

WESTCHESTER PUTNAM COUNTIES HEAVY & HIGHWAY LABORERS

BENEFIT FUNDS

PENSION - WELFARE - ANNUITY - LEGAL - TRAINING

LOCAL 60

140 BROADWAY

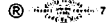
HAWTHORNE, N.Y. 10532

Tel: (914) 769-2440

Fax: (914) 769-4023

Union Trustees
Anthony Ascencao
Richard Berardo
Augusto Rosa

Employer Trustees
Ross Pepe
George Pacchiana



HARDSHIP ANNUITY WITHDRAWAL FORM

- In accordance with IRS guidelines your hardship must be for an immediate and heavy financial need and distribution cannot exceed the amount you need for the qualifying hardship, but can include the money you need to pay any taxes and any penalties that result from your distribution.
- This form authorizes hardship withdrawals from the Plan. This form is not valid without your signature and spousal consent.
- You are limited to withdraw up to the amount equal to 50% of your balance not to exceed \$50,000.
- No more than one Financial Hardship Distribution is permitted within a 12 month period. Exceptions are educational and COBRA expenses which can be made once every six months only if 12 months have elapsed since your last hardship withdrawal for other reasons.
- You must be a participant in the plan for at least 1 year.
- You may be subject to additional taxes and accordingly, should consult your accountant regarding the hardship withdrawal. A hardship withdrawal is considered a plan distribution and there will be a 20% federal tax withholding. In addition, there will be a 10% tax penalty for participants under age 59 1/2.
- You will be required to provide proof that any of the below expenses are outstanding and the amount owed. Whenever possible, the check will be written to the entity that is owed the money.
- All applicants must submit proof of age (driver's license, birth certificate or passport) and copy of a marriage certificate if applicable.
- Annuity checks are issued on the 15th of each month. Please submit application for review no later than the 10th of month in which you are requesting the withdrawal.

Please return the completed form with appropriate documentation to: Local 60 Annuity Fund, 140 Broadway, Hawthorne, NY 10532

PARTICIPANT INFORMATION (Please print clearly)

_____-_____-_____
SOCIAL SECURITY NUMBER

_____-_____-_____
DATE OF BIRTH

LAST NAME

FIRST NAME

BOOK NUMBER

ADDRESS STREET

APT #

CITY

STATE ZIP CODE

_____-_____-_____
HOME TELEPHONE NUMBER

Were you previously married and divorced: Yes No

If "yes", please provide a complete, certified copy of the Divorce Decree and Property/Marital Settlement Agreement

Are you married: Yes No (If "yes", complete the following)

Spouse's name _____ Spouse's SSN _____
Spouse's date of birth _____ Date of marriage _____

I, _____, request a withdrawal of \$ _____ from my Annuity Fund Account.

I hereby certify that my immediate financial need is for (Check one of the following AND attach the required documentation as listed below each reason.) Please note that your request will not be submitted for consideration until all required documentation is received.

The withdrawal is for financial hardship due to the following:

- Payment of medical expenses not covered by insurance or another responsible third party that are incurred by the Participant, his spouse, or his Dependent Children. (Please submit copies of medical bills not covered by insurance along with copies of explanation of benefits from insurance carrier indicating portion insurance company has paid or denied.)
- Payment for COBRA Premiums. (Please submit copy of cobra notice)
- To prevent the eviction of the Participant from his principal residence or foreclosure on the mortgage of the Participant's principal residence. Including any tax lien or threatened tax lien preceding that is based on your failure to pay real estate taxes on the principal residence. (Please submit copy of tax lien, threatened tax lien, foreclosure notice or eviction notice i.e. the petition or notice of petition.)
- Payment to satisfy federal or state tax judgments or liens. (Please submit copy of judgment or lien.)
- Payment of funeral expenses due to the death of the Participant, his spouse, his parent(s), spouse's parent(s), or his Dependent Child (ren). (Please submit copy of funeral expense.)
- Payment to meet court mandated payments, such as alimony, child support, including legal expenses incurred in connection with such payments. (Please submit copy of court mandate, order of contempt and/or bill for legal expenses.)
- Payment to cover the cost of necessary basic household furnishings or belongings and/or for the repair or construction of your principal residence due to damage caused by a disaster (such as fire, earthquake, hurricane, major flood, tornado and similar "Acts of God"). (Please submit Bill for services from the contractor and statement from the insurance carrier evidencing a denial of coverage of the cost of repairs)
- Payment of tuition and/or room and board fees for post-secondary education for you, your spouse or your unmarried Dependent Child (ren) for the semester immediately preceding and/or immediately following the date of the hardship withdrawal request. (Please submit copy

- of tuition and/or room and board bill(s).)
- Payment to cover cost of school or institution for physically or mentally handicapped children. (Please submit proof of disability along with bill for schooling and/or institution.)
 - Payment to cover cost of legal fees associated with obtaining US citizenship or "Green Card" status. (Please submit copy of bill for legal services.)
 - Purchase of the Participant's principle residence such as a down payment, contract and title expenses (excluding mortgage payments). (Please submit evidence of the intended purchase, attach a signed contract and evidence from the lender that the withdrawal is to be used as a down payment.)
 - Payment to cover the cost of legal defense fees incurred as a result of being charged with a criminal act for you, your spouse, or your unmarried dependent child (ren). (Please submit charging document containing criminal charges and copy of legal defense bills.)

I certify that all sources of funds have been exhausted and that my Annuity Fund money must be withdrawn in order to meet this obligation. Attached to this application is appropriate documentation establishing an actual expense.

The above statements, attached letter, and documents are true to the best of my knowledge and belief. I understand that a false statement may disqualify me for benefits and that the Trustees shall have the right to recover any payments made to me because of a false statement. I further understand and acknowledge that my hardship distribution will be written to the entity that is owed the money.

Participant's Signature Date

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

Notary Public

Spouse's Signature Date

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

Notary Public