and submit the form to your payer. However, see *Payments to Foreign Persons and Payments Outside the United States* on page 4.

Caution. If you do not submit Form W-4P to your payer, the payer must withhold on periodic payments as if you are married claiming three withholding allowances. Generally, this means that tax will be withheld if your pension or annuity is at least \$2,080 a month.

If you submit a Form W-4P that does not contain your correct taxpayer identification number (TIN), the payer must withhold as if you are single claiming zero withholding allowances even if you choose not to have federal income tax withheld.

There are some kinds of periodic payments for which you cannot use Form W-4P because they are already defined as wages subject to federal income tax withholding. These payments include retirement pay for service in the U.S. Armed Forces and payments from certain nonqualified deferred compensation plans and deferred compensation plans of exempt organizations described in section 457. Your payer should be able to tell you whether Form W-4P applies.

For periodic payments, your Form W-4P stays in effect until you change or revoke it. Your payer must notify you each year of your right to choose not to have federal income tax withheld (if permitted) or to change your choice.

Nonperiodic payments—10% withholding. Your payer must withhold at a flat 10% rate from nonperiodic payments (but see *Eligible rollover distribution—20% withholding* on page 4) unless you choose not to have federal income tax withheld. Distributions from an IRA that are payable on demand are treated as nonperiodic payments. You can choose not to have federal income tax withheld from a nonperiodic payment (if permitted) by submitting Form W-4P (containing your correct TIN) to your payer and checking the box on line 1. Generally, your choice not to have federal income tax withheld will apply to any later payment from the same plan. You cannot use line 2 for nonperiodic payments. But you may use line 3 to specify an additional amount that you want withheld.

Caution. If you submit a Form W-4P that does not contain your correct TIN, the payer cannot honor your request not to have income tax withheld and must withhold 10% of the payment for federal income tax.

Eligible rollover distribution—20% withholding.

Distributions you receive from qualified pension or annuity plans (for example, 401(k) pension plans, and section 457(b) plans maintained by a governmental employer) or tax-sheltered annuities that are eligible to be rolled over tax free to an IRA or qualified plan are subject to a flat 20% federal withholding rate. The 20% withholding rate is required, and you cannot choose not to have income tax withheld from eligible rollover distributions. Do not give Form W-4P to your payer unless you want an additional amount withheld. Then, complete line 3 of Form W-4P and submit the form to your payer.

Note. The payer will not withhold federal income tax if the entire distribution is transferred by the plan administrator in a direct rollover to a traditional IRA, qualified pension plan, governmental section 457(b) plan (if allowed by the plan), section 403(b) contract, or tax-sheltered annuity.

Distributions that are (a) required by law, (b) one of a specified series of equal payments, or (c) qualifying "hardship" distributions are **not** "eligible rollover distributions" and are not subject to the mandatory 20% federal income tax withholding. See Pub. 505 for details. See also *Nonperiodic payments—10% withholding* on page 3.

Changing Your "No Withholding" Choice

Periodic payments. If you previously chose not to have federal income tax withheld and you now want withholding, complete another Form W-4P and submit it to your payer. If you want federal income tax withheld at the rate set by law (married with three allowances), write "Revoked" next to the checkbox on line 1 of the form. If you want tax withheld at any different rate, complete line 2 on the form.

Nonperiodic payments. If you previously chose not to have federal income tax withheld and you now want withholding, write "Revoked" next to the checkbox on line 1 and submit Form W-4P to your payer.

Payments to Foreign Persons and Payments Outside the United States

Unless you are a nonresident alien, withholding (in the manner described above) is required on any periodic or nonperiodic payments that are delivered to you outside the United States or its possessions. You cannot choose not to have federal income tax withheld on line 1 of Form W-4P. See Pub. 505 for details.

