

**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 Profit Sharing Withdrawal Application. 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 unless the application is completed in full  
(including ID's)\*\*\*\*\***

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

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### Application for Withdrawal from Profit Sharing Account

Iron Workers District Count of New England Amended and Restated Annuity Plan

Participant's Name \_\_\_\_\_ Last 4 digits of SSN \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

Telephone #: \_\_\_\_\_ Date of Birth \_\_\_\_\_

Amount Requested \$ \_\_\_\_\_

I hereby apply for a Withdrawal based upon the provisions of the above-named Plan ("Plan"). I confirm that the reason for the withdrawal is (check all that apply):

\_\_\_\_\_ Out of pocket expenses for sickness or injury not reimbursed by benefits payable from any public or private plan including but not limited to Social Security, Medicaid, Welfare, Workers Compensation or any employer/union Welfare Plan or program. No other application will be made or has been made to any other program, plan or insurance company for the payment or reimbursement of the bills attached hereto. (Attach proof of expenses, such as doctor's bill, hospital bills, pharmacy receipts, etc.)

\_\_\_\_\_ Funeral bills incurred by me because of the death of my Spouse, child, parent or Spouse's parent. (Attach bills from Church and/or Funeral Home)

\_\_\_\_\_ Education expenses for full time student at accredited educational institution beyond High School level. Student must be member, Spouse or dependent child.

Name of student \_\_\_\_\_ Age of student \_\_\_\_\_

Relationship of student to member \_\_\_\_\_

(Attach bills from educational institution showing proof of requested withdrawal amount)

\_\_\_\_\_ Down Payment for purchase of a home, condominium or cooperative in which a member will reside. (Attach copy of Signed Purchase and Sales Agreement)

\_\_\_\_\_ To avoid the loss of home by reason of mortgage foreclosure. (Attach full documentation of the foreclosure/must be provided by bank or mortgage company.)

**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.**

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I understand that the Withdrawal may not include any amounts allocated to my Employee Account while the Plan was a money purchase pension plan or earnings thereon and that all Withdrawals will be taken on a prorate basis from the investment funds in which my Employee Account is then invested.

I further understand that the Trustees under the Plan ("Trustees") shall be the sole and absolute judges of whether or not these contingencies have occurred and, if they have occurred, whether they are of such a nature as to permit a withdrawal from the Plan, and their judgment in that connection shall be final and binding on all parties, and I agree to provide any additional information that the Trustees may require.

I further understand that, if approved, the amount I receive will be a taxable distribution from the Plan and that the Plan will withhold for Federal income tax purposes 20% of the taxable portion of the distribution (together with any applicable state income tax withholding amounts).

I further understand that I may have to pay an additional 10% nondeductible penalty tax if I am under age 59 ½ and the Hardship Withdrawal is not used for the payment of certain medical expenses.

I further understand that I will only be allowed one "hardship" Profit sharing withdrawal per 12 month period.

Participants Signature \_\_\_\_\_ Date \_\_\_\_\_

## 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 \_\_\_\_\_

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## 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 \_\_\_\_\_