

# OPERATIVE PLASTERERS AND CEMENT MASONS PROFIT SHARING ANNUITY FUND

1-800-733-7709

33 Fitch Blvd.  
Austintown, Ohio 44515

(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

\_\_\_\_\_ Birth Date Local # District  
Social Security Number

Address \_\_\_\_\_  
Number and Street

\_\_\_\_\_ City State Zip Code

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

Spouse Telephone No. \_\_\_\_\_ Telephone No. \_\_\_\_\_

**SECTION II -- REASON FOR DISTRIBUTION**

Amount of Distribution Requested \$ \_\_\_\_\_

- A. \_\_\_\_\_ Normal Retirement (age 60)
- B. \_\_\_\_\_ Early Retirement (must be receiving a pension benefit from a qualified defined benefit plan)
- C. \_\_\_\_\_ Total and Permanent Disability (attach documentation)
- D. \_\_\_\_\_ Death
- E. \_\_\_\_\_ Hardship (limited to 50% of account balance with a minimum distribution of \$1,000). An Affidavit for Hardship Withdrawal must be completed. You may only request a Hardship distribution once every 24 months unless the withdrawal is payment for tuition (once every 3 calendar months) or to prevent foreclosure from July 16, 2010 through June 30, 2012.
- F. \_\_\_\_\_ Medical Coverage Hardship Withdrawal  
Beginning April 15, 2011, and prior to June 30, 2012, you may receive a Medical Coverage Hardship Withdrawal to pay for self-pay rates under your applicable Union Health Plan. Medical Coverage Hardship Withdrawals under this Section must occur before June 30, 2012, and no further Medical Coverage Hardship Withdrawals will be permitted after that date. In order to receive a Medical Coverage Hardship Withdrawal, you must sign and submit to the Fund Office authorization that allows the Plan to transfer to your applicable Health Plan the portion of your Credit Account that is necessary for payment of self-pay rates in order to maintain your coverage under your Health Plan. (Not subject to the minimum \$1,000.00 distribution amount and the 24-month limitation set forth above).
- G. \_\_\_\_\_ Termination of Employment (you must not engage in any work in the trade within the geographical jurisdiction of the Union for a period of 24 consecutive months)

Date last employed \_\_\_\_\_ for

\_\_\_\_\_  
Employer

**SECTION III -- ELECTION OF FORM OF BENEFIT**

Federal law requires that a married member's benefit be paid in the form of a Joint & 50% Survivor Annuity, unless rejected by the member and his spouse. An unmarried member's benefit will be paid in the form of a Single Life Annuity unless rejected by the member. Please read the following options carefully, and check one:

A. \_\_\_\_\_ I DO wish to receive any benefit which may be payable to me in the form of a Joint & 50% Survivor Annuity (or a Single Life Annuity if I am not married). This is a monthly benefit paid to me during my lifetime. If I am married and my spouse survives me, one-half of my monthly benefit shall continue during the life my spouse.

B. \_\_\_\_\_ Substantially equal periodic installments (either monthly or annually) for a period not to exceed (10) years.

C. \_\_\_\_\_ A lump sum payment

\_\_\_\_\_ payable to me

\_\_\_\_\_ payable directly to Cement Masons Health & Welfare

\_\_\_\_\_ 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 AND YOU CHECKED OPTION B OR C ON THE PRECEDING PAGE.

Name of Participant \_\_\_\_\_

**ELECTION TO WAIVE JOINT AND SPOUSE SURVIVOR ANNUITY**

As a Participant in the Operative Plasterers and Cement Masons Profit Sharing Annuity Fund, 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\_\_\_\_\_

\_\_\_\_\_  
Participant

Witnessed by:

\_\_\_\_\_  
Notary Public

**SPOUSE'S CONSENT TO WAIVER**

I hereby consent to the foregoing election by my spouse, not to have benefits under the Operative Plasterers and Cement Masons Profit Sharing Annuity Fund 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\_\_\_\_\_

\_\_\_\_\_  
Participant's Spouse

Witnessed by:

\_\_\_\_\_  
Notary Public

**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 Operative Plasterers and Cement Masons Profit Sharing Annuity Fund. 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 \_\_\_\_\_

**OPERATIVE PLASTERERS AND CEMENT MASONS  
PROFIT SHARING ANNUITY FUND**

**33 FITCH BOULEVARD  
AUSTINTOWN, OHIO 44515**

**(330) 270-0453  
1-800-733-7709**

**AFFIDAVIT FOR HARDSHIP WITHDRAWAL**

I am requesting a hardship distribution from the Operative Plasterers and Cement Masons Profit Sharing Annuity Plan for the following:

- \_\_\_\_\_ ( a ) Medical expenses incurred by me, my spouse, children, or other dependents, to the extent not subject to reimbursement through insurance or other coverage;
- \_\_\_\_\_ ( b ) The purchase (excluding mortgage payments) of my principal residence;
- \_\_\_\_\_ ( c ) Payment of tuition for the next quarter or semester of post-secondary education for me, my spouse, children, or other dependents;
- \_\_\_\_\_ ( d ) The need to prevent eviction from or a foreclosure on the mortgage of my principal residence.

Attached hereto is documentation to support my request for hardship withdrawal. Examples of the Documentation needed are as follows:

<u>Hardship Reason</u>	<u>Documentation</u>
Medical	Doctor bills
Home Purchase	Purchase Agreement
Tuition	Billing Statement
Eviction/Foreclosure	Foreclosure Notice

I am aware that hardship distributions paid prior to age 59 ½ may be subject to an additional 10% penalty in addition to the federal income tax normally applied to this distribution.

I warrant that this withdrawal is necessary to satisfy an immediate financial need. I, also, warrant that this financial need cannot be relieved through:

- i) reimbursement or compensation by insurance or other means, or
- ii) reasonable liquidation of my assets, to the extent that such liquidation would not itself cause an immediate and heavy financial need, or
- iii) other distributions or non-taxable loans from other Plans, or
- iv) borrowing from commercial sources on reasonable commercial terms.

\_\_\_\_\_  
Name of Participant (Print)

\_\_\_\_\_  
Signature of Participant

Sworn to and subscribed in my presence this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

My commission expires \_\_\_\_\_.

\_\_\_\_\_  
Notary Public