

Rhode Island Carpenters Annuity Fund

Annuity Termination Application

Application Checklist

Please submit copies of the following documents with your application for benefits:

- Birth Certificate for you and your spouse
- Marriage License
- Copy of current driver's license or current state I.D. (with photo) for you and your spouse
- If you have ever been divorced, please submit a complete copy of your divorce decree(s), Qualified Domestic Relations Orders, Separation Agreements, etc.

CHECKLIST OF ITEMS TO SUBMIT WITH YOUR BENEFIT APPLICATION:

Please utilize the checklist below to ensure that you have completed your application fully. This will expedite the application process. Missing documents and incomplete application forms will delay the processing of your application. Items that are in **bold** MUST be signed in front of a Notary Public (date of both signatures must match).

- ☐ Application Form
- ☐ Payment Option Form
- ☐ **Spousal Consent to Lump Sum Form**
- ☐ **Certification of Marital/Single Status**
- ☐ 30 Day Waiver
- ☐ Application Receipt
- ☐ Copy of your birth certificate
- ☐ Copy of your spouse's birth certificate
- ☐ Copy of your marriage license
- ☐ Copy of your photo ID
- ☐ Copy of your spouse's photo ID
- ☐ Copy of any and all previous divorce decrees, Qualified Domestic Relations Orders, Separation Agreements, etc.

All forms must be returned to the Benefit Office by the first of the month in order to go to that month's Board Meeting, which normally occurs on the third Tuesday of the month.

Please review the forms you are submitting to make sure that you have completed all blanks, signed where necessary, including the signature of a notary public where applicable and answered the questions accurately and completely.

If you need assistance, please call the Benefit Office at 401-467-6813



RHODE ISLAND CARPENTERS BENEFIT FUNDS

PERSONAL INFORMATION

Name in Full _____ Social Security # _____

Home Address _____
(Street) (City) (State) (Zip Code)

Home Phone _____ Cell Phone _____

Date of Birth _____

STATEMENT OF MARITAL STATUS

I certify that my marital status is: (please check ALL that apply)

_____ Single - Never married

_____ Married - Submit copy of Marriage License/certificate

_____ Spouse's Name

_____ Spouse's Social Security Number

_____ Widowed - Submit copy of Death Certificate

_____ Divorced How many times (1) _____ (2) _____ (3) _____
Submit copy of each Judgment of Divorce

_____ Participant Signature

_____ Date

14 Jefferson Park Road • Warwick, RI 02888
Phone (401) 467-6813 • Fax (401) 467-6816

TERMINATION

PLEASE CHECK ONE OPTION - If you are **MARRIED**, and chose an option other than the 50% Joint & Survivor, a spousal consent form must be completed.

Last date worked in the Carpenters and Joiners trade: _____

_____ 1. I have not been employed in the Carpenters and Joiners trade for **three (3) consecutive months**, therefore qualifying for a partial termination equal to fifty percent (50%) of my annuity account, and request it to be paid in the form:

_____ Lump Sum - a mandatory 20% will be withheld for Federal Income

_____ Complete Rollover or Qualified IRA

_____ 2. I have not been employed in the Carpenters and Joiners trade for **six (6) consecutive months**, therefore qualifying for one hundred percent (100%) of my annuity account, and request that it be paid in the form:

_____ 100% Lump Sum - a mandatory 20% will be withheld for Federal Income Tax

_____ 75% Joint & Survivor

_____ 50% Joint & Survivor

_____ Monthly amount payable for life with 50% payable monthly to surviving spouse

_____ Complete Rollover or Qualified IRA (Rollover Form is required – attached)

RETIREMENT

_____ I retired under the Rhode Island Carpenters Pension Fund effective _____,

(If you retired under a "Related Fund", please fill out the following information)

_____ Name of Fund

_____ Address of Fund

I hereby elect the benefit to be paid in the following form:

*** If you are **MARRIED**, and chose an option other than the 50% Joint & Survivor, a spousal consent form must be completed.

_____ 100% Lump Sum - a mandatory 20% will be withheld for Federal Income Tax

_____ 50% Lump Sum - a mandatory 20% will be withheld for Federal Income Tax

_____ Partial Lump Sum – a mandatory 20% will be withheld for Federal Income Tax

\$_____ Net Amount

_____ 75% Joint & Survivor

_____ Monthly amount payable for life with 75% payable monthly to surviving spouse

_____ 50% Joint & Survivor

_____ Monthly amount payable for life with 50% payable monthly to surviving spouse

_____ Complete Rollover or Qualified IRA (Rollover Form is required – attached)

CERTIFICATION OF MARITAL/SINGLE STATUS

Federal Law requires the Trustees to confirm whether a previous spouse is entitled to any portion of your pension benefits. As such, it is necessary that we request the following certification and supporting documentation. Failure to complete this form fully, *including signing it in front of a notary public*, and providing ALL documentation requested, will result in a delay of the processing of your application.

