

**IRON WORKERS ST. LOUIS
DISTRICT COUNCIL
ANNUITY TRUST FUND**

**IRON WORKERS ST. LOUIS DISTRICT COUNCIL
ANNUITY TRUST FUND**
2160 South Foster Avenue
Wheeling, IL 60090
Phone: (800) 621-4658 Fax: (847) 577-8869

Hardship Withdrawal Form

- Please print using blue or black ink. Return the original form to the address above (it cannot be accepted by fax). Be sure to include all proper documentation and sign the affidavit at the bottom of the form. You may only receive a hardship withdrawal once before you retire or are otherwise eligible to take a withdrawal. You must be a participant in the Plan for at least three years prior to the date of your request. **There will be a nonrefundable processing fee of \$300 deducted from your account regardless of whether your request is approved.**

Form

Instructions You must sign the reverse of this form. Without the required signatures, the form will be returned to you, unprocessed.

About You Current Employer _____ Social Security Number _____ send copy of birth certificate
Name _____ Date of Birth _____
Phone (____) _____ Marital Status: _____ Never Married _____ Married spouse must sign below
_____ Widowed _____ Divorced send copy of divorce decree
(send copy of death certificate)
Address _____
Street City State Zip

Hardship Reason

You may request a hardship withdrawal only for one of the following reasons. Please check the applicable reason and attach the required documentation, supporting the amount needed.

Reason for Withdrawal	Required Documentation
<input type="checkbox"/> Medical expense incurred for generally accepted treatment for you or a member of your family, that is not otherwise reimbursed.	Copies of current unpaid medical bill(s) and/or copy of the denial of benefits from your insurance provider.
<input type="checkbox"/> Purchase of your primary residence.	A contract of sale with both buyer and seller signatures and a good faith estimate.
<input type="checkbox"/> Post-secondary school expenses for you, your spouse or dependents for the next 12 months.	A copy of the tuition bill(s) and other school-related expenses.
<input type="checkbox"/> Payment to prevent eviction from or foreclosure on your primary residence.	A copy of the eviction or foreclosure notice or a letter from your landlord stating the amount you owe and a copy of your rental agreement (if renting).

Withdrawal Amount - please check one of the following. See over for important tax information.

- Maximum amount available. (50% of total account balance after deducting processing fee and less any withholding)
 Specific dollar amount \$_____ This amount should be equal to the amount specified in the required documentation subject to the 50% rule. The Plan will withhold additional amounts to cover the appropriate federal taxes. **(The minimum amount for a withdrawal is \$2,000.)**

Federal Taxes – please check one of the following. See over for important tax information.

This payment is not eligible for rollover into tax-qualified plans. Therefore, the Iron Workers St. Louis District Council Annuity Trust Fund is not required by the IRS to withhold federal taxes from your Hardship Withdrawal. You may be taxed by the IRS for the Withdrawal whether you choose to have taxes withheld at the time of the withdrawal or not. If you do not make an election, the Plan will automatically withhold 20%.

- Please withhold _____ % of federal taxes.
 Please withhold \$ _____ of federal taxes.
 Please do not withhold federal taxes.

Spousal Consent.

The following must be signed and sealed by a Notary Public

I hereby certify that I am the spouse of the above-named Participant and that I consent to the Hardship Withdrawal from the Plan as indicated above. I also understand that by consenting to this withdrawal I waive all rights to any other payment I would have been entitled to upon the Participant's death, with respect to the withdrawal as described above. I further understand that this election is irrevocable.

X _____ Date: _____
Spouse's Signature
 X _____ Date: _____
Notary Public

YOU MUST SIGN THE OTHER SIDE TO COMPLETE THIS FORM

Please read the following carefully

Hardship Withdrawals under the Internal Revenue Service Safe-Harbor Rule:

1. Monies requested must be used for one of the following purposes:
 - Purchase of Participant's primary residence
 - To pay post-secondary educational expenses of Participant or dependents
 - Medical expenses incurred for generally accepted treatment for the Participant or dependents
 - To prevent eviction from, or foreclosure on the Participant's primary residence
2. There are **no other sources** from which the Participant could reasonably obtain money.
3. The amount of the request must not be in excess of the amount required to satisfy the need, plus any taxes and penalties on the withdrawal.

