

BAC LOCAL UNION 15 SUPPLEMENTAL PLAN

PO Box 909500

Kansas City, MO 64190-9500

Telephone: (816) 777-2668 – Toll Free: (833) 479-9728

Notice Regarding Application for Distribution BAC Local Union 15 Supplemental Plan

Dear Participant:

Following is an application and related forms for distribution of your BAC Local Union 15 Supplemental Plan, along with instructions on how to prove your age. You must provide proof of your age to the Fund Office when you file your application.

Make sure you answer all questions, and sign and date the application. When completed, please return the application and related forms to the Fund Office with your proof of age. If your proof of age is a valuable document that you do not wish to send through the mail, you may submit a photocopy. In addition, if you are married you will need to submit proof of age for your spouse along with a copy of your marriage certificate. If you have been divorced, please provide a copy of your divorce decree including the property settlement agreement.

It takes time to process your application. If you would like help in completing your application or have any questions, please call the Fund Office at (816) 777-2668 or toll free at (833) 479-9428 for assistance.

If requested, the Fund Office will provide you with an estimate of your benefit paid as a single lump sum, multi-year installment, and will calculate the amount of your benefit payable as a monthly annuity (if married). If you are married, your benefit will be calculated as a Qualified 50% Joint & Survivor Annuity and Qualified Joint & 75% Joint & Survivor Annuity.

We have included the following forms for your review and completion, where applicable:

1. Form A – Application for Distribution;
2. Form B – Election Form & QJSA Explanation
3. Form C – Election to Waive QJSA & Spouse's Consent;
4. Form D – Waiver of 30 Day Waiting Period;
5. Form E – Rollover Election; and
6. Form F – Special Tax Notice Regarding Plan Payments

If you are applying for a Disability Pension, please submit proof of Total & Permanent Disability. If you do not have a Social Security Award Letter, please contact the Fund Office for the appropriate forms.

REMINDER: Supplemental Applications are due in our office no later than March 31 of each year.

Sincerely,

Wilson-McShane Corporation
Fund Administrators

SUPPLEMENTAL PENSION BENEFITS APPLICATION

Participant, attached is the application you requested for Supplemental Pension Benefits. Please review the following information to make sure you meet the requirements and have included all the supporting documentation requested so we can process your request in a timely manner.

Each participant must supply one form of documentation from the following list to verify his or her date of birth. **If the participant is married, proof of your spouse's birth date must also be supplied, along with a copy of the Marriage Certificate.**

- | | |
|---------------------------|------------------------------------------------|
| 1. Birth Certificate | 5. Social Security Records- NOT CARD |
| 2. Naturalization Records | 6. School Records |
| 3. Immigration Records | 7. Vaccination Records |
| 4. Military Records | 8. Marriage Records (indicating date of birth) |

The following guidelines have been established by the Board of Trustees to help you determine if you meet the eligibility requirements for a Pension Benefit, as defined in the Supplemental Pension Plan Document:

- You are between age 55 and 62 **and** retired. You must stop working by the valuation date in which you are applying for (March 31st next following receipt of your completed application).
- You are over age 62.
- You are under age 55, you have not worked in any disqualifying employment in the last five (5) consecutive plan years, and your account balance is over \$5,000. You must send in your Social Security earnings report record and/or W-2s and/or 1099s for the last five (5) years. Because your account balance is over \$5,000, you must elect to roll the monies over into an IRA or other eligible retirement plan.
- You are under age 55, you have not worked in any disqualifying employment in the last two (2) consecutive plan years, and your account balance is less than \$5,000.
- You are totally and permanently disabled. Proof of disability is required.
- You are a beneficiary applying for a Death Benefit.

All forms must be completed, signed and notarized where indicated. Failure to provide all completed forms and supporting documentation could cause a delay in your file processing.

INSTRUCTIONS TO APPLICANTS

PROOF OF AGE

In order to be eligible for retirement benefits, you must furnish proof of your age. You must also provide proof of your spouse's age.

