

DRYWALL TAPERS
ANNUITY FUNDS

36-18 33RD STREET, SECOND FLOOR
LONG ISLAND CITY, NY 11106
TEL (212) 242-1616
FAX (212) 620-3115

DATE:

I _____ REQUEST AN APPLICATION FOR A HARDSHIP FROM
MY ANNUITY FUND ACCOUNT.

SIGNATURE

PLEASE SIGN THIS PAGE AND RETURN IT WITH YOUR APPLICATION.



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Re: Hardship Withdrawal Applications

Please note if you are single, the certification of marital status must be notarized. If you are married, both signatures, yours and your wife's signature, must be notarized on the spousal consent form.

Also note that a proof of the expense, as described in this application, must be included with your application.

Should you have any questions or need assistance completing the application, please call the Fund Office.

NOTE – AS A PLAN PARTICIPANT YOU MAY ONLY RECEIVE ONE HARDSHIP WITHDRAWAL DURING ANY 12-MONTH PERIOD, AND ONLY FROM CONTRIBUTIONS MADE ON YOUR BEHALF SINCE JANUARY 1, 2009.

PART I

Biographical Information

Name:

Last First Middle Initial

Social Security No.: _____ Telephone No.: _____

Address:

Number Street City State Zip Code



PART II

Hardship Election

1. I request a withdrawal of \$ _____ due to hardship for the following reason(s):
- Expenses for Medical Care.** Expenses because of sickness or injury that are not reimbursable or partially reimbursable by any benefits payable from the Drywall Tapers Insurance Fund. (Attach a copy of invoice or letter from your health care provider describing the cost and your need for the procedure, along with evidence that insurance will not cover the expense, attached.)
 - Purchase or Repair of Your Residence.** The purchase or repair of a house, cooperative, or condominium apartment, which will be used as your primary or secondary residence. Down payment, contract and title expenses are included in this provision. (Attach a copy of signed purchase agreement or invoice attached.)
 - Tuition and Related Education Fees.** Expenses incurred in connection with the payment of tuition and/or room and board to maintain a dependent child in an educational institution on a full-time basis, or at a school or institution for physically or mentally disabled children, or for the payment of tuition for educational purposes for you or your spouse. (Attach a copy of invoice or letter from school confirming enrollment and expenses.)
 - Prevention of Eviction or Foreclosure.** Expenses necessary to avoid your threatened eviction or foreclosure on your residence (Attach a copy of eviction notice, past-due statement, foreclosure action, etc.)
 - Unpaid Mortgage Payments.** The amount of your past unpaid mortgage payments on your primary residence where you have not made any portion of those mortgage payments required for that residence for the immediately preceding three months. (Attach a copy of mortgage statement, late payment notice, etc.)
 - Remainder of Mortgage.** Paying the remainder of a mortgage on your primary residence (limited to once per lifetime) (Attach a copy of statement.)
 - Funeral Expenses.** Funeral and air travel expenses incurred by you because of the death of an immediate family member, including your spouse, parents, siblings or children. (Attach a copy of invoice or receipt.)
 - Legal Expenses.** Legal expenses incurred by you or your dependents or to meet court mandated payments such as alimony or child support payable by you. (Attach a copy of invoice or court notice, past-due statement, etc.)

Tax Judgments/Liens. Loans for the purpose of paying Participant's federal or state tax judgments/liens.

Involuntary Economic Conditions (up to \$5,000).

Explain: _____

_____ (Copy of relevant documents attached.)

You must attach documentation evidencing the expense for which this hardship withdrawal is requested. If the expense is for someone other than the Participant, list the recipient and his or her relationship to the Participant on the expense document.

PART III

I hereby apply for a withdrawal in the amount of \$ _____ under the Rules and Regulations of the Drywall Tapers Annuity Fund for the hardship which I have indicated in Part II above.

IMPORTANT NOTICE REGARDING INCOME TAXES:

All withdrawals are subject to federal, state and local income taxes and penalties. In addition, if you are not 59 ½ or older when you receive the withdrawal, you may also be subject to a 10% additional tax.

APPLICANT'S CERTIFICATION OF MARITAL STATUS

___ 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 required if you check this box)

___ I hereby swear that the person completing the Spouse's Statement is my current legal spouse, and that we have been married for at least 12 months.

I hereby request distribution of a hardship withdrawal from my account balance from the Drywall Tapers Annuity Fund. The above statements are true to the best of knowledge and belief. I understand that a false statement may disqualify me for benefits under this Plan, and that the Trustees will have the right to recover any payments made to me because of a false statement.

Members Signature & Date

On the _____ day of _____,

Before me came _____ to me known and known to me to be

The person described in and who executed the foregoing statement and he/she duly acknowledged to me that he/she executed the same.

NOTARY PUBLIC

SPOUSE'S STATEMENT

I understand that my spouse is a Participant in the Drywall Tapers Annuity Fund. I have been informed that my spouse's Individual Annuity Account under the Fund is now approximately \$ _____. I understand that if I do not consent to the withdrawal that the amount that my spouse would like to receive now as a Hardship Withdrawal, along with my spouse's other benefits under the Fund, would be paid as a monthly annuity for my spouse's life and, if my spouse dies before I do, with payments equal to 50% of the payments my spouse was receiving being paid to me for the rest of my life. (This is called a Joint and 50% Survivor Annuity.) or in some other form permitted under the Fund which I might elect.

I understand that my spouse's withdrawal will be subject to federal, state and local income taxes. I also understand that if my spouse is not 59 ½ when my spouse receives the withdrawal, there may also be a 10% additional tax.

I understand that under federal law and the rules of the Plan, I have at least 30 days from the date I receive this Consent to decide whether to consent to my spouse's withdrawal. I HEREBY WAIVE my right to take the full 30 days to make my decision, and I HEREBY CONSENT to the payment of the withdrawal before the end of the 30 days. I understand that I may revoke my waiver and consent at any time during the 7 day period which began when I received this notice.

