

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
Ross Pepe
George Pacchiana

APPLICATION FOR ANNUITY BENEFITS

Member's Name: _____ Social Security Number: _____

Address: _____

Telephone Number: _____

Check One: Single Married* Divorced/Legally Separated*

* Married applicants must attached a copy of marriage certificate; divorced/legally separated must attach copy of QDRO

Member's Date of birth (Please submit proof): _____

Spouse's Date of Birth (if applicable): _____

Check one of the following:

- I have been approved for retirement benefits under the Westchester Putnam Heavy & highway laborers Local 60 Pension Plan
- I am disabled and receiving disability or Workers Compensation Benefits
- I have not worked in covered employment for one year
- QDRO/ Divorce Distribution
- 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.

A withdrawal is considered a plan distribution and subject to a 20% federal tax withholding. In addition, the IRS imposes a 10% tax penalty for participants under the age of 59 ½. Annuity checks are issued every 15th of the month. Please submit application for review no later than the 10th of month in which you are requesting the withdrawal.

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

- Single Lump Sum payment of \$ _____
- Installment payments of \$ _____ per month until exhaustion of my Account Balance
- Lump sum payment of \$ _____, plus Installment payments of \$ _____ per month until exhaustion of my Account Balance
- Rollover (Please submit Rollover Account information)

Participant's Signature

Date

Spouse's Signature

Date

Subscribed and sworn to before me this _____ day of _____, _____.

Notary Public

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