The following list shows the type of documents, which may serve as proof of your age. Some of the documents are better proof than others. This list is arranged starting with the best type of proof and continues down to the less desirable types of documents. You are required to furnish the best type of proof that is available, ideally a Birth Certificate. **It is recognized that, in certain instances, a birth certificate may not be available, particularly for those who were born outside of the United States. In such cases, you should secure the best type of proof. Photostat copies of the document may be submitted. Additional proof may be requested, if the document submitted is not convincing proof.**

You may supply any one (1) of the following documents as proof of age

1. **A Birth Certificate**
2. **Current (unexpired) Passport**
3. **Naturalization records**
4. **Military record**
5. **Marriage records showing date of birth (application for marriage license or church record, certified by custodian of such record; or marriage certificate)**
6. **Immigration papers**
7. **A baptismal certificate or a statement as to the date of birth shown by a church record, certified by the custodian of such record**

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FORM A – APPLICATION FOR SUPPLEMENTAL PENSION BENEFITS

Participant's Name _____

Local Union Number _____ Date Joined _____

Last Employer _____ Last Date Worked _____

Social Security Number _____ Phone Number _____

Mailing Address _____
Address City State Zip Code

Date of Birth _____ Are you legally married? Yes ____ No ____

Current Marital Status: Single, Never Married Single, Previously Married*
 Married, No Previous Marriages Married, With Previous
 Marriage(s)*
 Legally Separated*

Name of Spouse (Beneficiary) _____ *(Provide copy of Marriage Certificate)*

Spouse/Beneficiary Social Security _____ Spouse Date of Birth _____

* If you have had previous marriages, please list the names of your ex-spouses, the date(s) of marriage and date(s) of divorce (if any of your previous marriages ended due to the death of your spouse at that time, please list the date of death)

<u>Ex-Spouse's Name</u>	<u>Date of Birth</u>	<u>Date of Marriage</u>	<u>Date of Divorce / Death</u>

Please provide complete copies of ALL marriage licenses, divorce decrees, separation agreements, Qualified Domestic Relations Orders and any other accompanying documents related to the termination of your previous marriage(s). If any previous spouses have passed away, please provide a copy of the death certificate(s). If you do not have these documents, you should contact the appropriate court through which the proceedings occurred in order to obtain certified copies. For additional ex-spouses, please use the back of this form.

(Continued on Next Page)

Why do you believe you are eligible to receive a benefit? Check all that apply:

- I am age 55 (or older) and retired.
- I am over age 62.
- I am under age 55, I have not worked in any disqualifying employment in the last five (5) consecutive plan years and my account balance is over \$5,000.
- I am under age 55, I have not worked in any disqualifying employment in the last two (2) consecutive plan years and my account balance is less than \$5,000.
- I am totally and permanently disabled (see below).
- I am a beneficiary applying for a Death Benefit.

If you are applying for a disability pension, complete the following:

Have you applied for Social Security? Yes No

If yes, attach copy of Disability Award Letter from the Social Security Administration. If you do not have a Social Security Disability Award, please attach disability reports from two separate physicians.

Nature of disability _____ Date you became disabled _____

By signing below, I hereby certify to the Board of Trustees the above statements are true to the best of my knowledge. This application revokes any previous beneficiary designation.

Participant's Signature _____ Date _____

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FORM B – BENEFIT ELECTION FORM & QJSA EXPLANATION

Participant's Name _____ Date of Birth _____

Social Security Number _____ Proposed Retirement Date _____

Spouse's Name (if applicable) _____ Social Security Number _____

If you are married as of your effective date, your pension is automatically payable in the form of a 50% Husband & Wife Annuity unless you waive that benefit and elect another form of benefit and your spouse consents. In such case, you and your spouse must complete Form C – Election to Waive 50% Husband & Wife Annuity and Spouse's Consent to Waive. The form must be signed by you and your spouse and the signatures must be witnessed and notarized by a notary public.

BENEFIT CHOICE: *If you would like an estimate of the value of your account, please contact the fund office. Please mark the appropriate line below to make your choice:

___ Single Lump Sum Benefit: \$

*[Under the Single Lump Sum Benefit, payment is made to you in one lump sum equal to your Individual Account balance in the Plan. No further benefits are payable after payment of the lump sum is made and no benefits are payable to your spouse or beneficiary upon your death. **If you are age 62, you may elect to receive 50% of your account balance upon retirement and the remaining 50% will be paid with the next regular annual payout.** If married, the Single Lump Sum Benefit is only available if you waive the Qualified 50% Joint and Survivor Benefit and your spouse consents. If you are married, and this benefit is chosen, you must complete Form C – Election To Waive 50% Husband & Wife Annuity and Spouse's Consent to Waive.]*

___ 50% Husband & Wife Annuity Benefit (for married participants)* \$

[Under the 50% Husband & Wife Annuity Benefit, a reduced benefit is payable to you each month for the rest of your life. If your spouse survives you, your spouse will receive 50% of the benefit amount you had been receiving for the rest of your spouse's life.]

