

# WITHDRAWAL FORM

## LOCAL 580 ANNUITY FUND

501 WEST 42nd STREET • NEW YORK, N.Y. 10036

(212) 695-5206

ARCHITECTURAL & ORNAMENTAL IRON WORKERS

3.2

3.3

3.4

CK. # \_\_\_\_\_

CK. Sent \_\_\_\_\_

Cert. # \_\_\_\_\_

R.R.R. \_\_\_\_\_

### PLEASE READ THIS APPLICATION CAREFULLY BEFORE ANSWERING ANY QUESTIONS.

Print your answer to all questions.

1. Name \_\_\_\_\_

2. Address \_\_\_\_\_

3. Soc. Sec. # \_\_\_\_\_

4. —

A. \_\_\_\_\_ 3.2 Retirement from Industry, (On pension)

B. \_\_\_\_\_ 3.3 Beneficiary of Participant.

C. \_\_\_\_\_ 3.4 Permanent and Total Disability.

The following are the three methods which your Accumulated Share may be distributed to you. Check the box next to the form of payment that you would prefer to receive. Please note that the Trustees are the sole and final judges as to how an Accumulated Share will be distributed.

In one lump sum. Amount \$ \_\_\_\_\_ Initial \_\_\_\_\_

Fixed monthly annuity until Accumulated Share is exhausted. Amount \$ \_\_\_\_\_ Initial \_\_\_\_\_

Combination of (1) and (2).

5. Have you previously applied to the Local 580 Annuity Fund for a loan on the amount of money in your Individual Account?  
\_\_\_\_\_ YES \_\_\_\_\_ NO

I am hereby applying for a benefit payment from the Local 580 Annuity Fund. The above statements are true to the best of my knowledge and belief. I understand that a false statement may disqualify me for annuity benefits, and that the Trustees shall have the right to recover any payments made to me because of a false statement.

DATE \_\_\_\_\_

(SIGNATURE)

State of \_\_\_\_\_

County of \_\_\_\_\_

### SIGNATURE MUST BE NOTARIZED

On the \_\_\_\_\_ day of \_\_\_\_\_, before me personally came, \_\_\_\_\_

\_\_\_\_\_ to me personally known and known to me to be the individual described in, and who executed the

foregoing instrument, and (he, she) acknowledge that (he, she) executed the same.

\_\_\_\_\_  
Signature of Notary

# FUND OFFICE OF LOCAL 580

ARCHITECTURAL & ORNAMENTAL IRON WORKERS

*Administrative Office of:*

LOCAL 580 VACATION FUND

LOCAL 580 INSURANCE FUND

LOCAL 580 PENSION FUND

LOCAL 580 ANNUITY FUND

LOCAL 580 EDUCATIONAL FUND

LOCAL 580 PENSIONERS' SUPPLEMENTAL FUND

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FAX (212) 947-5719

PATRICK DOHERTY *Fund Director*

## LOCAL 580 ANNUITY FUND

### FEDERAL INCOME TAX WITHHOLDING ON LUMP-SUM DISTRIBUTIONS

NAME OF PARTICIPANT: \_\_\_\_\_

SOCIAL SECURITY NO.: \_\_\_\_\_

PLEASE WRITE IN THE AMOUNT OF WITHDRAWAL YOU WISH TO TAKE \$ \_\_\_\_\_

MINUS 20% FEDERAL TAXES WITHHELD \$ \_\_\_\_\_

CHECK AMOUNT \$ \_\_\_\_\_

- YOU WILL RECEIVE ONLY 80% OF THE PAYMENT. THE PLAN ADMINISTRATOR IS REQUIRED TO WITHHOLD 20% OF THE PAYMENT AND SEND IT TO THE **I.R.S.** AS INCOME TAX WITHHOLDING TO BE CREDITED AGAINST YOUR TAXES.
- YOUR PAYMENT WILL BE TAXED IN THE CURRENT YEAR UNLESS YOU ROLL IT OVER. YOU MAY BE ABLE TO USE SPECIAL TAX RULES THAT COULD REDUCE THE TAX YOU OWE. HOWEVER, IF YOU RECEIVE THE PAYMENT BEFORE AGE 59.5 YOU ALSO MAY HAVE TO PAY AN ADDITIONAL 10% TAX PENALTY

PLEASE WITHHOLD ADDITIONAL FEDERAL TAX

FROM MY PAYMENT IN THE AMOUNT OF \$ \_\_\_\_\_

CHECK TOTAL \$ \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

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## HUSBAND AND WIFE ANNUITY REJECTION (Part 1)

I, \_\_\_\_\_ do not wish to receive my account balance in the form of a  
(Name of Participant)

Husband and Wife Annuity. I understand that rejecting this payout form means no benefits will be paid to my spouse by the Annuity Fund after my death, **unless** death benefits are payable under another

option that I select. I hereby designate \_\_\_\_\_ as the beneficiary of my  
(Name of Beneficiary)

Annuity Fund.

### Check One:

\_\_\_\_\_ I hereby swear that I am not legally married at this time.

\_\_\_\_\_ I hereby swear that I am unable to locate my spouse.  
**(Additional proof is needed if you check this box)**

\_\_\_\_\_ I hereby swear that the person co-signing this document is my current and legal spouse.

\_\_\_\_\_  
(Signature of Participant)

\_\_\_\_\_  
(Date)

State of \_\_\_\_\_ County of \_\_\_\_\_

On the \_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_, before me came \_\_\_\_\_

to me known and known to me to be the person described in and who execute the foregoing statement and (s)he duly acknowledges to me the (s)he executed the same.

\_\_\_\_\_  
Notary Public

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## HUSBAND AND WIFE ANNUITY REJECTION (Part 2)

I, \_\_\_\_\_, swear that I am the legal spouse of the participant described  
(Name of Spouse)

above. I hereby consent to my spouse's rejection of the Husband and Wife annuity and to my spouse's designation of \_\_\_\_\_ as the beneficiary of his/her account.

(Name of Beneficiary)

I understand that as a result, I will not be paid benefits under the Annuity Fund after my spouse's death unless death benefits are payable to me under another option that my spouse selects.

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Signature of Spouse)

\_\_\_\_\_  
(Social Security Number of Spouse)

State of \_\_\_\_\_ County of \_\_\_\_\_

On the \_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_, before me came \_\_\_\_\_

to me known and known to me to be the person described in and who execute the foregoing statement and (s)he duly acknowledges to me the (s)he executed the same.

\_\_\_\_\_  
Notary Public