



**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 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.: (Last four digits only) XXX-XX-_____ Local #: _____

ELIGIBILITY (Please check the appropriate box and fill in the information requested)

Retirement: Date of retirement: _____

Disability: Date of disability: _____

Break in Service (other than retirement): Last date worked: _____

6 Months, 50% of balance

12 Months, 100% of balance

In-Service Withdrawals

Age 59 ½ & 20 Years contributions

60 Month Rule (2017 balance only)

QDRO

ACCOUNT (Please select one)

North Atlantic States Carpenters Profit Sharing

MassMutual

FORM OF PAYMENT (Check all that apply)

- Lump Sum Cash Payment**

 - Partial Lump Sum Cash Payment:** Gross amount \$ _____

 - Direct Rollover** (Please select one)
 - Direct Rollover of my **entire** account to an IRA or another Qualified Plan.
 - Direct Rollover of a **portion** of my account in the amount of \$ _____ (minimum \$1,000.00) to an IRA or another Qualified Plan.
- ***Letter of Acceptance is required from financial institution accepting the funds.
- Fixed Monthly Installment Payments (must be in increments of \$100 and must be on Pension):**
Each payment should be a GROSS amount of \$ _____

FEDERAL WITHHOLDING

I understand that there is a mandatory 20% withholding from my payment, unless an exception applies.

Date: _____ Signature: _____

- I want an **additional** amount withheld as follows: _____ % or \$ _____
- I do not want any federal tax withheld from my payment. **(This applies only to direct rollovers to an IRA or qualified retirement plan or fixed monthly installment payments in an amount that will exhaust your account balance over ten years or more or your life expectancy.)**

STATE WITHHOLDING (Please select one)

- No State Tax Withholding Election**
- Voluntary State Income Tax Withholding** – I elect to have the following NYS Tax withheld from my payment:
 - \$ _____ (whole dollar amount) or _____ %

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

I hereby apply for benefits from the North Atlantic States 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



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