

HOTEL UNION AND HOTEL INDUSTRY OF HAWAII  
401(k) RETIREMENT SAVINGS PLAN  
c/o BENEFIT & RISK MANAGEMENT SERVICES, INC.  
560 NORTH NIMITZ HIGHWAY, SUITE 209 HONOLULU, HI 96817  
PHONE (808) 523-0199 FAX (808) 537-1074

**APPLICATION FOR 401(k) BENEFIT**

LAST NAME	FIRST NAME	M.I.	S.S. NUMBER
NAME OF APPLICANT (IF OTHER THAN PARTICIPANT)		RELATIONSHIP	
MAILING ADDRESS	CITY	STATE	ZIP CODE
DATE OF BIRTH	PHONE	MARITAL STATUS	
EMPLOYER	DEPARTMENT	DATE LAST WORKED	

Under and subject to the provisions of the HOTEL UNION AND HOTEL INDUSTRY OF HAWAII 401(k) PLAN, I hereby apply for a benefit to be effective \_\_\_\_\_.

**PLEASE CHECK ONE BELOW:**

1. \_\_\_\_\_ Retirement at or after age 62. **(A copy of your birth certificate is required.)\***
2. \_\_\_\_\_ Social security disability benefit. **(A copy of your social security disability award letter is required.)**
3. \_\_\_\_\_ Separation from service. **(You are eligible to withdraw your account at the end of the year that you separate from service. For tax purposes, you must attach a copy of your birth certificate if separation from service was after age 55.)\***
4. \_\_\_\_\_ Withdrawal of Rollover Account.
5. \_\_\_\_\_ Withdrawal of Deferral Account, attainment of age 59 ½. **(You must attach a copy of your birth certificate.)\***

**\*PLEASE NOTE THAT IF THE NAME SHOWN ON THE APPLICATION DOES NOT MATCH THE NAME SHOWN ON YOUR BIRTH CERTIFICATE, YOU MUST PROVIDE A COPY OF THE LEGAL DOCUMENT SHOWING THIS CHANGE.**

PARTICIPANT'S STATEMENT: I verify that, unless my application for benefits is due to item 4 or 5 above, I am not engaged in employment for wages or profit in the type of work covered by a collective bargaining agreement with the Hotel Union.

PARTICIPANT'S SIGNATURE	DATE
WITNESS' SIGNATURE (OTHER THAN FAMILY MEMBER)	DATE

I certify that the information contained below is true and complete to the best of my knowledge and belief.  
**(You must complete both steps 1 and 2, and sign this page before a notary public.)**

**MARITAL STATUS**

1. Please **check one** of the following boxes:

- Never Married                       Married                       Divorced and Remarried  
 Widowed                       Separated                       Divorced and Never Remarried

**\* Please note that if you are divorced, or have ever been divorced, you must submit a copy of your divorce decree.**

2. You must **check one** of the following boxes:

- I hereby affirm that **I am** subject to a domestic relations order (i.e., divorce decree or child support decree or any other decree, or a judgment or order resulting from a prior marriage) which became effective on or after January 1, 1985. **(If you are subject to a domestic relations order, you must enclose a copy of all such decrees, judgments or orders which apply to you.)**
- I hereby affirm that **I am not** subject to a domestic relations order (i.e., divorce decree or child support decree or any other decree, or a judgment or order resulting from a prior marriage) which became effective on or after January 1, 1985.

\_\_\_\_\_  
PARTICIPANT/APPLICANT'S SIGNATURE                      SOCIAL SECURITY NO.                      DATE

On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, before me personally appeared \_\_\_\_\_, to me known to be the person described in and who executed the foregoing statement(s) and acknowledged that he/she duly executed the same as his/her free act and deed.

\_\_\_\_\_  
Signature of Notary Public  
My Commission Expires: \_\_\_\_\_

**TAX WITHHOLDING/TRANSFER ELECTION FORM**

The benefits that you will or are receiving from the Hotel Union and Hotel Industry of Hawaii 401(k) Retirement Savings Plan may be eligible for transfer into a traditional Individual Retirement Account (IRA), Roth IRA or an eligible employer plan. Please read the **SPECIAL TAX NOTICE REGARDING PLAN PAYMENTS** which has been enclosed with this form to determine if your benefits would be eligible for this treatment. If, after reading the notice, you find that the benefit form you have selected could be transferred to a traditional IRA, Roth IRA or an eligible employer plan, please complete Items 1, 2 (if applicable) and 3 below and return this form for processing.

1. Please check **one** of the following distribution options:

- A. \_\_\_\_\_ I want all of my plan distribution transferred to the eligible employer plan or IRA listed in Item 2.
- B. \_\_\_\_\_ I want a portion of my plan distribution transferred to the eligible employer plan, traditional IRA or Roth IRA listed in Item 2. below, and the remainder paid to me in the form of a check. The amount that I want transferred to the eligible employer plan, traditional IRA or Roth IRA is \$ \_\_\_\_\_ (must be at least \$500) and I understand that the remaining amount will be subject to 20% federal income tax withholding. Complete 2. and 3. below.
- C. \_\_\_\_\_ I want all of my plan distribution paid to me in the form of a check. I understand that all of my distribution will be subject to a minimum 20% federal income tax withholding if the total amount I receive in a calendar year is greater than \$200.00. Complete 3. below.

2. If you have checked Item 1.(A) or 1.(B) above, you will need to provide the following information:

- A. The transfer is being made to an \_\_\_\_\_ traditional IRA \_\_\_\_\_ Roth IRA \_\_\_\_\_ Eligible Employer Plan
- B. Institution or Qualified Plan accepting transfer:

Institution or Plan name \_\_\_\_\_

Address \_\_\_\_\_

Account No. \_\_\_\_\_

Contact Person \_\_\_\_\_ Phone No. \_\_\_\_\_

3. If you have checked 1.(B) or 1.(C) above, federal income taxes will be withheld from any direct payment to you based on your withholding election below. (NOTE: If this section is not completed, a mandatory 20% will be automatically withheld from your direct payment and sent to the IRS as federal income tax withholding.)

\_\_\_\_\_ 20 % tax withholding

\_\_\_\_\_ Other tax withholding (must be at least 20%), equal to \_\_\_\_\_% or a flat amount of \$ \_\_\_\_\_

4. Under penalty of perjury, I hereby certify that my name, resident address, social security number and date of birth, shown on page one of this application are correct. I have received the tax notice regarding qualified plan distributions and chosen the election shown above. I also understand that the election made above shall continue to apply to all future distributions (if any) from this retirement plan until such time that I make a new election.

Furthermore, I understand that I have at least 30 days from the date this form is signed, to decide upon the distribution option shown in step 1 above. I also understand that if I am certain of the distribution option I have selected, I may waive this 30 day waiting period.

I \_\_\_\_\_do/ \_\_\_\_\_do not wish to waive the 30-day notice period that I must wait before my election above is processed. (Failure to answer will be treated as an election to retain you 30 day election period rights.)

Your Signature \_\_\_\_\_

Date \_\_\_\_\_