

**IRONWORKERS DISTRICT COUNCIL OF  
NEW ENGLAND ANNUITY FUND**

161 GRANITE AVENUE  
DORCHESTER, MASSACHUSETTS 02124

*Employer Trustees*

Russell J. Anderson  
Daniel Koury  
David Powell

617-265-3757 \* 1-800-637-3736 \* Fax 617-282-3757

Veronica A. Dyer  
*Fund Administrator*

*Union Trustees*

Bernard Evers Jr.  
David Langlais  
Shawn Nehiley

Dear Member:

Please complete the enclosed Annuity Application for Accumulated Share and related tax form. Kindly return it to The Fund Office along with:

**A COPY OF YOUR DRIVER'S LICENSE OR PICTURE I.D.**

**\*\*\*PLEASE NOTE:** If the driver's license or picture I.D. does not include your Social Security number, you must provide a separate form of valid I.D. as proof of your social security number. (ie: Social Security Card)

Whether you are married or single, you must sign the employee statement and have it notarized. If you are married, your spouse must sign the spouse's statement and also have it notarized.

**\*\*\*\*\*A check will not be issued without the above information\*\*\*\*\***

**\*\*\*\* All checks issued must be deposited, State Street Bank will  
not cash checks \*\*\*\***

**NOTE:** To be eligible for a withdrawal or rollover of your Annuity Account, you must be out of work for three consecutive months without any days being worked within those full months.  
For example: Last date of work January 15<sup>th</sup>, eligible to withdraw May 1<sup>st</sup>.

Lump Sum Withdrawal payments will be issued no more than once in a 3 month period.

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**APPLICATION FOR ACCUMULATED SHARE**

**(Retirement, Disability or Termination of Participation)**

**PLEASE READ THE APPLICATION CAREFULLY. PRINT ALL ANSWERS  
TO QUESTIONS WHICH APPLY TO YOU.**

Date \_\_\_\_\_

Name \_\_\_\_\_  
Last First Middle Initial

Address \_\_\_\_\_  
Number Street City State Zip Code

Phone # \_\_\_\_\_ (please include so we may contact you with questions)

Last 4 digits of Social Security # \_\_\_\_\_ Date of Birth \_\_\_\_\_

Name of Spouse \_\_\_\_\_ Last 4 digits of SS # of Spouse \_\_\_\_\_

Address of Spouse \_\_\_\_\_  
Number Street City State Zip Code

I request the payment of my Accumulated Share for the following reason:

<input type="checkbox"/> Retirement	Amount of Monthly payment \$ _____ (Direct Deposit required)
<input type="checkbox"/> Disability	
<input type="checkbox"/> Termination of Participation (out of work for 3 or more months)	Amount of Lump Sum payment \$ _____ _____ Gross _____ Net

I request that my check be: (please choose one of the following)

Mailed to the above address \_\_\_\_\_ Or \*\*Direct Deposit \_\_\_\_\_

**\*\* PLEASE CALL JOHN HANCOCK AT 1-833-388-6466 TO SPEAK WITH A REPRESENTATIVE  
IN REFERENCE TO SETTING UP DIRECT DEPOSIT.**

NOTE: Section 5.02 of the Rules of the Iron Workers of New England Annuity fund provides that the falsity of any statement or material to an application furnishing the fraudulent information or proof shall be reason for the denial, suspension or discontinuance of all benefits under the Plan, and in any such case the Trustees shall have the right to receive payments made in reliance thereon.

## Employee's Statement

I, \_\_\_\_\_:

\_\_\_\_\_ I hereby swear that the person co-signing this document below is my current legal spouse.

\_\_\_\_\_ I hereby swear that I am unable to locate my current legal spouse. (Additional proof is needed if you check this box.)

\_\_\_\_\_ I hereby swear that I am not legally married.

\_\_\_\_\_ Date

\_\_\_\_\_ Member's Signature

On this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_, before me, the undersigned notary public, personally appeared \_\_\_\_\_ (name of document signer), proved to me through satisfactory evidence of identification, which were \_\_\_\_\_, to be the person whose name is signed on this document in my presence.

\_\_\_\_\_ (Official signature and seal of notary)

My Commission Expires:

## Spouse's Statement

I, \_\_\_\_\_ swear that I am the legal spouse of the employee described above. I am aware and approve of the withdrawal of annuity monies to be payable only to the above mentioned employee. I am also aware that, as the spouse, I am entitled to a portion of the benefits, but I waive such rights.

\_\_\_\_\_ Date

\_\_\_\_\_ Spouse's Signature

On this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_, before me, the undersigned notary public, personally appeared \_\_\_\_\_ (name of document signer), proved to me through satisfactory evidence of identification, which were \_\_\_\_\_, to be the person whose name is signed on this document in my presence.

\_\_\_\_\_ (Official signature and seal of notary)

My Commission Expires:

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**TAX WITHHOLDING/ROLLOVER INFO**

If you would like to make a withdrawal from your Iron Workers Annuity Fund you need to fill out the enclosed application along with this withholding form and return all forms to The Fund Office for verification of eligibility.

Please select one of the following statements in regards to your Annuity Payment:

\_\_\_\_\_ I elect to have my Annuity Payment directly transferred to an Individual Retirement Account or another qualified Retirement Plan which will accept rollovers from this fund. The Federal and State Tax withholding would not apply when choosing this option.

NAME OF FINANCIAL INSTITUTION \_\_\_\_\_

ADDRESS \_\_\_\_\_

ACCOUNT NUMBER \_\_\_\_\_

**\*\*APPLICANT'S SIGNATURE** \_\_\_\_\_

\_\_\_\_\_ I elect NOT to have my Annuity Payment directly transferred to an Individual Retirement Account or another qualified Retirement Plan, which accepts rollovers. I understand that the payment made directly to me is subject to a mandatory 20% Federal Tax withholding, as well as State Tax withholding.

**\*\*APPLICANT'S SIGNATURE** \_\_\_\_\_