



International Union of Operating Engineers

Local 877 Annuity Fund

PARTICIPANT'S HARDSHIP WITHDRAWAL DISTRIBUTION APPLICATION

I, the undersigned Participant, have read all of the Plan's application materials, have consulted with my Spouse (if applicable) and hereby request a distribution from my Account(s) under the Annuity Fund. Further, I hereby represent and acknowledge the following:

I certify:

1. That I have an immediate and heavy financial need which will be incurred following the date of this request.
 - A. To pay for medical expenses incurred by me, my spouse, a dependent determined under Internal Revenue Code (Code) rules or my designated beneficiary under the Plan; or to pay for medical insurance and associated premiums (including COBRA continuation coverage); or
 - B. To pay educational expenses (e.g., tuition, room and board and educational fees) for up to the next twelve (12) months for attendance at a post-secondary educational institution by me, my spouse, a dependent determined under Code rules or my designated beneficiary under the Plan; or
 - C. To purchase a principal residence (other than mortgage payments); or
 - D. To avoid foreclosure or eviction from my principal residence; or
 - E. To pay for burial or funeral expenses for my parent, spouse, a dependent determined under Code rules or my designated beneficiary under the Plan; or
 - F. To pay expenses to repair damage to my principal residence, which would qualify for a casualty deduction under IRS rules; or
 - G. To pay for expenses and losses (including loss of income) incurred by me on account of a disaster declared by the Federal Emergency Management Agency (FEMA) under applicable federal law, provided that my principal residence or primary place of employment was in an area designated by FEMA for individual assistance with respect to such disaster.

2. That I require a **NET** (i.e., after all tax withholding) distribution in the total amount of → \$ _____ in connection with the following hardship(s) (check and complete all that are applicable):

- _____ payment of medical expenses or medical insurance, including COBRA..... \$ _____
- _____ educational expenses for myself, spouse, dependent or my designated beneficiary for attendance at a post-secondary educational institution for a period beginning _____ and ending _____ (not to exceed a twelve-month period) \$ _____
- _____ purchase of my principal residence..... \$ _____
- _____ avoidance of foreclosure or eviction..... \$ _____
- _____ payment of burial/funeral expenses..... \$ _____
- _____ expenses for damage repairs of principal residence due to casualty \$ _____
- _____ payment for expenses or losses due to a disaster declared by FEMA \$ _____

3. That attached hereto are true and correct copies of all bills in connection with unreimbursed medical expenses, medical insurance bills or COBRA premiums, expenses in connection with attendance at a post-secondary educational institution, purchase contracts, mortgages or mortgage commitments and statements in connection with the purchase of my principal residence, notice of foreclosure or eviction, burial/funeral expenses, expenses to repair damage to my principal residence, and/or expenses or losses incurred by me on account of a disaster declared by FEMA.

4. That I will use this distribution solely for the hardship reason(s) represented in this application.

5. That this distribution will reduce the benefits available to me and my spouse, if married, at retirement or when I otherwise qualify for a distribution under the Plan, such as when I become a Terminated Participant by incurring a break-in-service under Plan rules.

6. That the Plan provides that I may only receive a maximum of five (5) hardship distributions in my lifetime; that subject to very limited exceptions I may only take one (1) hardship distribution in any calendar year; that I may not withdraw an amount in excess of the amount required to meet the applicable expenses outlined in paragraph 2 and/or federal, state and/or local withholding as outlined in paragraph 11; and that all applicable Plan rules and definitions apply with respect to this application.

7. That if the distribution is not utilized for the hardship reason(s) stated above, for any reason whatsoever, I will accept full responsibility for any and all penalties, additional taxes or other consequences that may arise.

8. That I have insufficient cash or liquid assets that are reasonably available to me to satisfy the immediate and heavy financial need(s) outlined in paragraph 2, and that I have obtained all other currently available distributions under the Plan.

9. That I hereby agree to hold harmless the Board of Trustees of the International Union of Operating Engineers Local 877 Annuity Fund and its employees and agents from any and all liability costs and expenses (including attorney fees and court costs) for any claim, demand, or legal action that may be brought against any of them in connection with my hardship withdrawal.