In the absence of a tax treaty exemption, nonresident aliens, nonresident alien beneficiaries, and foreign estates generally are subject to a 30% federal withholding tax under section 1441 on the taxable portion of a periodic or nonperiodic pension or annuity payment that is from U.S. sources. However, most tax treaties provide that private pensions and annuities are exempt from withholding and tax. Also, payments from certain pension plans are exempt from withholding even if no tax treaty applies. See Pub. 515, *Withholding of Tax on Nonresident Aliens and Foreign Entities*, and Pub. 519, *U.S. Tax Guide for Aliens*, for details. A foreign person should submit Form W-8BEN, *Certificate of Foreign Status of Beneficial Owner for United States Tax Withholding*, to the payer before receiving any payments. The Form W-8BEN must contain the foreign person's TIN.

Statement of Federal Income Tax Withheld From Your Pension or Annuity

By January 31 of next year, your payer will furnish a statement to you on Form 1099-R, *Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.*, showing the total amount of your pension or annuity payments and the total federal income tax withheld during the year. If you are a foreign person who has provided your payer with Form W-8BEN, your payer instead will furnish a statement to you on Form 1042-S, *Foreign Person's U.S. Source Income Subject to Withholding*, by March 15 of next year.

Privacy Act and Paperwork Reduction Act Notice

We ask for the information on this form to carry out the Internal Revenue laws of the United States. You are required to provide this information only if you want to (a) request federal income tax withholding from periodic pension or annuity payments based on your withholding allowances and marital status, (b) request additional federal income tax withholding from your pension or annuity, (c) choose not to have federal income tax withheld, when permitted, or (d) change or revoke a previous Form W-4P. To do any of the aforementioned, you are required by sections 3405(e) and 6109 and their regulations to provide the information requested on this form. Failure to provide this information may result in inaccurate withholding on your payment(s). Providing false or fraudulent information may subject you to penalties.

Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation, and to cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their tax laws. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by section 6103.

The average time and expenses required to complete and file this form will vary depending on individual circumstances. For estimated averages, see the instructions for your income tax return.

If you have suggestions for making this form simpler, we would be happy to hear from you. See the instructions for your income tax return.

REQUEST FOR SOCIAL SECURITY EARNINGS INFORMATION

1. From whose record do you need the earnings information?

Print the Name, Social Security Number (SSN), and date of birth below.

Name _____	Social Security Number _____
Other Name(s) Used (Include Maiden Name) _____	Date of Birth (Mo/Day/Yr) _____

2. What kind of information do you need?

Detailed Earnings Information For the period(s)/year(s): _____
(If you check this block, tell us below why you need this information.)

Certified Total Earnings For Each Year. For the year(s): _____
(Check this box only if you want the information certified. Otherwise, call 1-800-772-1213 to request Form SSA-7004, Request for Earnings and Benefit Estimate Statement)

3. If you owe us a fee for this detailed earnings information, enter the amount due using the chart on page 3 A. \$ _____

Do you want us to certify the information? Yes No
If yes, enter \$15.00 B. \$ _____

ADD the amounts on lines A and B, and enter the TOTAL amount C. \$ _____

- You can pay by CREDIT CARD by completing and returning the form on page 4, or
- Send your CHECK or MONEY ORDER for the amount on line C with the request and make check or money order payable to "Social Security Administration"
- DO NOT SEND CASH.

4. I am the individual to whom the record pertains (or a person who is authorized to sign on behalf of that individual). I understand that any false representation to knowingly and willfully obtain information from Social Security records is punishable by a fine of not more than \$5,000 or one year in prison.

