INCREMENTAL CHANGE FORM
Carpenters Annuity Trust Fund for Northern California

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<tr>
<th>NAME (Last, First, Middle)</th>
<th>CFAO ID, SOCIAL SECURITY NUMBER, OR UBC#</th>
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<tbody>
<tr>
<td>ADDRESS</td>
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<td>PHONE #</td>
<td>EMAIL ADDRESS</td>
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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 70-½ 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]

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**
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:

__________________________________________________________

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.

Participant’s Signature __________________________ Date ________________

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, personally appeared __________________________, 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