



**INCREMENTAL CHANGE FORM**  
**Carpenters Annuity Trust Fund for Northern California**

NAME (Last, First, Middle)	CFAO ID, SOCIAL SECURITY NUMBER, OR UBC#		
ADDRESS	CITY	STATE	ZIP
PHONE #	EMAIL ADDRESS		

Providing your email address for the receipt of mandatory disclosures is voluntary. If you provide your email address, mandatory disclosures will be sent via email.

**With regards to my application currently on file with the Carpenters Annuity Trust Fund, please change my incremental payment as follows:**

- I elect to have my Individual Account paid to me **in full at this time.**
- I elect to have a **one-time** payment of \$ \_\_\_\_\_ **now** from my account and **have my current installment payment arrangement remain unchanged.**
- I elect to have a **one-time** payment of \$ \_\_\_\_\_ **now and cancel my current installment payment arrangement** with the balance in my account remaining unpaid until I requalify to withdraw it.
- I elect to have a **one-time** payment of \$ \_\_\_\_\_ **now** and the **interest earned on my account paid to me four times a year** after each quarterly valuation of the Trust Fund.
- I elect to have **one-time** payment of \$ \_\_\_\_\_ **now** from my account, and **MONTHLY installments** of \$ \_\_\_\_\_ **thereafter, until my account is depleted.**
- I elect to have a **one-time** payment of \$ \_\_\_\_\_ **now** from my account, and **ANNUAL installments** of \$ \_\_\_\_\_ **thereafter, until my account is depleted.**
- I elect to have a **one-time** payment of \$ \_\_\_\_\_ **now** from my account, and **monthly installments OVER A PERIOD OF \_\_\_\_\_ YEARS, or until my account balance is depleted, whichever occurs first.**
- I elect to cancel my current installment payment arrangement. **I understand that my remaining balance will remain unpaid until I requalify to withdraw it.**
- I elect to rollover a **one-time** payment of \$ \_\_\_\_\_ from my account to a Qualified Retirement Plan **and have my current installment payment arrangement remain unchanged. COMPLETE PAGE 3 AND PROVIDE A COPY OF THE ELIGIBLE ROLLOVER FORM ISSUED BY THE RECEIVING INVESTMENT FACILITY.**
- I elect to rollover the **ENTIRE BALANCE** of my account to a Qualified Retirement Plan. **COMPLETE PAGE 3 AND PROVIDE A COPY OF THE ELIGIBLE ROLLOVER FORM ISSUED BY THE RECEIVING INVESTMENT FACILITY.**

*Please Note: If you currently have Direct Deposit set up, payments will be deposited to account on file.*

**Please sign below and have your spouse's signature either notarized or witnessed by a Trust Fund Representative.**

*I understand that any remaining balance will be paid in a lump sum on the valuation date immediately following my 70-1/2 birthday. I also understand that if I terminate my request for installment payments at any time my balance will remain unpaid until I requalify to withdraw it.*

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

Date \_\_\_\_\_

***SPOUSE'S SIGNATURE MUST BE WITNESSED***

by a CARPENTERS ANNUITY TRUST FUND FOR NORTHERN CALIFORNIA  
REPRESENTATIVE or a NOTARY PUBLIC

Spouse's Signature \_\_\_\_\_

Date \_\_\_\_\_

**WITNESSING TRUST FUND REPRESENTATIVE**

Printed Name and Signature of Trust Fund Representative \_\_\_\_\_

Date \_\_\_\_\_

Identification Provided \_\_\_\_\_

**OR**

**NOTARY ACKNOWLEDGMENT:**

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California

County of \_\_\_\_\_

On \_\_\_\_\_ before me \_\_\_\_\_, Notary Public,  
Month/Day/Year Here Insert Name of the Officer

personally appeared \_\_\_\_\_,  
Name(s) of Signer(s)

who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature \_\_\_\_\_  
Signature of Notary Public

Place Notary Seal Above

**A COPY OF THE "ELIGIBLE" TRANSFER/ROLLOVER REQUEST MUST BE ATTACHED TO THIS FORM.** Transfer/rollover forms are supplied by your investment facility. The form must be signed by both an agent for the investment facility and the participant. The transfer/rollover form must provide specific mailing instructions and must address the Carpenters Annuity Trust Fund for Northern California.

**Name and Address of Trustee or Qualified Retirement Plan:**

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Account# \_\_\_\_\_

Please check one:

I have elected a Direct Rollover into a(n):

- A traditional IRA
- Other eligible retirement plan that accepts rollovers

If you have elected a direct rollover of all or part of your benefit, please read and sign the following statement:

I certify that the recipient of a direct rollover, named above, is an Individual Retirement Account, an Individual Retirement Annuity, or a Qualified Retirement Plan that accepts rollovers. I understand that payment of my benefits to the Trustee of the IRA or Qualified Retirement Plan will release the Trustees of the Carpenters Annuity Trust Fund for Northern California Plan from any further obligations or responsibilities with respect to the benefits so paid.

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**Participant's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

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**Spouse's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**WITNESSING TRUST FUND REPRESENTATIVE**

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Printed Name and Signature of Trust Fund Representative \_\_\_\_\_ Date \_\_\_\_\_

Identification Provided

**OR**

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WITNESS my hand and official seal.

Signature \_\_\_\_\_

Signature of Notary Public

Place Notary Seal Above