

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

161 GRANITE AVENUE  
DORCHESTER, MASSACHUSETTS 02124

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

*Employer Trustees*

Russell J. Anderson  
Daniel Koury  
David Powell

William P. Hurley  
*Fund Administrator*

*Union Trustees*

Shawn Nehiley  
David Langlais  
Vincent Coyle Jr.

Dear Member:

Please complete the enclosed Annuity Profit Share and related tax form. Kindly return it to the Fund Office with a copy of the following,

**VALID PICTURE ID**

**PROOF OF SOCIAL SECURITY NUMBER (i.e., Social Security Card or W2)**

**SIGNATURE MUST BE NOTARIZED ON THE EMPLOYEE STATEMENT PAGE.**

**IF MARRIED YOUR SPOUSE'S SIGNATURE MUST BE NOTARIZED.**

**IF YOU WOULD LIKE TO HAVE MORE THAN THE MANDATORY 20% FEDERAL TAXES WITHHELD, PLEASE FILL OUT THE W-4R ATTACHED.**

If you would like to have your payment direct deposited, you must fill out the direct deposit form and attach proof of your account. (I.E., voided check or banks direct deposit form.) Or you may contact John Hancock (833) 388-6466.

**Your application will NOT be processed until everything is completed above.**

\*\*\*This is not a loan application if you would like a loan, please contact Kara Lally at the Ironworkers Fund Office. (617) 265-3757 EXT. 103

**\*\*\*All checks issued must be deposited into a bank account\*\*\***

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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.**

## 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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\_\_\_\_\_ I elect to have more than the mandatory 20% Federal Tax withheld. (Must fill out a W4-R)

I understand that the Withdrawal may not include any amounts allocated to my Employee Account while the Plan was 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 \_\_\_\_\_

**DIRECT DEPOSIT AUTHORIZATION**  
**IRONWORKERS DISTRICT COUNCIL ANNUITY WITHDRAWAL**  
**161 GRANITE AVENUE, DORCHESTER, MA 02124**  
**TELEPHONE NO. (617) 265-3757 FAX NO. (617) 282-3757**

I, \_\_\_\_\_ hereby authorize and instruct the Iron Workers District Council of New England Fund Office to update my direct deposit information with John Hancock. For the Ironworkers District Council of New England to update my banking information with John Hancock I agree that I will attach proof of my banking information. (I.E., voided check or bank direct deposit form.)

**COMPLETE ALL INFORMATION BELOW:**

\_\_\_\_\_  
Name-Please Print

\_\_\_\_\_  
Payee's Social Security Number-Last 4 only Telephone Number:

\_\_\_\_\_  
Payee's Street Address City State Zip + 4 digits

\_\_\_\_\_  
Bank Routing Number Payee Account Number  
Check ONE: ( ) Checking ( ) Savings

\_\_\_\_\_  
Bank Name: Bank Phone Number

\_\_\_\_\_  
Bank Street Address City State Zip + 4 Digits

\_\_\_\_\_  
Signature (Required) Date

You must attach a VOIDED check or a copy of your bank direct deposit form.

**Withholding Certificate for Nonperiodic Payments and Eligible Rollover Distributions**

Department of the Treasury  
Internal Revenue Service

Give Form W-4R to the payer of your retirement payments.

**2023**

1a First name and middle initial	Last name	1b Social security number
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Address

City or town, state, and ZIP code

Your withholding rate is determined by the type of payment you will receive.

- For nonperiodic payments, the default withholding rate is 10%. You can choose to have a different rate by entering a rate between 0% and 100% on line 2. Generally, you can't choose less than 10% for payments to be delivered outside the United States and its territories.
- For an eligible rollover distribution, the default withholding rate is 20%. You can choose a rate greater than 20% by entering the rate on line 2. You may not choose a rate less than 20%.

See page 2 for more information.

