

# 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 ROLLOVER FORM

**PLEASE READ THIS APPLICATION CAREFULLY BEFORE ANSWERING ANY QUESTIONS**

**PLEASE PRINT YOUR ANSWERS TO ALL QUESTIONS**

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

SOCIAL SECURITY NO.: \_\_\_\_\_ PHONE #: \_\_\_\_\_

Do hereby apply for Rollover 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 REDEEM ANY FURTHER STAMPS REFLECTING 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

\_\_\_\_\_  
Signature of Participant

\_\_\_\_\_  
Date

**MUST BE NOTORIZED**

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

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

to me personally known to be the individual described in foregoing instrument and (s)he duly acknowledge the (s)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**

Application for direct transfer of individual account to IRA (Individual Retirement Account) and/or to a qualified defined contribution fund.

### **PLAN PARTICIPANT COMPLETE**

1. NAME: \_\_\_\_\_  
Last First Middle

2. ADDRESS: \_\_\_\_\_  
No of Street City/Town State ZIP

3. SOCIAL SECURITY NUMBER: \_\_\_\_\_

I am applying for benefits in accordance with article Vol 5 Section 5.1 of the plan

due to \_\_\_\_\_ (state reason - DISABILITY, RETIREMENT, etc.),.

I hereby request that payment of my FULL / PARTIAL (circle one) individual account to be made directly to (state IRA bank or name of defined contribution fund):

\_\_\_\_\_  
Name Account Number (if any)

\_\_\_\_\_  
Mailing Address On my Behalf

I understand that by payment of my FULL / PARTIAL (circle one) individual account to the named bank, IRA or fund named will release the trustees of the Local 580 Annuity Fund further, said trustees shall not in any way be responsible for or accountable for the future earnings or losses on the principal amount of monies so transferred.

\_\_\_\_\_  
Print Name Signature Date

# 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*

State that I am NOT MARRIED / MARRIED (circle one).

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature of Participant

**MUST BE NOTORIZED**

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

# 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*

If you circled married, the following Section must be completed, in addition to above.

I HEREBY CERTIFY THAT I AM THE LEGAL SPOUSE OF THE EMPLOYEE NAMED AND I UNDERSTAND THAT THE OPTION CHOSE TO TRANSFER HIS FULL / PARTIAL (circle one) INDIVIDUAL ACCOUNT TO \_\_\_\_\_ WILL NOT INTITLED ME TO ANY MONIES, PAYMENTS OF BENEFIT FROM THE LOCAL 580 ANNUITY FUND, SO TRANSFERRED.

\_\_\_\_\_  
Spouse Print Name

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**MUST BE NOTORIZED**

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

In order for the requested transfer of monies to be effective, you must have the enclosed form completed and to the fund office.