Your Name: _____ SSN: _____

- Current marital status:
- ☐ SINGLE, NEVER MARRIED
 - ☐ SINGLE, PREVIOUSLY MARRIED*
 - ☐ MARRIED, NO PREVIOUS MARRIAGES
 - ☐ MARRIED, WITH PREVIOUS MARRIAGE(S)*
 - ☐ LEGALLY SEPARATED*
 - ☐ WIDOWED*

*If you have had previous marriages, please list the names of your ex-spouses, the date(s) of marriage and date(s) of divorce (if any of your previous marriages ended due to the death of your spouse at the time, please list the date of death):

Former Spouse's Name	Date of Marriage	Date of Divorce/Death
_____	_____	_____
_____	_____	_____

Please provide complete signed copies of ALL marriage certificates, Judgment(s) of Divorce, Divorce Decree(s), Separation Agreement(s), Qualified Domestic Relations Order(s), Property Settlement Agreement(s), and any other similar or related orders in the Court's file that relate to the distribution of property, including all attachments to such documents related to the termination of your previous marriage(s). If you provide a copy of the docket report for your divorce case(s), the review required by the Fund can be significantly expedited. If any previous spouse(s) has passed away, please provide a copy of the death certificate(s). If you do not have these documents, you should contact the appropriate court through which the proceedings occurred in order to obtain certified copies.

I hereby certify, subject to the penalty of perjury, that the above information is, to the best of my belief and knowledge, true and complete. Any person who supplies a false certification in claiming a benefit forfeits any right he or she may have to the benefit and, upon discovery, becomes liable for full repayment of any money received as a consequence.

IMPORTANT: DO NOT SIGN BELOW UNLESS YOU ARE IN THE PRESENCE OF A NOTARY PUBLIC

Your Signature	Your Social Security No.	Today's Date
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Place Notary Stamp/Seal Here

Subscribed to and sworn to before me,
This _____ day of _____, 20____.

Notary Public, _____ County

State of _____

My Commission expires _____

***Notice to Notaries:** Federal Law (i.e., the Retirement Equity Act of 1984) requires that the above Form must be executed in the presence of an authorized Plan representative or a Notary Public. Accordingly, it is most important that you not only witness the actual signature identified above, but also examine their credentials to satisfy yourself that they are, in fact, the same persons as the ones identified.

Authorized Plan Representative

Dated

SPOUSAL ELECTION TO WAIVE 50% JOINT & SURVIVOR FORM

(This waiver **WILL NOT** be valid unless signed by the spouse and witnessed or notarized not less than 30 nor greater than 90 days before the effective date of the waiver)

I, _____, am the spouse of _____. I understand that I have the right to have the Annuity Fund pay my spouse's benefits in the special QJSA payment form, and I agree to give up that right. I understand that by signing this agreement, I may receive less money than I would have received under the special QJSA payment form and I may receive nothing after my spouse dies depending on the payment form (or beneficiary) that my spouse chooses.

I understand that by signing this agreement, my spouse can choose any retirement benefit form (and any beneficiary) that is allowed by the plan without telling me and without my consent. I also understand that I can limit my spouse's choice to a particular benefit form (and a particular beneficiary who will receive payments from the plan after the death of my spouse) and that I am giving up that right. This waiver is date specific and limited to this distribution request and shall not effective any future distribution application request.

I understand that I do not have to sign this agreement. I am signing this agreement voluntarily.

I understand that without my signature NO benefit will be payable. I understand that if I do not sign this agreement then my spouse and I will receive payments from the plan in the special QJSA payment form.

(Date)

(Signature of Spouse)

(Spouse's Social Security No.)

Place Notary Stamp/Seal Here

Authorized Plan Representative or Notary Public

Subscribed to and sworn to before me,

This _____ day of _____, 20_____.
Notary Public, _____ County
State of _____

My Commission expires _____

***Notice to Notaries:** Federal Law (i.e., the Retirement Equity Act of 1984) requires that the above Form must be executed in the presence of an authorized Plan representative or a Notary Public. Accordingly, it is most important that you not only witness the actual signature identified above, but also examine their credentials to satisfy yourself that they are, in fact, the same persons as the ones identified.

WAIVER OF 30-DAY NOTICE REQUIREMENT

I, _____, hereby acknowledge that I have been informed that federal law prohibits the Fund from paying benefits to me until at least 30 days after my spouse and I have received a written explanation of the 50% Joint & Survivor Form, including my right to waive that form with the written consent of my spouse, the effect of such waiver and the right my spouse and I each have to revoke that waiver and consent. I have also been informed that I may waive that 30 day notice period and instead elect a 7 day notice period, which will permit the Fund to commence payment of benefits to me no less than 7 days after my spouse and I received the written explanation, provided my spouse also consents in writing to waiver of the 30 day notice period.