___ 75% Husband & Wife Annuity Benefit (for married participants)* \$

[Under the 75% Husband & Wife Annuity Benefit, a reduced benefit is payable to you each month for the rest of your life. If your spouse survives you, your spouse will receive 75% of the benefit amount you had been receiving for the rest of your spouse's life.]

___ Single Life Annuity (for single participants)* \$

[Under the Single Life Annuity Benefit, a single life benefit is payable to you each month for the rest of your life. There is no continuing monthly payment available to anyone else after your death. If you are married, this option is not available unless you waive the Husband & Wife

Annuity. If you are married, and this benefit is chosen, you must complete Form C – Election To Waive Husband & Wife Annuity and Spouse’s Consent to Waive.]

****NOTE:** An estimate of the amount of your Single Lump Sum Benefit is available from the Fund Office. If you choose a monthly annuity option above, the annuity will be provided by purchasing an annuity contract from an insurance company with your Individual Account balance under the Plan. The annuity will be equivalent to the balance of your Individual Account, but paid monthly over the course of your expected lifetime. If you would like an estimate of the monthly annuity, please contact the Fund Office.

Up to 10 Year Certain Payout

Amount of First Year lump Sum Payment

\$

Enter the number of Annual payments (2-10)

*

[The Up to 10 year Certain Payout you can make the accelerated payment election any time during the ten year period and can choose the length of time over which the remaining vested account balance will be paid. You can make the election to accelerate payments by providing a written request to the Fund Office, which must be received no later than March 31 for payment in September or October of that year.]

Participant's Signature _____ Date _____

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**FORM C – ELECTION TO WAIVE HUSBAND & WIFE ANNUITY AND
SPOUSE’S CONSENT TO WAIVE**

I hereby acknowledge that I have been informed that my benefits under the Plan will be paid to me in the form of a Husband & Wife Annuity unless I waive that form of payment and my spouse consents to the waiver. I understand that rejecting this form of benefit means that my spouse will not receive a monthly benefit from the annuity plan after my death.

I do not wish to receive my Individual Account in the form of a 50% Husband & Wife Annuity or 75% Husband & Wife Annuity and instead elect to receive the benefit as indicated on Form B – Election Form & QJSA Explanation.

CHECK ONE:

_____ I hereby swear that the person signing this document below is my current, legal spouse and that I have no former spouse(s) entitled any of my annuity benefits under a Qualified Domestic Relations Order.

_____ I hereby swear that I am not legally married at this time. My former spouse(s), if any, are not entitled to my annuity benefit under a Qualified Domestic Relations Order. NOTE: If divorced, a copy of your Divorce Decree and Property Settlement Agreement is required.

_____ I hereby swear that my spouse and I have lived apart since _____. I have no way of obtaining his/her current address. Therefore, I am unable to obtain my spouse’s consent to this waiver.

Participant’s Signature _____ Date _____

Participant’s Printed Name _____ Social Security Number _____

Notary Public _____ or Plan Representative _____

Notary Public Commission Expires _____ SEAL:

SPOUSE’S CONSENT TO WAIVE

I am the legal spouse of the above participant and I hereby consent to the foregoing election by my spouse, not to have benefits paid in the form of a Husband & Wife Annuity, but in another form as indicated on Form B – Election Form & QJSA Explanation. Further, I hereby understand that (1) that the effect of my consent will be to forfeit benefits that would be entitled to be received upon my spouse’s death; (2) that my spouse’s waiver is not valid unless I consent to it; and (3) that my consent is irrevocable unless my spouse revokes the waiver.