2 Complete this line if you would like a rate of withholding that is different from the default withholding rate. See the instructions on page 2 and the Marginal Rate Tables below for additional information. Enter the rate as a whole number (no decimals)	2	%
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<b>Sign Here</b>	Your signature (This form is not valid unless you sign it.)	Date
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**General Instructions**

Section references are to the Internal Revenue Code.

**Future developments.** For the latest information about any future developments related to Form W-4R, such as legislation enacted after it was published, go to [www.irs.gov/FormW4R](http://www.irs.gov/FormW4R).

**Purpose of form.** Complete Form W-4R to have payers withhold the correct amount of federal income tax from your nonperiodic payment or eligible rollover distribution from an employer retirement plan, annuity (including a commercial annuity), or individual retirement arrangement (IRA). See page 2 for the rules and options that are available for each type of payment. Don't use Form W-4R for periodic payments (payments made in installments at regular

intervals over a period of more than 1 year) from these plans or arrangements. Instead, use Form W-4P, Withholding Certificate for Periodic Pension or Annuity Payments. For more information on withholding, see Pub. 505, Tax Withholding and Estimated Tax.

**Caution:** If you have too little tax withheld, you will generally owe tax when you file your tax return and may owe a penalty unless you make timely payments of estimated tax. If too much tax is withheld, you will generally be due a refund when you file your tax return. Your withholding choice (or an election not to have withholding on a nonperiodic payment) will generally apply to any future payment from the same plan or IRA. Submit a new Form W-4R if you want to change your election.

**2023 Marginal Rate Tables**

You may use these tables to help you select the appropriate withholding rate for this payment or distribution. Add your income from all sources and use the column that matches your filing status to find the corresponding rate of withholding. See page 2 for more information on how to use this table.

Single or Married filing separately		Married filing jointly or Qualifying surviving spouse		Head of household	
Total income over—	Tax rate for every dollar more	Total income over—	Tax rate for every dollar more	Total income over—	Tax rate for every dollar more
\$0	0%	\$0	0%	\$0	0%
13,850	10%	27,700	10%	20,800	10%
24,850	12%	49,700	12%	36,500	12%
58,575	22%	117,150	22%	80,650	22%
109,225	24%	218,450	24%	116,150	24%
195,950	32%	391,900	32%	202,900	32%
245,100	35%	490,200	35%	252,050	35%
591,975*	37%	721,450	37%	598,900	37%

\* If married filing separately, use \$360,725 instead for this 37% rate.

## General Instructions (continued)

**Nonperiodic payments—10% withholding.** Your payer must withhold at a default 10% rate from the taxable amount of nonperiodic payments **unless** you enter a different rate on line 2. Distributions from an IRA that are payable on demand are treated as nonperiodic payments. Note that the default rate of withholding may not be appropriate for your tax situation. You may choose to have no federal income tax withheld by entering “-0-” on line 2. See the specific instructions below for more information. Generally, you are not permitted to elect to have federal income tax withheld at a rate of less than 10% (including “-0-”) on any payments to be delivered outside the United States and its territories.

**Note:** If you don't give Form W-4R to your payer, you don't provide an SSN, or the IRS notifies the payer that you gave an incorrect SSN, then the payer must withhold 10% of the payment for federal income tax and can't honor requests to have a lower (or no) amount withheld. Generally, for payments that began before 2023, your current withholding election (or your default rate) remains in effect unless you submit a Form W-4R.

**Eligible rollover distributions—20% withholding.** Distributions you receive from qualified retirement plans (for example, 401(k) plans and section 457(b) plans maintained by a governmental employer) or tax-sheltered annuities that are eligible to be rolled over to an IRA or qualified plan are subject to a 20% default rate of withholding on the taxable amount of the distribution. You can't choose withholding at a rate of less than 20% (including “-0-”). Note that the default rate of withholding may be too low for your tax situation. You may choose to enter a rate higher than 20% on line 2. Don't give Form W-4R to your payer unless you want more than 20% withheld.

Note that the following payments are **not** eligible rollover distributions: (a) qualifying “hardship” distributions, and (b) distributions required by federal law, such as required minimum distributions. See Pub. 505 for details. See also *Nonperiodic payments—10% withholding* above.

