

OPERATIVE PLASTERERS LOCAL No. 7 PENSION FUND

33 Fitch Boulevard
Austintown, Ohio 44515
Telephone: 800-435-2388



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 at (800) 435-2388. 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 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

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

SECTION II -- REASON FOR DISTRIBUTION

Amount of Distribution Requested \$_____

- A. _____ Normal Retirement or In-service withdrawal (age 59 1/2)
- B. _____ Total and Permanent Disability (attach documentation)
- C. _____ Death (attach death certificate)
- D. _____ Hardship (Must have an account balance of at least \$10,000; limited to 15% of account balance up to a maximum distribution of \$10,000 net after taxes and fees). Minimum distribution is \$1,000.00. **The plan will charge a \$75.00 fee to process this type of distribution.**
- E. _____ Medical Coverage Hardship Withdrawal
Beginning February 16, 2010, and prior to December 31, 2014, you may receive a Medical Coverage Hardship Withdrawal to pay for self-pay rates under your applicable Union Health Plan. Medical Coverage Hardship Withdrawals made pursuant to this section are not subject to the limitations set forth in Section E of the SPD. Medical Coverage Hardship Withdrawals under this section must occur before December 31, 2014, and no further Medical Coverage Hardship Withdrawals will be permitted after that date. In order to receive a Medical Coverage Hardship Withdrawal under this section, 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.
- F. _____ Termination of Employment (You must not engage in any work within the trade jurisdiction, as defined in the current Constitution of the Operative Plasterers and Cement Masons International Union within the Geographical Area of the Fund which shall include the states of Ohio and Michigan and the remainder of any Standard Metropolitan Statistical Areas adjacent to Ohio and Michigan, for a period of 24 consecutive months). **The Plan will charge a \$75.00 fee to process this type of distribution.**

List the name and address of all employers you worked for during the last 24 consecutive months. State in what capacity employed (i.e. plasterer, cement mason, supervisory, sales rep, etc) and indicate what type of work you performed (i.e. construction, sales, teaching, etc). You must provide this information for your application to be processed.

1.

Employer

Date last employed

Type of work you performed

2.

Employer

Date last employed

Type of work you performed

3.

Employer

Date last employed

Type of work you performed

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 Spouse survives me, one-half of my monthly benefit shall continue during the life of my spouse.

B. ☐ Substantially equal periodic installments (either monthly or quarterly) for a period not exceeding 10 years.

C. ☐ A lump sum payment

☐ payable to me

☐ payable directly to the Cement Masons Health & Welfare Fund

☐ rollover distribution

Make payments to: _____
(Name/Institution)

(Address)

(City, St., Zip)

(Account #/Account Name)

(Wire Transfer Institution/ABA#)

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 Local No. 7 Pension 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__

Witnessed by:

Participant

Notary Public or Fund Representative

SPOUSE'S CONSENT TO WAIVER

I hereby consent to the foregoing election by my spouse, not to have benefits under the Operative Plasterers Local No. 7 Pension Fund 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:

Participant's Spouse

Notary Public or Fund Representative

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 Local No. 7 Pension 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.

EXECUTED this _____ day of _____, 20____

Signature _____ Date _____

Signature of Spouse _____ Date _____

OPERATIVE PLASTERERS LOCAL No. 7 PENSION FUND

33 Fitch Boulevard
Austintown, Ohio 44515
Telephone: 800-435-2388



AFFIDAVIT FOR HARDSHIP WITHDRAWAL

I am requesting a hardship distribution from the Operative Plasterers Local No. 7 Pension Fund 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) Funeral and related expenses arising out of a death in my immediate family, including my spouse, parents, children, or other dependents.
- _____ (c) 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
Eviction/Foreclosure	Foreclosure Notice
Funeral or Burial	Copy of invoice

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 also understand that the Plan will charge a \$75.00 fee to process this type of 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 or Fund Representative

Please note that hardship distributions for medical expenses and funeral expenses are only permitted once every five years. Hardship distributions on account of eviction or foreclosure are only permitted once during your lifetime.