

LOCAL 580 ANNUITY FUND WITHDRAWAL FORM

PLEASE READ THIS APPLICATION CAREFULLY BEFORE ANSWERING ANY QUESTIONS

PLEASE PRINT YOUR ANSWER TO ALL QUESTIONS:

NAME: _____

ADDRESS: _____

SOCIAL SECURITY NO.: _____ PHONE: _____

Do hereby apply for withdrawal of \$ _____ of my accumulated share in the Ironworkers Local 580 Annuity Fund pursuant to the plan and the rules and regulations of this Fund, on the basis that no Employer Contributions have been made to my account for at least the past six (6) consecutive months.

I presently (do) (do not) have a loan outstanding and owing to the Local 580 Annuity Fund.

I affirm and certify that I have redeemed any and all stamps reflecting my Annuity Fund entitlement prior to this application and HEREBY WAIVE ABSOLUTELY AND FOREVER THE RIGHT TO REEDEM ANY FURTHER STAMPS RELFECTING ENTITLEMENT IN THIS ANNUITY FUND BY REASON OF ANY WORK PERFORMED PRIOR TO THE DATE OF THIS APPLICATION.

The above statements are true to the best of my knowledge and belief; I understand that a false statement may disqualify me for the withdrawal requested herein, and that the Trustees shall have the right to recover any payments made to me because of false statement.

DATED: _____

Signature

MUST BE NOTARIZED

STATE OF: _____ COUNTY OF: _____

ON THE _____ DAY OF _____ 20 _____, BEFORE ME PERSONALLY

CAME _____, TO ME PERSONALLY KNOWN TO BE THE INDIVIDUAL DESCRIBED IN THE FOREGOING INSTRUMENT AND HE ACKNOWLEDGED THAT HE EXECUTED THE SAME.

NOTARY PUBLIC

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

Second Floor * 501 WEST 42nd STREET * NEW YORK, NY 10036 * (212) 695-5206

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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PATRICK DOHERTY *Fund Director*

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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ARCHITECTURAL & ORNAMENTAL IRON WORKERS

Administrative Office of:

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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