## WESTCHESTER PUTNAM COUNTIES HEAVY & HIGHWAY LABORERS BENEFIT FUNDS

PENSION - WELFARE - ANNUITY - LEGAL - TRAINING

#### LOCAL 60

Union Trustees Anthony Ascencao Michael Moreira Jacinto Fragoso 140 BROADWAY
HAWTHORNE, N.Y. 10532
Tel: (914) 769-2440
Fax: (914) 769-4023

Employer Trustees John Cooney Jr. George Pacchiana

### **APPLICATION FOR ANNUITY BENEFITS**

Member's Name: _	Sc	ocial Security Number:
Address:		
Telephone Numbe	r:	
Check One:	Single Married* Divorce	d/Legally Separated* Widow
* Married applicants n	nust attach a copy of marriage certificate; divorc	ed/legally separated must attach copy of QDRO
Member's Date of	birth (Please submit proof):	
Spouse's Date of B	irth (if applicable):	
Check one of the f	ollowing:	
I have been a laborers Local 60 P	• •	the Westchester Putnam Heavy & highway
I am disabled	and receiving disability or Workers Com	pensation Benefits
I have not wo	rked in covered employment for one ye	ar
QDRO/ Divord	ce Distribution	
Beneficiary		
	outions are not submitted for the unemp	e made to involuntarily unemployed members ployed member and 25 % of the Union Local's

A withdrawal is considered a plan distribution and subject to a 20% federal tax withholding. Please be advised the IRS imposes a 10% tax penalty for participants under the age of 59 ½ and you should consult your tax advisor on any additional Federal and/or State taxes that could be due on your behalf. Annuity checks are issued every 15<sup>th</sup> of the month. Please submit application for review no later than the 10<sup>th</sup> of month in which you are requesting the withdrawal.

If I elect to receive a single lump sum payment int the total amount of my annuity account, I understand my initial payment will be 90% of the account balance. The remainder will be distributed when the annual valuation is completed.

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Highway Laborers Local No. 60 Annuity Fund in the following form:
50% Joint & Survivor Annuity (purchased from an insurance company)
75% Optional Joint & Survivor Annuity (purchased from an insurance company)
Single Life Annuity (purchased from an insurance company)
Single Lump sum payment of \$
Installment payment of \$ per month until exhaustion of my Account Balance
Lump sum payment of \$, plus installment payment of \$ per month untexhaustion of my Account Balance
Qualified Traditional Rollover (Please submit Rollover Account information)
Participant's Signature Date
Spouse's Signature Date
Subscribed and sworn to before me thisday of,
Notary Public
Check here to have your check mailed Direct Deposit
Check here to pick up your check