
The Steamfitters' Industry Supplemental Retirement Plan
c/o John Hancock Retirement Plan Services, LLC
P.O. Box 940
Norwood, MA 02062-0940



January 10, 2023

John Sample
123 Main Street
AnyTown, FL 32968-5080

Re: Qualified birth or adoption distribution

Enclosed is your qualified birth or adoption distribution package. It includes a **QUALIFIED BIRTH OR ADOPTION DISTRIBUTION FORM**. Use this package to request a distribution from the Plan of up to \$5,000 of your available vested account balance in the event of a qualified birth or legal adoption of a child. You may want to seek the advice of a professional tax advisor prior to choosing a withdrawal option. **Please follow the instructions in this package carefully.**

To process your request, follow all steps below:

- Step 1: indicate the amount of your requested distribution in the Request for Qualified Birth or Adoption Distribution section
- Step 2: indicate your tax withholding election in the Tax Withholding Election section
- Step 3: sign the **QUALIFIED BIRTH OR ADOPTION DISTRIBUTION FORM WITHDRAWAL FORM** where indicated in the Signature section
- Step 4: return all pages of the **QUALIFIED BIRTH OR ADOPTION DISTRIBUTION FORM WITHDRAWAL FORM** (even if there is no election made on the page)

Return forms to:

The Steamfitters' Industry Fund Office, 27-08 40th Avenue, 2nd Floor, Long Island City, NY 11101-3725 OR email to pension@steamny.com.

If your withdrawal request is approved, payment will be sent within 2 business days following receipt of the Plan Administrator approved form(s) by John Hancock. Payment will be sent to the banking account you have provided on myplan.johnhancock.com. If you have not elected direct deposit, a check will be mailed to your address of record.

Please note that forms returned without original signatures or all necessary attachments, if applicable, will be denied and you will be notified and provided with the reason(s) for denial and any corrective actions. Returning forms to you for correction will delay the processing of your transaction. If you do not return the completed form(s) within 180 days from the date of this letter, you will be required to obtain a new form package. Also, please be aware that this form package may only be used once, and copies of this form may not be accepted for future use.

If you have any questions about the above, please log on to myplan.johnhancock.com or call 1.833.388.6466. The automated information line is available 7 days a week, 24 hours a day. Participant Service Representatives are available Monday through Friday, 8:00 a.m. to 10:00 p.m. Eastern Time, except on New York Stock Exchange holidays.

Thank you.



**QUALIFIED BIRTH OR ADOPTION
DISTRIBUTION FORM**
**The Steamfitters' Industry Supplemental
Retirement Plan**

PARTICIPANT'S NAME	SOCIAL SECURITY NO.

Under the Setting Every Community Up for Retirement Enhancement Act ("SECURE Act"), you are eligible to request a distribution from the Plan of up to \$5,000* of your available vested account balance in the event of a qualified birth or legal adoption of a child. For purposes of this distribution, an eligible adoptee is an individual (excluding the child of your spouse) who has not attained age 18 or is physically or mentally incapable of self-support.

A qualified birth or adoption distribution **must be made no later than the end of the one-year period beginning on the date of the birth of the child or date on which the legal adoption of a child is finalized.**

This special distribution is taxable but is not subject to the 10% early withdrawal penalty. Unless you elect otherwise, you will be subject to 10% withholding for federal income taxes, plus any applicable state tax withholding. Subject to certain restrictions, you may be able to repay all or part of this qualified birth or adoption distribution to the Plan or to an IRA. The distribution will not be treated as a qualified birth or adoption distribution unless you include the name, age, and Taxpayer Identification Number (TIN) of the child or eligible adoptee on your tax return for the taxable year of the distribution.

*A maximum of \$5,000 may be distributed to you, counting all distributions from this Plan and any other plans or IRAs in which you participate. It is your responsibility to make sure the total amount of your qualified birth or adoption distributions does not exceed \$5,000.

I. REQUEST FOR QUALIFIED BIRTH OR ADOPTION DISTRIBUTION

NOTE: You may obtain the dollar amount of your account available for a qualified birth or adoption distribution by contacting John Hancock.

A. I request a qualified birth or adoption distribution from my available vested account in the amount of:
(Minimum withdrawal of \$1,000)

\$ _____ (fill in dollar amount)

- If the amount available to withdraw is less than the amount you requested, you will receive your entire available amount.
- Any amount paid to you will be reduced by applicable taxes.

B. Check the reason for the distribution request below and submit the appropriate documentation to substantiate this request:

<i>Reason</i>	<i>Documentation to substantiate request</i>
<input type="checkbox"/> Birth of my child	Copy of birth certificate with your name as the parent of the child. The date of birth must be within one-year of this distribution request.
<input type="checkbox"/> Legal adoption of a child	Copy of legal adoption certificate with your name as the parent of the child. The date of the legal adoption must be within one-year of this distribution request. Excludes the adoption of your spouse's child.



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II. TAX WITHHOLDING ELECTION

You may elect to have (or not have) federal income tax withheld from your distribution by checking an option A or B below.

If you elect to have no amount withheld, or if you do not have enough federal income tax withheld, you may be responsible for payment of estimated tax. You may incur penalties under the estimated tax rules if your withholding and estimated tax payments are not sufficient. You should consult your tax advisor for more information.

NOTE: If no election is made, 10% will automatically be withheld from your distribution for federal income tax, and the appropriate percentage will be withheld for state income tax (if applicable).

Elect One

- A.** I **elect** to have federal income tax, at the rate of 10%, and state income tax (if applicable) withheld from my distribution. **Additional Amount to be Withheld (if any):** \$ _____
- B.** I **do not elect** to have federal or state income tax withheld from my distribution.

III. SIGNATURE

I certify that, as stated on the attached documentation, I am the parent of a child born to or adopted by me within the last year (12 months) and therefore qualify for a birth or adoption distribution under the Plan.

I certify that this request, when combined with any other qualified birth or adoption distributions I have received from this Plan or other plans and IRAs, does not exceed the \$5,000 limit.

I understand that I have the option to have this distribution directly deposited into my bank account by accessing myplan.johnhancock.com to set up my banking information or to confirm existing banking information on file, if applicable.

I certify that there is no pending domestic relations order or court approved domestic relations order which has, or will, assign all or a part of my vested account to my spouse, former spouse, child or other dependent. I understand that a false statement by me may result in legal damages for which I will be fully responsible.

I understand that this withdrawal may be repaid to the Plan. I also understand that the payment amount may be less than the specific dollar amount I may have requested above due to Plan limitations and/or market fluctuations that may affect the amount available for withdrawal at the time payment is made.



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PARTICIPANT'S NAME	SOCIAL SECURITY NO.

Under penalties of perjury, I certify that:

1. The Social Security number / taxpayer identification number I provided on this form is my correct taxpayer identification number.
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. citizen or other U.S. person, including a U.S. resident alien (as defined in the IRS Form W-9 instructions).

Certification Instructions

You must check the box below if you have been notified by the IRS that you are currently subject to backup withholding because you failed to report all interest and dividends on your tax return.

I am subject to backup withholding as a result of a failure to report all interest and dividends.

Since the Plan is an account held in the United States, you are not required to provide a code indicating that you are exempt from FATCA reporting.

Note: The IRS does not require your consent to any provision of this document other than the certification required to avoid backup withholding.

Signature of Participant: _____ Date: _____

TO BE COMPLETED BY PLAN ADMINISTRATOR

The request for the above Participant is: APPROVED NOT APPROVED

If approved, the Custodian is hereby authorized to process the request.

Plan Administrator: _____ Date: _____

Date form received by Plan Administrator: _____

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