

**OHIO AND VICINITY REGIONAL COUNCIL OF
CARPENTERS – SOUTHWEST RETIREMENT PLAN**

33 Fitch Blvd.

Austintown, Ohio 44515

(800) 435-2388

(330) 270-0453

INSTRUCTIONS FOR COMPLETING APPLICATION FOR BENEFITS

1. Please read the entire application carefully before beginning to complete it.
2. Please print all information.
3. Be sure to complete all applicable items. This will avoid any delay in the processing of your application.
4. Be sure to sign the application on Page 5 and have your signature notarized on Page 4, if applicable.
5. If any part of the application is not entirely clear, do not hesitate to contact the Fund Office for assistance. Return all pages of this application to the above address. **RETAIN FOR YOUR RECORDS THE SPECIAL TAX NOTICE REGARDING PLAN DOCUMENTS.**

SECTION I -- PERSONAL INFORMATION

Name _____
Last First Middle Initial

Social Security Number Birth Date Local # District

Address _____
Number and Street City State Zip

Spouse's Name _____
Last First Middle Initial

(If you are not married, write "None" on the line above)

Spouse's _____
Social Security Number Birth Date

Telephone No. _____ Spouse's Telephone No. _____
(if different)

SECTION II -- REASON FOR DISTRIBUTION

A. _____ Retirement _____ Normal (Age 62)
_____ Early

B. _____ Total and Permanent Disability (attach medical evidence of disability)

C. _____ Death (attach copy of death certificate)

D. _____ Termination of Employment (must have no employer contributions made to the Plan on your behalf for a period of 24 consecutive months)

I last worked in the Trade on _____ for _____.
Date Employer

SECTION III -- ELECTION OF FORM OF BENEFIT

I am requesting that the total lump sum payment be:

_____ payable to me

_____ rollover distribution

payable directly to:

I acknowledge receipt of the Special Tax Notice Regarding Plan Payments. I hereby waive my right to a 30 day period in which to consider the decision of whether or not to elect a direct rollover.

Signature of Participant

SECTION IV -- SURVIVOR ANNUITY WAIVER (TO BE COMPLETED IF YOU ARE MARRIED).

Name of Participant

ELECTION TO WAIVE JOINT AND SPOUSE SURVIVOR ANNUITY

As a Participant in the Ohio and Vicinity Regional Council of Carpenters – Southwest Retirement Plan, I hereby acknowledge that I have been informed by the Plan Administrator that my benefits under the Plan will be paid to me in the form of a Joint and Spouse Survivor annuity; that I have the right to waive that form of payment, provided that my spouse consents in writing to the waiver, that I understand the terms of a Joint and Spouse Survivor annuity and the financial effect of a waiver; and that I may revoke any waiver in effect during the applicable election period.

() I hereby elect to waive the Joint and Spouse Survivor annuity form of payment.

EXECUTED this _____ day of _____, 20____.

Witnessed by: _____
Participant

Notary Public

SPOUSE'S CONSENT TO WAIVER

I hereby consent to the foregoing election by my spouse, not to have benefits under the Ohio and Vicinity Regional Council of Carpenters – Southwest Retirement Plan paid in the form of a Joint and Spouse Survivor annuity. Further, I hereby acknowledge that I understand: (a) that the effect of my consent may be to forfeit benefits I would be entitled to receive upon my spouse's death; (b) that my spouse's waiver is not valid unless I consent to it; and (c) that my consent is irrevocable unless my spouse revokes the waiver during the applicable election period.

EXECUTED this _____ day of _____, 20____.

Witnessed by: _____

Notary Public

Participants Spouse

SECTION V -- DESIGNATION OF BENEFICIARY

Name _____ Sex _____

SSN _____ Relationship _____

Date of Birth _____

Address _____
(Street and Number)

(City, State, and Zip Code)

SECTION VI -- SIGNATURES

I hereby apply for benefits from the Ohio and Vicinity Regional Council of Carpenters – Southwest Retirement Plan. I certify under penalty of perjury that all the statements contained herein are true and correct to the best of my knowledge. I understand that a false statement may disqualify me for benefits and that the Trustees shall have the right to recover any payment made to me because of a false statement.

Signature of Applicant _____ Date _____

Signature of Spouse _____ Date _____

SECTION VII -- SIGNATURE OF TRUSTEES

APPROVED _____ REJECTED _____ DATE _____

SIGNATURE OF TRUSTEES

