

WESTCHESTER PUTNAM COUNTIES HEAVY & HIGHWAY LABORERS

BENEFIT FUNDS

PENSION - WELFARE - ANNUITY - LEGAL - TRAINING

LOCAL 60

140 BROADWAY
HAWTHORNE, N.Y. 10532

Tel: (914) 769-2440

Fax: (914) 769-4023

Union Trustees
Anthony Ascencao
Richard Berardo
Augusto Rosa

Employer Trustees
Ross Pepe
George Pacchiana



APPLICATION FOR ANNUITY BENEFITS

Name of Member

Social Security Number

Address

Telephone

Check One: Married Single Divorced/Legally Separated

All married participants must attach a copy of Marriage Certificate

Member's Date of Birth

Spouse's date of Birth (if applicable)

I am no longer working in covered employment and hereby request distribution of my Annuity Fund Account Balance.

Check one of the following:

- I have attained age 62.
- I have attained age 55 and have been approved for retirement benefits under the Westchester Putnam Heavy & Highway Laborers Local 60 Pension Plan.
- I am disabled and receiving disability or Worker's compensation benefits.
- I have not worked in covered employment for one year.
- I am involuntarily unemployed. (Distributions may be made to involuntarily unemployed members if employer contributions are not submitted for the unemployed member and 25% of the Union Local's membership for at least 6 months.)

I hereby certify that the above statements are true to the best of my knowledge and belief. I understand that a false statement may disqualify me for receipt of benefits.

Signature of Member

Date

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MEMBER'S ANNUITY BENEFIT ELECTION FORM

Name of Participant: _____

(Please Print)

I hereby elect to receive distribution of my accumulated share from the Westchesfer Putnam Heavy & Highway Laborers Local No. 60 Annuity Fund in the following form:

- Qualified Joint and Survivor Annuity
- Single Life Annuity
- Installment Payments of \$ _____ per month until exhaustion of my Account Balance
- Single Lump sum Payment
- Lump sum Payment of \$ _____, plus installment payments of \$ _____ per month until exhaustion of the Account Balance.

Please submit proof of age _____

Signature of Member

Date

Member's Social Security Number

NOTE: If you are married and have elected any form of benefit other than the Qualified Joint and Survivor Annuity, you must submit the signed and notarized spouse's consent form.

- Check here to have your check mailed.
- Check here to pick up your check.