☐ I elect to waive the 30 day notice period.

Date

Signature of Participant

SPOUSAL CONSENT TO WAIVER OF 30-DAY NOTICE REQUIREMENT

I am the legal spouse of _____. I acknowledge that I have been informed that my spouse wishes to waive the requirement that we receive, at least 30 days before the Fund pays benefits to my spouse, a written explanation of the 50% Joint & Survivor form, including my spouse's right to waive the 50% Joint & Survivor form with my written consent, the effect of such a waiver and the right my spouse and I each have to revoke that waiver and consent, and to elect instead a 7 day notice period as permitted by federal law. I hereby consent to the election of my spouse to waive the 30 day notice period.

Date

Signature of Spouse

Place Notary Stamp/Seal Here

Subscribed to and sworn to before me,

This _____ day of _____, 20_____.

Notary Public, _____ County

State of _____

My Commission expires _____

Authorized Plan Representative or Notary Public

***Notice to Notaries:** Federal Law (i.e., the Retirement Equity Act of 1984) requires that the above Form must be executed in the presence of an authorized Plan representative or a Notary Public. Accordingly, it is most important that you not only witness the actual signature identified above, but also examine their credentials to satisfy yourself that they are, in fact, the same persons as the ones identified.

STATEMENT OF APPLICATION RECEIPT

(Married participants ONLY)

In order to comply with Federal Regulations related to the 30-day waiver form (previous page), the Fund Office must have a statement from you indicating the date you received an explanation of your benefit options.

Please indicate the date you received this application packet: _____

Participant Signature

Date if different from above

NOTIFICATION OF APPLICATION RECEIPT

(All participants must complete)

☐ Please notify me by email that my application has been received.

(Please print email address)

☐ Please contact me in writing that my application has been received.

Date

Signature of Participant

Place Notary Stamp/Seal Here

Authorized Plan Representative or Notary Public

Subscribed to and sworn to before me,
This _____ day of _____, 20_____.

Notary Public, _____ County

State of _____

My Commission expires _____

***Notice to Notaries:** Federal Law (i.e., the Retirement Equity Act of 1984) requires that the above Form must be executed in the presence of an authorized Plan representative or a Notary Public. Accordingly, it is most important that you not only witness the actual signature identified above, but also examine their credentials to satisfy yourself that they are, in fact, the same persons as the ones identified.

Request for Information Necessary to Complete Direct Rollover to Traditional IRA

RE: _____
Participant Name

Social Security#: _____

The person named above is entitled to an eligible rollover distribution from the Annuity Fund, a Defined Contribution Fund. The Fund will pay the benefit in a direct rollover to this established Traditional IRA upon receipt of the following information being provided by you:

1. Please confirm that the above-named individual has established a Traditional IRA account for which you are the trustee or custodian or for which you issued the contract
Yes _____ No _____

2. Please insert the established IRA account number:

If one has not been established, please print TBT (to be determined)

3. Please print or type the full name of the trustee or custodian of the IRA or issuer of the contract to whom the direct rollover distribution check is to be issued:

4. Please print or type the address to which the direct rollover distribution is to be mailed:

5. Please list any additional information you need in order to complete the rollover. (ex. If the benefit needs to be split between one or more existing IRA accounts)

Name of Agent/Financial Representative: _____
(Please Print)

Signature of Agent Financial Representative: _____

Telephone No at which you can be reached: _____

Date: _____

Request for Information Necessary to Complete Direct Rollover to an Eligible Retirement Plan

RE: _____

(Participant Name)

SS#: _____

The person named above is entitled to an eligible rollover distribution from the Annuity Fund, a Defined Contribution Fund. The Fund will pay the benefit in a direct rollover to this established Retirement Fund upon receipt of the following information being provided by you:

1. Will your Plan accept the rollover distribution for the benefit of the person named above?

Yes _____ No _____

If the answer is "no", please sign, date and return this form.)

2. Is your Plan a Qualified Employer Plan?

Yes _____ No _____

(Provide a copy of your IRS Determination Letter)

3. Is this person named above, a participant AND eligible to participate in your Plan?

Yes _____ No _____

4. What is the full Legal name of your Plan?

5. Please print or type the name in which the rollover check is to be issued to.

6. To what address should the direct rollover distribution check be mailed?

7. Please list any additional information you need in order to complete the rollover. (ex. If the benefit needs to be split between one or more existing IRA accounts)

Name of Agent/Financial Representative: _____
(Please Print)

Signature of Agent Financial Representative: _____

Telephone No at which you can be reached: _____

Date: _____