

**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 TO WITHDRAW MY  
ANNUITY FROM MY ACCOUNT.

\_\_\_\_\_  
SIGNATURE

**PLEASE SIGN THIS PAGE AND RETURN IT WITH YOUR APPLICATION.**



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**DRYWALL TAPERS' ANNUITY FUND**  
**36-18 33<sup>RD</sup> STREET 2<sup>ND</sup> FL**  
**LONG ISLAND CITY, NY 11106**

Dear Member:

This office has received your request for the release of all your annuity money held with the Drywall Tapers Annuity Fund. Enclosed is an application which you must complete and have notarized.

Please read this application carefully before answering any questions. Print your answers to all questions which apply to you. Also, be sure to complete pages 2, 3, and either page 4 or 5, indicated by the benefit form you choose on page 2.

Make sure this information is fully completed, signed, and notarized.

If any part of this application is not entirely clear do not hesitate to contact the Fund Office for assistance.

Sincerely,

BOARD OF TRUSTEES  
DRYWALL TAPERS  
ANNUITY FUND

DRYWALL TAPERS ANNUITY FUND \* ANNUITY RELEASE APPLICATION

NAME \_\_\_\_\_

SOCIAL SECURITY NUMBER \_\_\_\_\_ TELEPHONE \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_

DATE OF BIRTH \_\_\_ / \_\_\_ / \_\_\_ SPOUSE DATE OF BIRTH \_\_\_ / \_\_\_ / \_\_\_

CHECK THE APPROPRIATE BOX AND FILL IN THE INFORMATION REQUESTED

( ) I am (will soon be) retired and have reached the age of 65 or older. My retirement date was (will be) \_\_\_\_\_ 20 \_\_\_\_\_.

( ) I am totally and permanently disabled. I understand this means I am permanently unable as a result of bodily injury or disease to engage in any further employment as a taper or any other building trades craftsman. (If you check this section, please include complete medical evidence of your disability).

( ) I have not worked in the Taping Industry for the last 18 months and I am no longer seeking employment in the Taping Industry. I understand that once the Annuity has been released, ALL OF MY INSURANCE BENEFITS WILL BE TERMINATED. I last worked in the Taping Industry for \_\_\_\_\_ on \_\_\_\_\_ (employer) (date).

FORM OF BENEFIT PAYMENT

I wish to receive the balance in my Individual Account in the following form of benefit payment (check one below).

1. ( ) **Single Lifetime Annuity:** Fixed monthly benefit payable for the duration of your lifetime only with no benefits continued to your beneficiary. (Complete page 4 if you are not married).
2. ( ) **Husband and Wife Annuity:** Fixed monthly benefit paid for the life of the employee and, when the employee dies, the spouse receives a lifetime monthly benefit equal to 50% of the amount that was being paid to the retired employee. (Not available to single employees).
3. ( ) **Lump Sum Payment:** One time payment of your Accumulated Share in the Annuity Fund. (Complete page 4 if you are not married, or page 5 if you are married).
4. ( ) **Annuity Payout:** Fixed monthly benefit payable over a period of time not to exceed ten years until your Accumulated Share is exhausted. (Complete page 4 if you are not married, or page 5 if you are married).
5. ( ) **Lump Sum Annuity Certain Combination:** Partial payment of Accumulated Share in lump sum and balance of my Accumulated Share payable in fixed monthly amounts over a period of time not to exceed ten years. (Complete page 4 if you are not married, or page 5 if you are married).

NOTE: If you have selected option 4 or 5 above, benefits may be payable to a beneficiary if you die prior to receiving your entire Accumulated Share. Therefore, complete the following designation:

I designate the following person as my beneficiary to receive my remaining amounts of Accumulated Share after my death.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Relationship to you

\_\_\_\_\_  
Address

\_\_\_\_\_  
Beneficiary's Social Security Number

If you are married and have designated someone other than your spouse as beneficiary, your spouse must complete the lower portion of page 5.

( ) Undecided as to which form of benefit I want. Please provide me with estimates of the monthly benefit amount payable to me, and my spouse if applicable, according to the option (s) I check above. I understand that I will have the opportunity to make a final decision after I have received the estimates.

I hereby apply for benefits from the Drywall Tapers Annuity Fund. The above statements are true to the best of my knowledge. I understand that a false statement may disqualify me for Annuity Benefits, and that the Trustees shall have the right to recover any payments made to me on the basis of a false statement.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**DRYWALL TAPERS ANNUITY FUND SINGLE LIFETIME ANNUITY REJECTION  
FORM**

I, \_\_\_\_\_, do not wish to receive my pension benefit in the form of a Single Lifetime Annuity.

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.

In place of the single Lifetime Annuity form of payment I choose to receive my benefit in the form indicated in section A of this application.

\_\_\_\_\_  
Date Signature

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

State Seal:

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 executed the foregoing statement and he/she duly acknowledged to me that he/she executed the same.

\_\_\_\_\_  
NOTARY PUBLIC

\*Additional proof is needed if you check this box.

**DRYWALL TAPERS ANNUITY FUND HUSBAND AND WIFE ANNUITY REJECTION FORM**  
**PARTICIPANT'S STATEMENT**

I, \_\_\_\_\_, do not wish to receive my Accumulated Share in the form of a lifetime Husband and Wife Annuity. I understand that rejecting this payout form means no benefits will be paid to my spouse, if any, by the Annuity Fund after my death, unless death benefits are payable under another option that I select.

