

- 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 pending 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 repair or damage of my principal residence that would qualify for a casualty deduction under Section 165 of the 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

I, _____, the Participant of Iron Workers District Council of Western New York and Vicinity Annuity Fund, hereby apply for a Hardship Withdrawal. I have attached documents that will support my application in accordance with the Fund's Hardship Withdrawal rules. I represent and certify that (1) the distribution requested is not in excess of the amount required to satisfy the need identified above, (2) I have insufficient cash or other liquid assets reasonably available to satisfy the need, and (3) I have completed five years of participation in the Plan.

I understand that my Hardship Withdrawal will be paid as a lump sum benefit. I further understand that the Fund will withhold ten percent (10%) of the withdrawal for federal income taxes, as required by law, unless I affirmatively elect (on the attached IRS Form W-4R) **either**: (1) Not to have 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 local income taxes unless I notify the Fund of my withholding election.

I understand that when the Fund allocates net investment return to my account on the Valuation Date following my Hardship Withdrawal, the account 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.*

I hereby swear that all statements on this Hardship Withdrawal Application, and all other information I have provided to the Fund, are true and complete.

Participant's Signature _____ Date: _____

On the _____ day of _____, 20_____, before me personally came _____ to me known to be the person whose name is first inscribed above and who executed this Application and acknowledged that he/she/they executed the same of his/her/their own volition.

WITNESS my hand the day and year aforesaid.

Notary Public My Commission expires on _____

SEAL:

