

SHEET METAL, AIR, RAIL AND TRANSPORTATION ASSOCIATION
LOCAL UNION NO. 33 YOUNGSTOWN DISTRICT ANNUITY PLAN

PH. (330) 779-8863 3660 STUTZ DR., SUITE 101, CANFIELD, OH 44406 FX. (330) 270-3582

Plan TH6803

APPLICATION FOR HARDSHIP DISTRIBUTION

I am applying for a hardship distribution from the Sheet Metal, Air, Rail and Transportation Association Local Union No. 33 Youngstown District Annuity Plan and certify that the information listed below is correct.

You are strongly encouraged to consult with a professional tax advisor before you take a hardship distribution from the Plan.

Name _____ Soc. Sec. No. _____ Date of Birth _____

Full Address _____
Street City State Zip

Home Phone Number _____ Alternate Phone Number _____

Spouse Name _____ Soc. Sec. No. _____ Date of Birth _____

I am requesting a distribution in the amount of \$_____ (gross, before taxes) which is required to meet an immediate and heavy financial need and may include any federal, state, or local income taxes or penalties reasonably anticipated to result from the distribution. Withdrawals are limited to once per calendar year and must be for a minimum of \$3,000.00, or your entire credit account if less than \$3,000.00, except for hardship withdrawals for medical expenses.

The reason for my request is (check applicable box, complete blanks, and attach the documentation listed):

- I (or my spouse or dependent) have incurred uninsured expenses for medical care, and those expenses are deductible under Internal Revenue Code §213(d), determined without regard to whether the expenses exceed 7.5% of my adjusted gross income. (A copy of the invoice, or letter from my health care provider describing the cost and need for the procedure, along with benefit statement or other evidence that insurance will not cover the expense, are attached.)
- To purchase real property which is to serve as my principal residence. (Attach copy of Purchase Agreement)
- To finance the cost of education beyond the secondary school level for children or other dependents of myself. (Attach copy of Tuition Bill)
- To alleviate extraordinary financial hardship arising outside the usual course of my business affairs other than those set forth above. (Attach Evidence of hardship)

Documents Required based on Marital Status:

If Single, enclose a copy of your birth certificate and photo ID.

If Married, enclose a copy of your birth certificate, a copy of your spouse's birth certificate, copy of your photo ID, copy of your spouse's photo ID, and a copy of your Marriage Certificate/License (must show the date of marriage).

If Divorced, enclose a complete copy of your Divorce Decree(s) with all attachments, for any and all previous marriages.

If Widowed, enclose a copy of the Death Certificate, for any and all previous spouses.

I certify that the distribution requested does not exceed the amount of my immediate and heavy financial need (including any federal, state, or local income taxes or penalties reasonably anticipated to result from the distribution). I have attached documents supporting my hardship distribution request, and I agree to provide any additional documentation that is requested, such as birth certificates and/or marriage certificates required to establish my relationship(s) to others as required.

Participant's Signature _____ Date _____

Spouse's Signature _____ Date _____

Plan Administrator _____ Date _____



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CERTIFICATION OF HARDSHIP

I certify that the distribution requested does not exceed the amount of my immediate and heavy financial need (including any federal, state, or local income taxes or penalties reasonably anticipated to result from the distribution). I have attached documents supporting my hardship distribution request, and I agree to provide any additional documentation that is requested, such as birth certificates and/or marriage certificates required to establish my relationship(s) to others as required.

I certify that I cannot meet this immediate and heavy financial need through other assets and resources including assets of my spouse and minor children that are reasonably available to me; reimbursement or compensation by insurance or otherwise; or by borrowing from commercial sources on reasonable commercial terms in an amount sufficient to satisfy the need.

I certify that I have obtained all other currently available distributions (including ESOP dividends) other than hardship distributions and all nontaxable loans available under any other retirement plans maintained by my employers.

