

# Painters District Council No. 30 Retirement Savings Plan (RSP)

# What is your plan?

## Who are you?

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Birth Date \_\_\_\_\_ Social Security # / U.S. Tax ID # \_\_\_\_\_

Last 4 Digits

Phone Number \_\_\_\_\_ Email \_\_\_\_\_

The best phone number to reach you with questions

If you regularly use email and want us to use it to contact you, list your email clearly here.

## Who are you employed by?

Your Current Employer \_\_\_\_\_

*Note: If you go to work for a different employer, you must contact the Benefits Office to continue your savings plan with that new employer.*

## How much do you want to save?

This is where you declare how much you want to have withheld from your gross pay each pay period. Please list a percentage. This can be changed at a later time, but changes will require the completion of a new form and may take up to 30 days to take effect. If you are terminating a prior election, and wish to have no funds electively withheld, enter "0" in the box.

\_\_\_\_\_ % Examples: 5%, 8%, 10%

## Who do you wish to have as your surviving beneficiary?

If you are married, or become married, your spouse is automatically your beneficiary in the event of your death. Please check below that you are legally married (listing your spouse's name in the space provided). If you are not married, please complete the Primary and Secondary Beneficiary Information below.

I am married. Spouse's Name \_\_\_\_\_

I am single. Below is my primary and/or secondary beneficiary.

**Primary Beneficiary** \_\_\_\_\_ Relationship \_\_\_\_\_

Birth Date \_\_\_\_\_ Phone \_\_\_\_\_

**Secondary Beneficiary\*** \_\_\_\_\_ Relationship \_\_\_\_\_  
(this is optional)

Birth Date \_\_\_\_\_ Phone \_\_\_\_\_

\* A secondary beneficiary will only become a primary beneficiary if the person you list as primary is no longer alive at the time of your death.

Check here if you wish to complete a Designation of Beneficiary Form for the RSP, a detailed form to declare multiple primary and/or secondary beneficiaries, separate percentages for beneficiaries, or a beneficiary other than your spouse (you and your spouse must agree to list someone else as a beneficiary). The Benefits Office will send you this form.

## Your Signature:

I understand the Benefits Office will direct the above listed employer, and additional employers upon my notification, to withhold the above listed percentage from my gross pay, or increase or decrease a prior requested withholding amount to conform to the above listed percentage. I understand that withheld amounts will be contributed on my behalf to the Painters District Council No. 30 Finishing Industries Retirement Savings Plan (RSP), that such amounts will be invested in various market instruments, and my individual account balance may increase or decrease throughout the time that funds are held within the account. I understand that the PDC 30 Benefits Office will continue to implement this election until I direct otherwise in writing or through the completion of a new form. I understand that I may withdraw funds only in accordance with the rules of the RSP, and that withdrawals other than an Eligible Rollover Distribution will be subject to a mandatory withholding at a rate of 20% and/or such other amount as may be required by law. And, I understand that working in "disqualifying employment" after leaving covered employment, as defined by the RSP, will affect when I become eligible to receive a distribution from the RSP.

Your Signature \_\_\_\_\_ Today's Date \_\_\_\_\_

Submit completed form to PDC 30 Benefits Office, either in person, by fax (630-513-9503), by email (RSP@pdc30.com), or by mail (PDC 30 Benefits Office, c/o RSP, 1905 Sequoia Dr., Ste 203, Aurora, IL 60506).

Contact the Benefits Office with any questions: email RSP@pdc30.com; phone 630-513-9500.