



**NORTH ATLANTIC STATES
CARPENTERS ANNUITY FUND**

Connecticut Office
10 Broadway
Hamden, CT 06518
Phone (203) 281-5511
Fax (203) 230-2457

Rhode Island Office
14 Jefferson Park Road
Warwick, RI 02888
Phone (401)-467-6813
Fax (401) 467-6816

New York Office
270 Motor Parkway
Hauppauge, NY 11778-5150
Phone (631) 952-9700 Option 5
Fax (631) 952-9813

NORTH ATLANTIC STATES CARPENTERS ANNUITY FUND

PROFIT SHARING ACCOUNT

HARDSHIP DISTRIBUTION APPLICATION

PLEASE READ INSTRUCTIONS FORM CAREFULLY BEFORE COMPLETING THIS APPLICATION. Participants must complete and sign this form.

PARTICIPANT DATA

Participant Name: _____
First Middle Last

Participant Address: _____
Street

City State Zip

Telephone Number: _____ Date of Birth: _____

Social Security No.: XXX-XX-_____ (Last 4 digits only) Local #: _____

CURRENT MARITAL STATUS (Check each that apply to you)

- Single Divorced (Provide divorce decree)
 Married (Provide proof of marriage) Anticipated to be married as of the effective date of my benefit

ELIGIBILITY (Please check the applicable reasons)

- Purchase/Construction of Principal Residence
 Prevention of Eviction/Foreclosure of Principal Residence
 Funeral Expenses
 Tuition – Name of Dependent: _____
 Medical Expenses over \$1,000.00 not covered under the Plan
 Self-Pay/COBRA Premiums
 Personal Income Tax
 Military Service

HARDSHIP AMOUNT OF PAYMENT (Check all that apply)



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I request a hardship distribution in the following amount:

- \$ _____ Gross
- \$ _____ Monthly (**Self-Pay/COBRA only**)

INCOME TAX WITHHOLDING

I acknowledge that my hardship distribution is subject to federal and state income taxes. In addition, if I am under age 59½, I may have to pay additional taxes equal to 10% of the taxable portion of my hardship distribution. **It is my responsibility to pay these taxes.** I understand that I cannot avoid or postpone taxes on my hardship distribution by rolling over the distribution to another retirement plan or IRA. However, I may elect to have taxes withheld as described below. If you elect to have federal or state tax withheld, the amount of the withheld tax will be added to the amount you have requested for your hardship distribution, increasing the amount deducted from your account.

FEDERAL TAX WITHHOLDING

I elect to have Federal income tax (please select one):

- Please withhold \$ _____ or _____ % from my lump sum payment.
- I do **not** want Federal income tax withheld from my payment.

STATE TAX WITHHOLDING

I elect to have state income tax (please select one):

- NY State income tax withheld in the amount of \$ _____ or _____ %
- NJ State income tax withheld in the amount of \$ _____ or _____ %
- I do **not** want state income tax withheld.

SIGNATURE (this sections must be completed and notarized for the participant)

Please sign and date this application in the presence of a **notary public**.

I hereby apply for benefits from the Northeast Carpenters Annuity Fund. I certify that, to the best of my knowledge and belief, that the information and statements are true and correct. In making this application for a benefit, I affirm that there are no outstanding Fund contributions due and owing to me as of the date of this application. I acknowledge that any false statement made by me in this application may subject me to legal action including reimbursement of funds and referrals of this matter to appropriate government authorities.

Participant's Signature

Date

State of ()

County of ()

On this _____ day of _____, 20_____, before me personally appeared

_____ to be known and known to me to be the same person described herein and who executed the foregoing application, and he/she duly acknowledged to me that he/she executed the same.

Notary Public