Spouse’s Signature _____ Date _____

Notary Public _____ or Plan Representative _____

Notary Public Commission Expires _____ SEAL:

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FORM D – WAIVER OF 30 DAY WAITING PERIOD

A waiver of the Husband & Wife Annuity is valid only if a written explanation (QJSA Explanation) of the effect of the Husband & Wife Annuity has been provided to the Participant no earlier than 180 days before the Annuity Starting Date and no later than 30 days before the Annuity Starting Date.

A Participant may commence receiving benefits before 30 days have elapsed from receipt of the signed Participant's Election to Waive QJSA, provided the Participant and Spouse waive such 30 day advance waiting period and further provided that payment of benefits is not made prior to the eighth day after receipt of the QJSA Explanation.

We, _____ the Participant and _____, Participant's Spouse, do hereby elect to waive the 30 day advance waiting period for payment of benefits from the plan which is required in order for a Spouse's consent to the waiver of the Husband & Wife Annuity to be effective. We understand that the payment of benefits can not be made prior to the eighth day after receipt of the QJSA Explanation.

Participant's Signature _____ Date _____

Participant's Printed Name _____ Social Security Number _____

Notary Public _____ or Plan Representative _____

Notary Public Commission Expires _____ SEAL:

Spouse's Signature _____ Date _____

Spouse's Printed Name _____ Social Security Number _____

Notary Public _____ or Plan Representative _____

Notary Public Commission Expires _____ SEAL:

YOUR ROLLOVER OPTIONS

You are receiving this notice because all or a portion of a payment you are receiving from the BAC Local Union 15 Supplemental Plan (the “Plan”) is eligible to be rolled over to an IRA or an employer plan. This notice is intended to help you decide whether to do such a rollover.

This notice describes the rollover rules that apply to payments from the Plan that are not from a designated Roth account (a type of account with special tax rules in some employer plans).

Rules that apply to payments from this Plan are described in the “General Information about Rollovers” section. Special rules that only apply in certain circumstances are described in the “Special Rules and Options” section.

GENERAL INFORMATION ABOUT ROLLOVERS

How can a rollover affect my taxes?

You will be taxed on a payment from the Plan if you do not roll it over. If you are under age 59½ and do not do a rollover, you will also have to pay a 10% additional income tax on early distributions (generally, distributions made before age 59½) unless an exception applies. However, if you do a rollover, you will not have to pay tax until you receive payments later and the 10% additional income tax will not apply if those payments are made after you are age 59½ (or if an exception applies).

What types of retirement accounts and plans may accept my rollover?

You may roll over the payment to either an IRA (an individual retirement account or individual retirement annuity) or an employer plan (a tax-qualified plan, section 403(b) plan, or governmental section 457(b) plan) that will accept the rollover. The rules of the IRA or employer plan that holds the rollover will determine your investment options, fees, and rights to payment from the IRA or employer plan (for example, no spousal consent rules apply to IRAs and IRAs may not provide loans). Further, the amount rolled over will become subject to the tax rules that apply to the IRA or employer plan.

How do I do a rollover?

There are two ways to do a rollover. You can do either a direct rollover or a 60-day rollover.

If you do a direct rollover, the Plan will make the payment directly to your IRA or an employer plan. You should contact the IRA sponsor or the administrator of the employer plan for information on how to do a direct rollover.

If you do not do a direct rollover, you may still do a rollover by making a deposit into an IRA or eligible employer plan that will accept it. Generally, you will have 60 days after you receive the payment to make the deposit. If you do not do a direct rollover, the Plan is required to withhold 20% of the payment for federal income taxes (up to the amount of cash and property received other than employer stock). This means that, in order to roll over the entire payment in a 60-day rollover, you must use other funds to make up for the 20% withheld. If you do not roll over the entire amount of the payment, the portion not rolled over will be taxed and will be subject to the 10% additional income tax on early distributions if you are under age 59½ (unless an exception applies).

How much may I roll over?

If you wish to do a rollover, you may roll over all or part of the amount eligible for rollover. Any payment from the Plan is eligible for rollover, except:

- Certain payments spread over a period of at least 10 years or over your life or life expectancy (or the lives or joint life expectancy of you and your beneficiary);
- Required minimum distributions after age 70½ (or after death);
- Hardship distributions;
- Corrective distributions of contributions that exceed tax law limits; and
- Loans treated as deemed distributions (e.g. loans in default due to missed payments before your employment ends);

The Plan administrator can tell you what portion of a payment is eligible for rollover.