SIGN your name here
(Do not print) > _____ Date _____

Daytime Phone Number _____
(Area Code) (Telephone Number)

5. Tell us where you want the information sent. (Please print)

Name Arizona Sheet Metal Pension Trust Fund Address 2400 W Dunlap Avenue, Suite 250
City, State & Zip Code Phoenix, AZ 85021

6. Mail Completed Form(s) To: **Exception:** If using private contractor (e.g., FedEx) to mail form(s), use:

Social Security Administration Division of Earnings Record Operations P.O. Box 33003 Baltimore Maryland 21290-3003	Social Security Administration Division of Earnings Record Operations 300 N. Greene St. Baltimore Maryland 21290-0300
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ARIZONA SHEET METAL TRUST FUNDS

HEALTH AND WELFARE

ADMINISTRATIVE OFFICE

PENSION

2400 W. Dunlap Ave., Suite 250
Phoenix, AZ 85021
(602) 249-3582
www.southwestservicepa.com

MEDICAL BENEFIT INQUIRY

I am interested in enrolling in the Arizona Sheet Metal Retired Employee Medical Plan if eligible. The completion of the information below will be used to obtain enrollment information such as applicable rates, eligibility status and estimated hour bank balance. Once this information is provided, **a separate Enrollment form must be completed in order for benefits to become effective.**

DATE: _____

RETIREE NAME: _____

SS#: _____ DATE OF BIRTH: _____

ADDRESS: _____

LAST DAY WORKED OR LAST DAY EXPECTED TO WORK: _____

DOES RETIREE HAVE MEDICARE: YES NO

SPOUSES NAME: _____

SS# _____ SPOUSE DATE OF BIRTH: _____

DOES SPOUSE HAVE MEDICARE: YES NO

.....

PENSION USE ONLY

PENSION CREDITS: _____

RETIREMENT EFFECTIVE DATE: _____

DISABILITY PENSION: YES NO

ARIZONA SHEET METAL TRUST FUNDS

HEALTH AND WELFARE

ADMINISTRATIVE OFFICE

PENSION

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Phoenix, AZ 85021
(602) 249-3582
www.southwestservicepa.com

CONSENT TO WAIVER 30-DAY ADVANCED WAITING PERIOD

I have applied for pension benefits from the Arizona Sheet Metal Pension Trust Fund with an Annuity start date of _____. I recognize that, under federal law and regulations, my Annuity Starting Date would ordinarily not occur for at least 30 days after my spouse and I receive an explanation of the Plan's benefit options. Because I do not want to wait, and possibly lose benefits as a result, and because the Plan's 7-day election revocation period gives me and my spouse sufficient time to make an informed decision, acting on behalf of myself, my heirs, successors and assigns, I hereby authorize the Trust to dispense with the 30-day waiting period and agree not to challenge the validity of my election once benefit payments begin.

I hereby apply for a Pension from the Arizona Sheet Metal Pension Trust Fund. I acknowledge all choices and elections have been made voluntarily.

I certify under penalty of perjury that all of the above statements are true and correct. I also understand that a false statement may disqualify me for pension benefits, and that the Trustees shall have the right to recover any payments made to me because of a false statement.

Executed this _____ day of _____, 20____.

Participant's Signature

Spouse's Signature

Subscribed and sworn to before me this _____ day of _____, 20____.

Notary Public

My commission Expires: _____

PROOF OF AGE must be furnished before retirement BY ALL APPLICANTS.

If Husband and Wife Option has been elected, the same identification rules apply for your spouse.

If you are unable to supply a birth certificate, submit at least two of the other documents shown. (The Fund may request additional proof if a conflict exists with other information obtained). Please do not send originals, COPIES are preferred.

I submit the following proof of age:

_____ **Birth Certificate - OR**

_____ Baptismal Certificate signed by Church Official

_____ Certified Birth Registration

_____ Certificate of Social Security Award

_____ Hospital Birth Certificate, signed by Hospital Official

_____ Signed statements of Physician or Midwife in attendance

_____ Family Bible or other record certified by Notary Public

_____ Passport

_____ Naturalization Record - Immigration papers

_____ Record of Military Service

_____ Certified Vaccination Record

_____ Certified School Record

_____ Certified Labor Union or Lodge Records

_____ Insurance Policy showing Date of Birth or Age

_____ Certified Marriage Records (application for marriage license showing date of Birth or age.

_____ Other Records such as signed statements from persons having knowledge of Date of Birth; Voting Records; Poll Tax Receipts; Driver's License, etc.