**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.
- I hereby swear that the person co-signing this document below is my current legal spouse.

In place of the Husband and Wife annuity form of payment I choose to receive my Accumulated Share in the form indicated on page 2.

\_\_\_\_\_  
Date Signature

State of \_\_\_\_\_ State Seal:

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 executed the foregoing statement and he/she duly acknowledged to me that he/she executed the same.

\_\_\_\_\_  
NOTARY PUBLIC

\*Additional proof is needed if you check this box.

**SPOUSE'S STATEMENT**

I, \_\_\_\_\_, swear that I am the legal spouse of the Participant described above. I hereby consent to my spouse's rejection of the Husband and Wife Annuity. 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 payout option that my spouse selects.

\_\_\_\_\_  
Date Spouse's Signature Social Security #

State of \_\_\_\_\_ State Seal:

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

On the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, before 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

**ROLLOVER ELECTION FORM**

Election/Rejection of Direct Rollover to an IRA or Retirement Plan

ATTENTION: BEFORE COMPLETING THIS FORM YOU SHOULD READ THE SPECIAL TAX NOTICE REGARDING PLAN PAYMENTS CAREFULLY. YOU ALSO MAY WISH TO CONSULT YOUR TAX ADVISOR BEFORE MAKING THIS ELECTION.

COMPLETE THIS FORM ONLY IF YOU WILL RECEIVE A PAYOUT IN A LUMP SUM.  
\$ \_\_\_\_\_ (FILL IN OTHER AVAILABLE ROLLOVER DISTRIBUTION FORMS).

\_\_\_\_\_  
Participant's Name/Spouse-Beneficiary's Name

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

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

If you will receive part or all of your benefits in one of the forms listed below, that payment will be an "eligible rollover distribution."

- ❖ A lump sum payment of a participant's (account balance/accrued benefit);
- ❖ A "partial lump sum" or similar single sum payment of part of a participant's (account balance/accrued benefit), with the remainder to be paid as an annuity, if the single sum is substantially different in amount from the annuity payments;
- ❖ A series of payments for a scheduled period of less than 10 years;
- ❖ Taxable death benefits paid to a surviving spouse in a lump sum or single sum;
- ❖ Taxable death benefits payable to a surviving spouse for a specified period of less than 10 years (but not post-retirement death benefits payable under a continuous and certain annuity form).

You may elect to have part or all of that distribution transferred directly to an Individual Retirement Account (IRA) or to another qualified retirement plan (if it accepts rollovers). If you choose NOT to have an eligible rollover distribution transferred directly to an IRA or other retirement plan, the Plan is required to withhold 20 percent of the payment for federal income taxes. This withholding does not increase the taxes you owe. (For further information on direct rollovers and withholding, please read the Special Notice Regarding Plan Payments that the Plan has given you.)

If your benefit is more than \$500, you may choose to have only part of the payment directly rolled over, and to have the rest paid to you. Taxes will be withheld from any part that is not directly rolled over. If you want to have only part of your payment directly rolled over, please tell us the amount (at least \$500) that you would like to roll over.

**CHECK BELOW TO INDICATE WHETHER OR NOT YOU ELECT A DIRECT ROLLOVER OF YOUR PENSION PAYMENT:**

\_\_\_\_\_ I do not want to roll over any of my payment to an IRA or other qualified retirement plan. Pay me the full amount of my benefits, after withholding 20 percent for federal income taxes as required by law.

\_\_\_\_\_ I want to roll over my payment directly to an IRA or other qualified retirement plan that accepts rollovers. The IRA or other retirement plan is named on the following page.

\_\_\_\_\_ I would like to have only part of my payment directly rolled over. Please roll over \$\_\_\_\_\_ to the IRA or qualified retirement plan named on the following page, and pay the remainder of my benefit to me, after withholding 20 percent for federal income taxes as required by law.

If you elected a direct rollover, you must provide all of the information on the following page. If we do not receive this information, the Plan will make the payment to you, after withholding 20 percent for federal income taxes as required by law.



**PLEASE MAKE PAYMENT OF MY BENEFIT ON MY BEHALF TO:**

\_\_\_\_\_  
Name of IRA Trustee or Qualified Retirement Plan

\_\_\_\_\_  
Account Number

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
Participant's Signature

**CERTIFICATION**

If you have elected a direct rollover of all or part of your benefit, please read and sign the following statement:

I certify that the recipient of a direct rollover that I have named above is an Individual Retirement Account, an Individual Retirement Annuity, or qualified retirement plan that accepts rollovers. I understand that payment of my benefits to the trustee of the IRA or qualified retirement plan will release the Trustees of the Drywall Tapers Insurance Fund from any further obligations or responsibilities with respect to the benefits so paid.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## **Additional Information**

### **Deferring Commencement of Distributions**

Although you have applied for a distribution of your Individual Account, the law requires that we advise you of your right to postpone a distribution until a later time and the consequences if you choose to take your distribution now rather than deferring it to a later date.

Under the Plan's rules, you may defer receiving your benefits until April 1 of the year following the year you reach age 70 ½. Of course, you may elect to start your benefit at any time before that date provided you meet the eligibility requirements as described in your Summary Plan Description (SPD).

If you postpone the distribution, the Board of Trustees will continue to invest the money in your account and your account will continue to be adjusted for any gains, losses, or administrative fees as described in your SPD.