



LABORERS' INTERNATIONAL UNION OF NORTH AMERICA

LABORERS LOCAL 235 ANNUITY FUND

41 Knollwood Road, Elmsford, New York 10523

APPLICATION FOR ANNUITY BENEFITS

This form is used to request a distribution from the Laborers' Local 235 Annuity Fund.

Under the terms of the Plan, you may defer receiving your benefit until the April 1st of the calendar year following the later of the calendar year in which you attain age 72 or the calendar year in which you retire. If you elect to defer your distribution, you may continue to leave your account in the Plan to the extent permitted by the Plan. By deferring distribution, you will have access to investments that may not be generally available on similar terms outside the Plan. Fees and expenses (including administrative fees) outside the Plan may be different than those that apply to your account under the Plan. Your account will be subject to any restrictions and/or fees disclosed in the Plan Documents, enrollment materials, and any required notices, copies of which you previously received.

A withdrawal is considered a distribution and is subject to a 20% federal tax withholding. Please be advised the Internal Revenue Service imposes a 10% tax penalty for participants under 59½ years of age. You may be subject to additional taxes and should consult your accountant regarding the withdrawal.

Name _____ Date _____

Address _____
Number and Street _____ City _____ State _____ Zip Code _____

Date of Birth _____ Social Security Number _____

Tel. Number _____ E-Mail Address _____

Marital Status: Single & Never Married Married Divorced Widow

Married participants applying for a distribution must submit a marriage certificate; divorced participants must submit a Judgment of Divorce, Separation Agreement, and Qualified Domestic Relations Order (QDRO).

Form of Benefit (Please select one)

50% Joint-and-Survivor Annuity (reduced annuity for the life of the Participant with a 50% survivor annuity payable for the life of the Participant's spouse)

75% Joint-and-Survivor Annuity (reduced annuity for the life of the Participant with a 75% survivor annuity payable for the life of the Participant's spouse)

Single Life Annuity (annuity for the life of the Participant)

Lump Sum (At least 62 years of age –submit birth certificate with your application)

Lump Sum (Disability –submit proof of Social Security Disability Award with your application)

Lump-Sum (Terminated employment in the Fund's geographic jurisdiction)

Direct Rollover (Rollover to another account – must submit Direct Rollover Request Form)

Please note, if your account balance is less than \$5,000 your benefit will be distributed as a lump sum.

DESIGNATION OF BENEFICIARY

Please complete the below information designating a beneficiary to receive any benefits that may be due from the Laborers Local 235 Annuity Fund in the event of your death.

Primary Beneficiary

Name _____ Date _____

Address _____
Number and Street _____ City _____ State _____ Zip Code _____

Date of Birth _____ Social Security Number _____

Tel. Number _____ E-Mail Address _____

Relationship _____

Contingent Beneficiary

Name _____ Date _____

Address _____
Number and Street _____ City _____ State _____ Zip Code _____

Date of Birth _____ Social Security Number _____

Tel. Number _____ E-Mail Address _____

Relationship _____

Participant's Name _____

Participant's Signature _____ Date _____

Spousal Consent of Participants Designation of Beneficiary(ies)

Spouse's Signature _____ Date _____

Witness (Witness cannot be a Primary or Contingent Beneficiary)

Name _____

Address _____
Number and Street _____ City _____ State _____ Zip Code _____

Signature _____ Date _____

EARLY DISTRIBUTION WAIVER AND RELEASE

(Please complete if you are under 59½ years of age)

I, _____ acknowledge that I am under the age of 59½ when I am receiving this distribution and may be subject to the 10% additional tax penalty as imposed by the Internal Revenue Service. I have been advised by the Laborers Local 235 Annuity Fund to consult with my accountant or other tax professional before taking this distribution and still wish to proceed with receiving this distribution.

I do hereby this day of _____, 20____ unconditionally and forever release and discharge and hold harmless the Laborers Local 235 Annuity Fund and its officers, Trustees (former, present and future) from any and all claims, disputes, controversies, suits, actions, liabilities, and obligations of any kind whatsoever whether contractually, common law, statutory or otherwise, that I or my heirs, agents, successors and assigns have had, or hereafter can, shall or may have whether presently known or unknown, whether under federal, state, or common law with regard to the 10% penalty associated with the early withdrawal of my annuity funds whether under federal, state, or common law.

I understand that as a result of making this statement and signing the Waiver and Release, the Trustees of the Laborers Local 235 Annuity Fund rely on this Affidavit to make this distribution.

I have read this Affidavit completely and fully understand same and signed this Waiver and Release on my own free will.

Applicant Signature _____ Date _____

SPOUSAL WAIVER OF JOINT AND SURVIVOR ANNUITY

(Please complete if you are married and electing Single Life Annuity or Lump Sum Distribution)

I understand that my spouse (_____) has requested a distribution from the Plan in the form of a Single Life Annuity or Lump Sum and I hereby consent to my spouse's rejection of the joint and survivor annuity. I further understand that as a result of the rejection of the joint and survivor annuity, I will not receive benefits from the Laborers Local 235 Annuity Fund after my spouse's death.

Spouse's Name _____ Spouse's Social Security Number _____

Spouse's Signature _____ Date _____

Witnessed By (To be completed by Notary Public)

State of _____ County of _____

On this, the _____ day of _____, 20____, before me personally appeared _____, known (or satisfactorily proven) to me to be the person who executed the foregoing Spousal Certification and acknowledge that he or she executed the same as his or her free act and deed. In witness whereof, I hereunto set my hand and official seal.

Signature of Notary Public

My Commission Expires: ____/____/____

DIRECT ROLLOVER REQUEST FORM FOR QUALIFIED PLANS

This form must be completed if you selected the "Direct Rollover" option on the first page.

I elect a Direct Rollover of my Annuity Account Balance to the following:

Other Qualified Plan, or Local Union Annuity Fund (I have contacted the Sponsor/Plan Administrator of this Plan and he/she is aware that the rollover is being made).

An IRA (I have opened an IRA as noted below)

PAY THIS DIRECT ROLLOVER AS FOLLOWS

Transfer the Annuity Account Balance directly to the Receiving Plan identified below

RECEIVING PLAN INFORMATION

Name of Receiving Plan or IRA _____

Account Number _____ Tel. No. _____

Address _____
Number and Street City State Zip Code

PARTICIPANT INFORMATION

Name _____ Date _____

Address _____
Number and Street City State Zip Code

Date of Birth _____ Social Security Number _____

Tel. Number _____ E-Mail Address _____

SPOUSAL CONSENT

I, _____, hereby consent to my Spouse's choice of a direct rollover the Annuity Account Balance to the above-referenced account.

Spouse's Name _____ Spouse's Social Security Number _____

Spouse's Signature _____ Date _____

PARTICIPANT ACKNOWLEDGEMENT

The Plan Administrator may reasonably rely on the above information in making this direct rollover on my behalf.

Applicant Signature _____ Date _____