If I don't do a rollover, will I have to pay the 10% additional income tax on early distributions?

If you are under age 59½, you will have to pay the 10% additional income tax on early distributions for any payment from the Plan (including amounts withheld for income tax) that you do not roll over, unless one of the exceptions listed below applies. This tax applies to the part of the distribution that you must include in income and is in addition to the regular income tax on the payment not rolled over.

The 10% additional income tax does not apply to the following payments from the Plan:

- Payments made after you separate from service if you will be at least age 55 in the year of the separation;
- Payments that start after you separate from service if paid at least annually in equal or close to equal amounts over your life or life expectancy (or the lives or joint life expectancy of you and your beneficiary);
- Payments made due to disability;
- Payments after your death;
- Payments made under a qualified domestic relations order (QDRO);
- Payments up to the amount of your deductible medical expenses (without regard to whether you itemize deductions for the taxable year);
- Certain payments made while you are on active duty if you were a member of a reserve component called to duty after September 11, 2001, for more than 179 days; and
- Payments for certain distributions relating to certain federally declared disasters;

If I do a rollover to an IRA, will the 10% additional income tax apply to early distributions from the IRA?

If you receive a payment from an IRA when you are under age 59½, you will have to pay the 10% additional income tax on early distributions on the part of the distribution that you must include in income, unless an exception applies. In general, the exceptions to the 10% additional income tax for early distributions from an IRA are the same as the exceptions listed above for early distributions from a plan. However, there are a few differences for payments from an IRA, including:

- The exception for payments made after you separate from service if you will be at least age 55 in the year of the separation (or age 50 for qualified public safety employees) does not apply.

- The exception for qualified domestic relations orders (QDROs) does not apply (although a special rule applies under which, as part of a divorce or separation agreement, a tax-free transfer may be made directly to an IRA of a spouse or former spouse).
- The exception for payments made at least annually in equal or close to equal amounts over a specified period applies without regard to whether you have had a separation from service.
- There are additional exceptions for (1) payments for qualified higher education expenses, (2) payments up to \$10,000 used in a qualified first-time home purchase, and (3) payments for health insurance premiums after you have received unemployment compensation for 12 consecutive weeks (or would have been eligible to receive unemployment compensation but for self-employed status).

Will I owe State income taxes?

This notice does not describe any State or local income tax rules (including withholding rules).

SPECIAL RULES AND OPTIONS

If you miss the 60-day rollover deadline

Generally, the 60-day rollover deadline cannot be extended. However, the IRS has the limited authority to waive the deadline under certain extraordinary circumstances, such as when external events prevented you from completing the rollover by the 60-day rollover deadline. Under certain circumstances, you may claim eligibility for a waiver of the 60-day rollover deadline by making a written self-certification. Otherwise, to apply for a waiver from the IRS, you must file a private letter ruling request with the IRS. Private letter ruling requests require the payment of a nonrefundable user fee. For more information, see IRS Publication 590-A, *Contributions to Individual Retirement Arrangements (IRAs)*.

If you were born on or before January 1, 1936

If you were born on or before January 1, 1936, and receive a lump sum distribution that you do not roll over, special rules for calculating the amount of the tax on the payment might apply to you. For more information, see IRS Publication 575, *Pension and Annuity Income*.

If you roll over your payment to a Roth IRA

If you roll over a payment from the Plan to a Roth IRA, a special rule applies under which the amount of the payment rolled over (reduced by any after-tax amounts) will be taxed. However, the 10% additional income tax on early distributions will not apply (unless you take the amount rolled over out of the Roth IRA within 5 years, counting from January 1 of the year of the rollover).

If you roll over the payment to a Roth IRA, later payments from the Roth IRA that are qualified distributions will not be taxed (including earnings after the rollover). A qualified distribution from a Roth IRA is a payment made after you are age 59½ (or after your death or disability, or as a qualified first-time homebuyer distribution of up to \$10,000) and after you have had a Roth IRA for at least 5 years. In applying this 5-year rule, you count from January 1 of the year for which your first contribution was made to a Roth IRA. Payments from the Roth IRA that are not qualified distributions will be taxed to the extent of earnings after the rollover, including the 10% additional income tax on early distributions (unless an exception applies). You do not have to take required minimum distributions from a Roth IRA during your lifetime. For more information, see IRS Publication 590-A, *Contributions to Individual Retirement Arrangements (IRAs)* and IRS Publication 590-B, *Distributions from Individual Retirement Arrangements*.

