IRON WORKERS DISTRICT COUNCIL OF WESTERN NEW YORK AND VICINITY ANNUITY FUND

3445 WINTON PLACE, SUITE 238 ROCHESTER, NEW YORK 14623 (585) 424-3510

HARDSHIP WITHDRAWAL APPLICATION

Form Instructions

You, the Participant, must sign this Application. Please print using blue or black ink. Return the original Application to the address above. Be sure to include all proper documentation. A married participant will be eligible for a hardship withdrawal only if the spouse's written consent is provided on the attached "Spouse's Consent to Hardship Distribution" form. Without the required signatures, the forms will be returned to you unprocessed.

PART I.		PARTICIPANT INFORMATION						
	About You							
		Name			Social Security #			
		Last Name	First Name	Middle Name	·			
		Date of Birth	Telephone Number		Email			
		Address						
		Number and Street		City	State	Zip Code		
		Local Union	Most Recent Employer					
		Marital Status: (Check one)						
		☐ Legally Married (Attach marria	age certificate; Spousal con	sent required)	☐ Widowed (Attach marriage of	& death certificates)		
		☐ Divorced (Attach divorce decree	e) Legally Marri	ed but Can't Lo	cate Spouse (Additional documen	tation is required)		
		☐ Legally Separated (Attach cour	rt order of legal separation)	1	☐ Single/Not Leg	gally Married		
	About Yo	ur Spouse						
		Legal Spouse's Name						
		Last Name	First N	ame	Middle Name			
		Spouse's Social Security #	Spouse's	Date of Birth _	Email			
	☐ I agree to inform the Fund Office immediately of any change in my marital status.							
PA	ART II.	REASONS FOR HARD	SHIP WITHDR	AWAL RE	QUEST			
I have read the Plan's "Hardship" rules in the Summary Plan Description and understand them. I am attaching the required documents, some of which include, but are not limited to, the items summarized on this form. A participant may make no more than one non-educational hardship withdrawal every three years and no more than three educational hardship withdrawals per calendar year. In addition, a hardship withdrawal may not exceed the lesser of one-third of a participant's account balance as of the last valuation date or the amount necessary to relieve the immediate and heavy financial need.								
		drawal request is for the amount of ndicated below. (Check one)	\$	for the pur	rpose of meeting the immediate	and heavy		
	Medical expenses for me or my spouse, child, or other dependent Attach bills from hospitals, physicians, and other health care providers indicating the amount due.							
	Purchase of my principal residence (cannot include mortgage payments) Attach executed agreements of sale, contracts, etc.							

	Prevent eviction from my principal residence or the foreclosure of the mortgage on my principal residence Attach valid eviction or foreclosure notice (e.g., letter from landlord, attorney, or representative indicating amount due and date of pendin eviction or foreclosure)					
	Tuition and room and board for the next 12 months for me or my spouse, child, or other dependent Attach itemized bills from academic institution with the name of student indicated					
	Expenses for report or damage of my principal residence that would qualify for a casualty deduction under Section 165 of th Internal Revenue Code Attach photographs of damage and licensed contractor's estimate or bills to repair the damage					
	Burial or Funeral Expenses for a Deceased Parent, Spouse, Children or Dependents Attach death certificate, funeral home, cemetery, or related bills					
	Expenses and Losses (including loss of income) incurred by me on account of a disaster declared by the Federal Emergency Management Agency (FEMA), if my residence or principal place of business at the time of the disaster was in an area designated by FEMA for individual assistance with respect to the disaster Attach FEMA documents showing areas eligible for individual assistance, and documents supporting claim of expenses and losses					
Ann Fun nee	, the Participant of Iron Workers District Council of Western New York and Vicinity muity Fund, hereby apply for a Hardship Withdrawal. I have attached documents that will support my application in accordance with the ad's Hardship Withdrawal rules. I represent and certify that (1) the distribution requested is not in excess of the amount required to satisfy the didentified above, (2) I have insufficient cash or other liquid assets reasonably available to satisfy the need, and (3) I have completed five rs of participation in the Plan.					
of that	inderstand that my Hardship Withdrawal will be paid as a lump sum benefit. I further understand that the Fund will withhold ten percent (10%) he withdrawal for federal income taxes, as required by law, unless I affirmatively elect (on the attached IRS Form W-4R) either: (1) Not to e withholding, or (2) to have the Fund withhold a different amount. I also understand that the Fund will not withhold any amounts for state or al income taxes unless I notify the Fund of my withholding election.					
	derstand that when the Fund allocates net investment return to my account on the Valuation Date following my Hardship Withdrawal, the ount balance upon my allocation is based will be reduced by the amount of my Hardship Withdrawal.					
	Notary Public The following must be signed in the presence of a Notary and sealed by the Notary.					
	ereby swear that all statements on this Hardship Withdrawal Application, and all other information I have provided to the Fund, are true and applete.					
Par	ticipant's Signature Date:					
to r	the day of, before me personally came me known to be the person whose name is first inscribed above and who executed this Application and acknowledged that he/she/they cuted the same of his/her/their own volition.					
WI	TNESS my hand the day and year aforesaid.					
Not	My Commission expires on					
	AL:					
OL!	ALi					

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SPOUSE'S CONSENT TO HARDSHIP DISTRIBUTION

Form						
Instructions	The Spouse must review and sign this Application. Please print using blue or black ink. Return the original Application to the address above. Be sure to include all proper documentation.					
	Legal Spouse's Name					
	Legal Spouse's Name Last Nar	ne First Name	Middle Name			
	Spouse's Social Security #		Spouse's Date of Birth			
	☐ I agree to inform the Fund (Office immediately of any cha	nge in my marital status.			
Notary Public	The following must be signed in the	presence of a Notary and seale	d by the Notary.			
ī		am the legal spouse of				
1,	Name of Spouse	, and the legal spouse of	Name of Participant			
I hereby c	onsent to my spouse, the Participant,	taking a hardship distribution f	rom the Participant's account in the Iron Workers District			
Council of	Western New York and Vicinity Ar	nnuity Fund in the following am	ount of \$			
			e Participant's surviving spouse will be less than they would			
			ereby consent to my spouse's waiver of all pre-retirement			
			ancial hardship withdrawal reduces such benefit and consent			
			gle lump sum payment. I understand that as a result, any			
Annuity or other	benefit that may be payable to me by	y the Plan after my spouse's dea	ith will be reduced or eliminated.			
Cmayaa'a Ciamat	****		Data			
Spouse's Signau	ire		Date			
On the	day of	20 hafora ma parsona	ly como			
to ma Imarum ta	he the marson whose name is fire	t inscribed above and who av	lly cameecuted this Application and acknowledged that he/she/they			
	ne of his/her/their own volition.	t inscribed above and who exc	secuted this Application and acknowledged that ne/sne/they			
WITNESS my h	and the day and year aforesaid.					
		Mv	Commission expires on			
Notary Public		Wily V				
•						
SEAL:						