IRONWORKERS LOCALS 40, 361 & 417 TOPPING OUT FUND

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

TOPPING OUT FUND WITHDRAWAL APPLICATION

PLEASE PRINT

SOCIAL SECURITY NUMBER LAST NAME FIRST NAME LOCAL

TELEPHONE NUMBER DATE OF BIRTH NAME OF CURRENT OR LAST EMPLOYER

PLEASE NOTE ALL TOPPING OUT CHECKS WILL BE MAILED TO THE ADDRESS ON FILE WITH THE FUND OFFICE UNLESS YOU SPECIFICALLY INDICATE YOU WISH TO PICK UP YOUR CHECK. IF YOU CHOOSE TO PICK-UP YOUR CHECK PLEASE NOTE YOU WILL BE REQUIRED TO SHOW PICTURE I.D.

PLEASE CIRCLE : MAIL PICK-UP **DIRECT DEPOSIT**

PURPOSE OF WITHDRAWAL:

[ ] 1. DEATH OF PARTICIPANT (ATTACH CERTIFIED DEATH TRANSCRIPT)

[ ] 2. UNEMPLOYMENT, DISABILITY OR COMPENSATION (ATTACH DOCUMENTATION)

[ ] 3. OUT OF POCKET MEDICAL EXPENSES FOR YOU OR ELIGIBLE DEPENDENTS (ATTACH BILLS)

ALL BENEFITS PAID FROM THE FUND ARE SUBJECT TO FEDERAL WITHHOLDING AND APPLICABLE STATE AND LOCAL INCOME TAXES. THE FUND WILL WITHOLD 20% OF THE AMOUNT BEING WITHDRAWN AS FEDERAL WITHHOLDING. YOU WILL RECEIVE A FORM 1099 MISC. AT THE END OF THE YEAR INDICATING THE DOLLAR AMOUNT PAID TO YOU DURING THE YEAR.

I, THE UNDERSIGNED, DO HEREBY STATE THAT THIS APPLICATION BEING SUBMITTED FOR BENEFITS FROM THE TOPPING OUT FUND IS TRUE AND CORRECT, AND ALL DOCUMENTATION SUBMITTED WITH THIS CLAIM IS PROPER. I HEREBY APPLY FOR A WITHDRAWAL OF MY FUNDS IN THE AMOUNT OF $ _____ FROM MY ACCOUNT IN THE IRON WORKERS LOCALS 40, 361 & 417 TOPPING OUT FUND. I UNDERSTAND THAT THIS APPLICATION MUST BE ACCOMPANIED BY PROPER DOCUMENTATION FOR THE SPECIFIC REASON INDICATED ABOVE. I FURTHER UNDERSTAND THAT THIS APPLICATION IS SUBJECT TO APPROVAL AND DOES NOT AUTOMATICALLY ENTITLE ME TO A WITHDRAWAL.

SIGNATURE DATE

FUND OFFICE USE ONLY

Picture I.D. Requested and Presented for Pick-up _____
(Initials)

Participant signed log book for Pick-up _____
(Initials)

_____
Fund Office Signature