Without the above reasons for a hardship withdrawal, the appropriate documentation, and proof that all other sources have been used before requesting the hardship withdrawal, the Iron Workers St. Louis District Council Annuity Trust Fund will be required to deny the request for a hardship withdrawal.

The Plan reserves the right to request additional documents from the participant to prove the need for and/or the amount of the hardship withdrawal at any time.

Plan assets that are to be divided under a current or pending Qualified Domestic Relations Order (QDRO) cannot be requested as a hardship withdrawal from the Plan.

Please Note:

You must provide a copy of your Birth Certificate.

If you are married, you must send a copy of your marriage certificate.

If you are MARRIED, your spouse must sign this form in front of a Notary Public

If you are SEPARATED, you are still considered Married under the Plan

If you are DIVORCED, you must provide a copy of your Divorce Decree (first page only)

If you are WIDOWED, you must provide a copy of your spouse's Death Certificate

Important Tax Information

Your Hardship Withdrawal will be reported by the Iron Workers St. Louis District Council Annuity Trust Fund to the IRS on form 1099-R. The Participant is responsible for paying any federal, state, or local income taxes.

The Participant has the option to allow the Plan to withhold federal tax from the withdrawal. If the Participant does not specify an amount of federal taxes to be withheld, the Plan will automatically withhold 20%. The Participant will be responsible for paying the remaining federal, state, or local income taxes.

If the Participant is not 59 ½ at the time of the hardship withdrawal, the IRS **will impose a 10% tax penalty** for early withdrawal.

It is wise to seek professional tax advice before requesting a hardship withdrawal from the Annuity Trust Fund.

Authorization

I have read and understand the above form, the reverse side and the Iron Workers St. Louis District Council Annuity Trust Fund Summary Plan Description. I authorize the Plan to execute the withdrawal and deduct any processing fee from my account as indicated. I hereby confirm that my financial need cannot be relieved by my financial resources or those of my spouse or minor children reasonably available to me, including: 1. reimbursements or compensation by insurance or otherwise; 2. reasonable liquidation of my assets, to the extent that such liquidation would not cause financial need; or 3. taking a loan from any other qualified plan to which I belong or from a lending institution. I also confirm that the amount requested does not exceed the amount needed to address the hardship.

 X _____ Date: _____
Participant's Signature

IRONWORKERS ST. LOUIS DISTRICT COUNCIL ANNUITY FUND

THE APPLICATION FOR HARDSHIP ANNUITY WITHDRAWAL IS BEING SUBMITTED AS A RESULT OF THE FOLLOWING REASON(S)

(may be more than one)

_____ Medical Expenses which are non-reimbursable in the amount of \$_____

_____ Post Secondary School Expenses in the amount of \$_____

_____ Purchase of a Primary Residence in the amount of \$_____

_____ Prevention of Eviction / Foreclosure amount currently due \$_____

I have attached sufficient documentation which will prove my TOTAL claim amounting to:

\$_____

...and I understand that I must make a withdrawal of my Annuity Account equal to a minimum of \$5,000, but no more than one-half (1/2) of the amount in my existing account.

At this time my Annuity Assets are:

_____ **Trustee Directed**

_____ **Putnam (Self Directed)**

_____ **Both Putnam and Trustee Directed**

I understand that if the existing balance is not sufficient to meet the minimum withdrawal amount - \$5,000 my claim will be denied.

Signature

Date

**TO: EXECUTIVE COMMITTEE
IRON WORKERS ST. LOUIS D.C. ANNUITY FUND**

RE: HARDSHIP WITHDRAWAL - I.R.S. SAFE HARBOR RULES

GENTLEMEN,

I _____ who's Social Security Number

is _____ having read and completed the attached

Application for a Hardship Withdrawal under the existing Terms and Conditions of

such a withdrawal, do hereby state that:

.....a. There are no other sources from which I can reasonably obtain the necessary funds to alleviate the need for filing this hardship request,

.....b. The amount requested is not in excess of the required amount needed to satisfy the need including taxes and penalties on this withdrawal.

Signature

Date

NOTARY