If you are not a Plan participant

Payments after death of the participant. If you receive a distribution after the participant's death that you do not roll over, the distribution will generally be taxed in the same manner described elsewhere in this notice. However, the 10% additional income tax on early distributions, and the special rule described under the section "If you were born on or before January 1, 1936" applies only if the participant was born on or before January 1, 1936.

If you are a surviving spouse. If you receive a payment from the Plan as the surviving spouse of a deceased participant, you have the same rollover options that the participant would have had, as described elsewhere in this notice. In addition, if you choose to do a rollover to an IRA, you may treat the IRA as your own or as an inherited IRA.

An IRA you treat as your own is treated like any other IRA of yours, so that payments made to you before you are age 59½ will be subject to the 10% additional income tax on early distributions (unless an exception applies) and required minimum distributions from your IRA do not have to start until after you are age 70½.

If you treat the IRA as an inherited IRA, payments from the IRA will not be subject to the 10% additional income tax on early distributions. However, if the participant had started taking required minimum distributions, you will have to receive required minimum distributions from the inherited IRA. If the participant had not started taking required minimum distributions from the Plan, you will not have to start receiving required minimum distributions from the inherited IRA until the year the participant would have been age 70½.

If you are a surviving beneficiary other than a spouse. If you receive a payment from the Plan because of the participant's death and you are a designated beneficiary other than a surviving spouse, the only rollover option you have is to do a direct rollover to an inherited IRA. Payments from the inherited IRA will not be subject to the 10% additional income tax on early distributions. You will have to receive required minimum distributions from the inherited IRA.

Payments under a qualified domestic relations order. If you are the spouse or former spouse of the participant who receives a payment from the Plan under a qualified domestic relations order (QDRO), you generally have the same options and the same tax treatment that the participant would have (for example, you may roll over the payment to your own IRA or an eligible employer plan that will accept it). However, payments under the QDRO will not be subject to the 10% additional income tax on early distributions.

If you are a nonresident alien

If you are a nonresident alien and you do not do a direct rollover to a U.S. IRA or U.S. employer plan, instead of withholding 20%, the Plan is generally required to withhold 30% of the payment for federal income taxes. If the amount withheld exceeds the amount of tax you owe (as may happen if you do a 60-day rollover), you may request an income tax refund by filing Form 1040NR and attaching your Form 1042-S. See Form W-8BEN for claiming that you are entitled to a reduced rate of withholding under an income tax treaty. For more information, see also IRS Publication 519, U.S. Tax Guide for Aliens, and IRS Publication 515, *Withholding of Tax on Nonresident Aliens and Foreign Entities*.

Other special rules

If a payment is one in a series of payments for less than 10 years, your choice whether to make a direct rollover will apply to all later payments in the series (unless you make a different choice for later payments).

If your payments for the year are less than \$200, the Plan is not required to allow you to do a direct rollover and is not required to withhold federal income taxes. However, you may do a 60-day rollover.

You may have special rollover rights if you recently served in the U.S. Armed Forces. For more information on special rollover rights related to the U.S. Armed Forces, see IRS Publication 3, *Armed Forces' Tax Guide*. You may also have special rollover rights if you were affected by a federally declared disaster (or similar event), or if you received a distribution on account of a disaster. For more information on special rollover rights related to disaster relief, see the IRS website at www.irs.gov.

FOR MORE INFORMATION

You may wish to consult with the Fund administrator or a professional tax advisor, before taking a payment from the Plan. Also, you can find more detailed information on the federal tax treatment of payments from employer plans in: IRS Publication 575, *Pension and Annuity Income*; IRS Publication 590-A, *Contributions to Individual Retirement Arrangements (IRAs)*; IRS Publication 590-B, *Distributions from Individual Retirement Arrangements*; and IRS Publication 571, *Tax-Sheltered Annuity Plans (403(b) Plans)*. These publications are available from a local IRS office, on the web at www.irs.gov, or by calling 1-800-TAX-FORM.