

# IRON WORKERS LOCALS 40, 361 & 417 UNION SECURITY FUNDS

THE RAYMOND R. CORBETT BUILDING  
451 PARK AVENUE SOUTH NEW YORK, N.Y. 10016  
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CO-COUNSEL  
STEVEN N. DAVI, ESQ.

Dear Sir or Madam:

RE: Annuity Withdrawal Application

This form is being sent to you as per your request in regard to your Annuity Account.

You must be retired or have not worked in this jurisdiction for one year to be eligible to withdraw from your annuity account. This application must be filled out completely by member and be notarized On BOTH PAGES. If married, your spouse must complete the bottom portion of the last page and have it notarized as well.

If taking a partial withdrawal please write "partial withdrawal" and amount requested before taxes on top of "THIS" page.

If you are a beneficiary of an Annuitant, you must complete the first page ENTIRELY NOTARIZED.

If you are rolling over your Annuity Account into a "qualified plan" you must complete both pages IN ITS ENTIRETY and have both pages notarized. Also attach rollover documents or transfer request from financial institution that you are transferring your account into.

UP TO 20% WILL BE HELD IN THE ANNUITY ACCOUNT FOR CLOSE OUTS IF THE PREVIOUS QUARTERS INTEREST HAS NOT BEEN POSTED YET. THIS AMOUNT ALONG WITH THE INTEREST WILL BE AUTOMATICALLY SENT ONCE INTEREST IS POSTED TO THE ACCOUNT.

# IRON WORKERS LOCALS 40, 361 & 417 ANNUITY FUND

451 PARK AVENUE SOUTH NEW YORK, NY 10016 (212) 684-1586



## ANNUITY APPLICATION

Dear Sir or Madam:

- This form is sent per your request for payment of your annuity account.
- Our records indicate that you may be eligible to close out your account.

If you have retired or have not worked at the Iron Work trade for one (1) year in this jurisdiction and do not intend to return to the craft in this area, please fill in the information requested below, sign this form, have it notarized and return it to the fund office.

Upon receipt of your completed form, the Fund will conduct a review to ensure compliance with applicable rules. If you are found to be in compliance, we will close your account and send a check to you. A minimum of eight (8) weeks will be required to process your claim. Claims are processed quarterly.

Sincerely,  
The Board of Trustees

*(Please Print Clearly)*

I, \_\_\_\_\_, the undersigned, do hereby make application for payment of all monies due me and in account for me in the Annuity Fund of Iron Workers Locals 40, 361 & 417 (the "Fund").

I do state that I have retired from iron work or have not worked for one (1) year in this jurisdiction as a Structural Iron Worker and I have no intention of returning to the craft in this area.

I further state that should circumstances change and I choose to return to the trade, I will return to the Fund monies in like amount to that I have or will have received by my making this application.

I understand that I will furnish any and all proof deemed necessary by the Board of Trustees to prove compliance with the requirements for payments of these monies.

These monies will be payable, after acceptance and approval of this application by the Board of Trustees. Payment will be made in accordance with the rules and regulations of the Fund.

I agree to all of the above statements and state that the reason or reasons I have given for requesting my payment are true to the best of my knowledge.

My last day of work in this jurisdiction \_\_\_\_\_

Month Day Year

Name \_\_\_\_\_ Social Security Number \_\_\_\_\_

Address \_\_\_\_\_  
Street City State Zip Code

Signed \_\_\_\_\_

Signed and sworn to before me

STATE OF \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

COUNTY OF \_\_\_\_\_ Notary Public \_\_\_\_\_

### For Office Use Only

Balance of Account \_\_\_\_\_

Last Work Date \_\_\_\_\_

Current Redemption \_\_\_\_\_

Check No. \_\_\_\_\_

Additions \_\_\_\_\_

Check Date \_\_\_\_\_

Deletions \_\_\_\_\_

Balance Due \_\_\_\_\_

Comment \_\_\_\_\_

Partial Withdrawal Amount-\$ \_\_\_\_\_

IRONWORKERS LOCALS 40, 361 AND 417 ANNUITY FORM

HUSBAND AND WIFE REJECTION FORM.

*Employee's Statement*

I \_\_\_\_\_, Do not wish to receive my account balance in the form of a Husband and Wife annuity. I understand that rejecting this payout means no benefits will be paid to my spouse by the Annuity Fund after my death, unless death benefits are payable another option I select.\*

(Check one)

\_\_\_\_\_ I hereby swear that I am Not legally married at this time.

\_\_\_\_\_ I hereby swear that the person co-signing is my current legal spouse.

\_\_\_\_\_ I hereby swear that I am unable to locate my spouse.(must submit court documents/proof).

Date \_\_\_\_\_

Employee Signature \_\_\_\_\_

State of \_\_\_\_\_)

County of \_\_\_\_\_)

On the \_\_\_\_\_ day of \_\_\_\_\_ before me came \_\_\_\_\_ to me known to be the person described in and who executed the forgoing statement and duly acknowledged to me that he/she executed the same.

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

*Spouse's Statement*

I \_\_\_\_\_, swear that I am the legal spouse of the employee described above. I hereby consent to my spouse's rejection of the Husband and Wife annuity. I understand that as a result, I will not be paid benefits under the annuity fund after my spouse's death unless death benefits are payable to me under another payout option that my spouse selects.\*

Date \_\_\_\_\_

Spouse's Signature \_\_\_\_\_

State of: \_\_\_\_\_)

County of: \_\_\_\_\_)

On the \_\_\_\_\_ day of \_\_\_\_\_ before came \_\_\_\_\_ to me known to be the person described in and who executed the forgoing statement and he/she duly acknowledged to me that he/she executed the same.

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

\*If taking a partial amount, form only applies to monies being taken at this time.