Further, with respect to income tax matters and the actual amount of my hardship withdrawal, I acknowledge the following:

10. That I have read the Plan's "Special Tax Notice Regarding Plan Payments," and I am fully aware that my entire hardship distribution is: (a) taxable for income tax purposes, (b) not an "eligible rollover distribution" under the Internal Revenue Code (Code), and (c) not eligible for "rollover" treatment under the Code.
11. Provided that the balance in my Plan Account(s) is sufficient and I do not instruct the Plan otherwise in writing, that the Plan will deem my hardship distribution request to include amounts required for the withholding of applicable federal, state and/or local taxes (including the 10% excise tax on distribution to those who are under 59-1/2 as outlined in the Special Tax Notice Regarding Plan Payments), so that I may receive the **NET** hardship distribution amount I have requested in paragraph 2.
12. That the value of my Plan Account(s) depends upon the underlying investment option(s) I have selected, and that the actual amount I receive as a hardship distribution may vary from the amount indicated in paragraph 2 depending upon the value of my Account(s) at the time of my hardship distribution.
13. *That I am responsible for reporting and paying any excise taxes or other penalties (including those that must be reported in IRS Form 5329) that may be associated with my hardship distribution.*

This application must generally be signed and notarized at least 7 days before, and not more than 180 days prior to, your hardship distribution.

By signing this document, I confirm that I have read the entire application, that all of the information and materials submitted in or with my application are true and correct to the best of my knowledge and belief, and that I and my Spouse (if applicable) have received information from the Fund Office as to the approximate value of the alternate benefits under the Plan.

(Signature of Member) Current Mailing Address

Print Name of Member: _____

TELEPHONE # () _____ (BEST # TO CONTACT YOU)

E-MAIL _____ (BEST TO CONTACT YOU)

ARE YOU MARRIED? No ___; Yes ___ → Print Spouse's Name: _____

Notary Acknowledgement of Member's Signature

State/Commonwealth of _____

ss. _____ (Town/City)

County of _____

On this ___ day of _____, 20___, before me, _____ (print name of Notary), the undersigned officer, personally appeared _____ (print name of Member) known to me (or satisfactorily proven) to be the person whose name is subscribed to the within instrument and acknowledged that he/she executed the same for the purposes therein contained. In witness whereof I hereunto set my hand.

Signature of Notary Public

Date Commission Expires: _____

Affix Seal (required)

SPOUSE'S CONSENT TO "HARDSHIP DISTRIBUTION"

I, the undersigned Spouse of _____ (*print name of Plan Participant to whom you are married*), hereby agree to the following:

1. I hereby consent to my Spouse's election for a distribution for reason(s) of financial hardship allowed under the International Union of Operating Engineers Local 877 Annuity Plan (Plan);
2. I hereby acknowledge that I have received, reviewed and understand the description of the benefit forms and options available under the Plan, including the approximate value of the alternate benefits under the Plan;
3. I hereby acknowledge that I am fully aware that this hardship distribution will reduce any future benefits that may be due to me and my Spouse at retirement, or otherwise; and
4. I hereby agree to hold harmless the Board of Trustees of the International Union of Operating Engineers Local 877 Annuity Fund and its employees and agents from any and all costs and expenses for claims that may be brought against them in connection with my Spouse's hardship distribution.

Signature of Participant's Spouse

Printed Name of Spouse: _____

Notary Acknowledgement of Spouse's Signature

State/Commonwealth of _____

ss. _____ (Town/City)

County of _____

On this ___ day of _____, 20___, before me, _____ (*print name of Notary*), the undersigned officer, personally appeared _____ (*print name of Participant's Spouse*) known to me (or satisfactorily proven) to be the person whose name is subscribed to the within instrument and acknowledged that he/she executed the same for the purposes therein contained. In witness whereof I hereunto set my hand.

Signature of Notary Public

Date Commission Expires: _____

Affix Seal (required)

IF YOU ARE NOT MARRIED, PLEASE HAVE THE FOLLOWING PAGE NOTARIZED

CERTIFICATION THAT PARTICIPANT IS NOT MARRIED FOR HARDSHIP DISTRIBUTION

(Must be signed and notarized if you do not have a Spouse)

I, the undersigned Member and Participant in the International Union of Operating Engineers Local 877 Annuity Plan (the "Plan"), hereby certify and represent that I am not presently married, do not have a Spouse, and will immediately notify the Fund Office in the event that I marry before the effective date of my hardship distribution.

Signature of Member

Printed Name of Member: _____

Notary Acknowledgement of Member's Signature

State/Commonwealth of _____

ss. _____ (Town/City)

County of _____

On this ___ day of _____, 20 __, before me, _____ (*print name of Notary*), the undersigned officer, personally appeared _____ (*print name of Member*) known to me (or satisfactorily proven) to be the person whose name is subscribed to the within instrument and acknowledged that he/she executed the same for the purposes therein contained. In witness whereof I hereunto set my hand.

Signature of Notary Public

Date Commission Expires: _____

Affix Seal (required)