I understand that any amounts paid to me from the Plan as a result of this request are not a loan, cannot be returned to the Plan, will constitute taxable income to me and will also be subject to a 10% early distribution penalty unless an exception applies. I further understand that withholding will be based on the withholding rules for retirement plan distributions unless I elect otherwise.

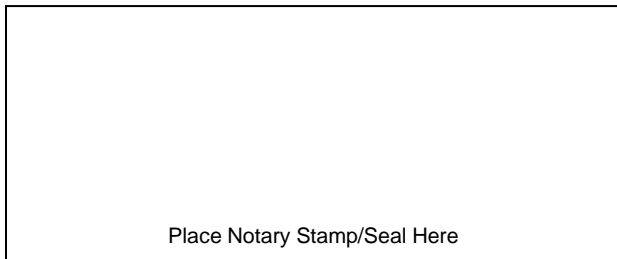
I hereby certify, subject to the penalty of perjury, that the above information is, to the best of my belief and knowledge, true and complete. **Any person who supplies a false certification in claiming a benefit forfeits any right he or she may have to the benefit and, upon discovery, becomes liable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

Participant's Signature

Date

Sworn to and subscribed before me this _____ day of _____, 20_____



Notary Public Signature

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.



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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)*

*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):

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

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 Plan 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.

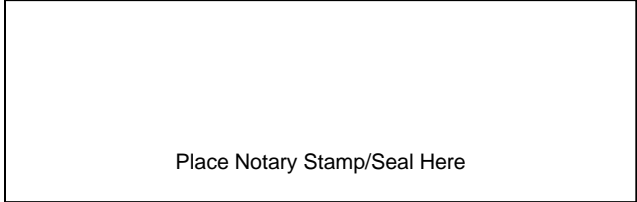
I hereby certify, subject to the penalty of perjury, that the above information is, to the best of my belief and knowledge, true and complete. **Any person who supplies a false certification in claiming a benefit forfeits any right he or she may have to the benefit and, upon discovery, becomes liable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

Date

Sworn to and subscribed before me this _____ day of _____, 20_____



Notary Public Signature

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.



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SPOUSAL CONSENT TO A HARDSHIP DISTRIBUTION

****This form should be completed by your spouse****

I acknowledge that I have read and understand the following:

- a. My spouse is a Participant in the Sheet Metal, Air, Rail and Transportation Association Local Union No. 33 Youngstown District Annuity Plan.
- b. The Plan is a defined contribution profit sharing plan which provides for distributions required to meet an established immediate and heavy financial need and my spouse has requested such a distribution.
- c. I fully understand that the amount distributed is not a loan; it cannot be returned to the Plan, will constitute taxable income to my spouse and will also be subject to a 10% early distribution penalty unless an exception applies.
- d. I fully understand that the effect of this distribution will be to reduce the amount that may be payable to me from the Plan upon the death of my spouse

I acknowledge that I have read and understand the information set out in this form and I hereby consent to my spouse's request for a distribution to meet the established immediate and heavy financial need indicated on the application form.

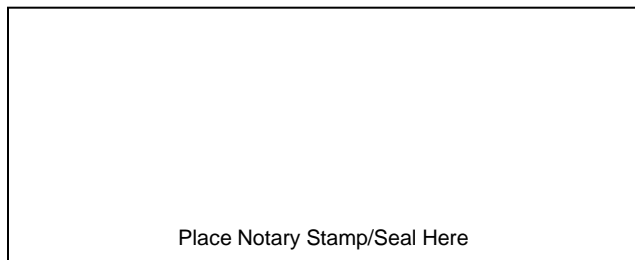
IMPORTANT: DO NOT SIGN BELOW UNLESS YOU ARE IN THE PRESENCE OF A NOTARY PUBLIC

Spouse's Signature

Today's Date

I have witnessed the execution of the foregoing consent by _____, who identified herself/himself to me.

Sworn to and subscribed before me this _____ day of _____, 20_____



Notary Public Signature

County, State of _____

My Commission Expires _____

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