**Payments to nonresident aliens and foreign estates.** Do not use Form W-4R. See Pub. 515, *Withholding of Tax on Nonresident Aliens and Foreign Entities*, and Pub. 519, *U.S. Tax Guide for Aliens*, for more information.

**Tax relief for victims of terrorist attacks.** If your disability payments for injuries incurred as a direct result of a terrorist attack are not taxable, enter “-0-” on line 2. See Pub. 3920, *Tax Relief for Victims of Terrorist Attacks*, for more details.

## Specific Instructions

### Line 1b

For an estate, enter the estate's employer identification number (EIN) in the area reserved for “Social security number.”

### Line 2

**More withholding.** If you want more than the default rate withheld from your payment, you may enter a higher rate on line 2.

**Less withholding (nonperiodic payments only).** If permitted, you may enter a lower rate on line 2 (including “-0-”) if you want less than the 10% default rate withheld from your payment. If you have already paid, or plan to pay, your tax on this payment through other withholding or estimated tax payments, you may want to enter “-0-”.

**Suggestion for determining withholding.** Consider using the Marginal Rate Tables on page 1 to help you select the appropriate withholding rate for this payment or distribution. The tables are most accurate if the appropriate amount of tax on all other sources of income, deductions, and credits has been paid through other withholding or estimated tax payments. If the appropriate amount of tax on those sources of income has not been paid through other withholding or estimated tax payments, you can pay that tax through withholding on this payment by entering a rate that is greater than the rate in the Marginal Rate Tables.

The marginal tax rate is the rate of tax on each additional dollar of income you receive above a particular amount of income. You can use the table for your filing status as a guide to find a rate of withholding for amounts above the total income level in the table.

To determine the appropriate rate of withholding from the table, do the following. Step 1: Find the rate that corresponds with your total income not including the payment. Step 2: Add your total income and the taxable amount of the payment and find the corresponding rate.

If these two rates are the same, enter that rate on line 2. (See *Example 1* below.)

If the two rates differ, multiply (a) the amount in the lower rate bracket by the rate for that bracket, and (b) the amount in the higher rate bracket by the rate for that bracket. Add these two numbers; this is the expected tax for this payment. To get the rate to have withheld, divide this amount by the taxable amount of the payment. Round up to the next whole number and enter that rate on line 2. (See *Example 2* below.)

If you prefer a simpler approach (but one that may lead to overwithholding), find the rate that corresponds to your total income including the payment and enter that rate on line 2.

**Examples.** Assume the following facts for *Examples 1* and *2*. Your filing status is single. You expect the taxable amount of your payment to be \$20,000. Appropriate amounts have been withheld for all other sources of income and any deductions or credits.

**Example 1.** You expect your total income to be \$60,000 without the payment. Step 1: Because your total income without the payment, \$60,000, is greater than \$58,575 but less than \$109,225, the corresponding rate is 22%. Step 2: Because your total income with the payment, \$80,000, is greater than \$58,575 but less than \$109,225, the corresponding rate is 22%. Because these two rates are the same, enter “22” on line 2.

**Example 2.** You expect your total income to be \$42,500 without the payment. Step 1: Because your total income without the payment, \$42,500, is greater than \$24,850 but less than \$58,575, the corresponding rate is 12%. Step 2: Because your total income with the payment, \$62,500, is greater than \$58,575 but less than \$109,225, the corresponding rate is 22%. The two rates differ. \$16,075 of the \$20,000 payment is in the lower bracket (\$58,575 less your total income of \$42,500 without the payment), and \$3,925 is in the higher bracket (\$20,000 less the \$16,075 that is in the lower bracket). Multiply \$16,075 by 12% to get \$1,929. Multiply \$3,925 by 22% to get \$863.50. The sum of these two amounts is \$2,792.50. This is the estimated tax on your payment. This amount corresponds to 14% of the \$20,000 payment (\$2,792.50 divided by \$20,000). Enter “14” on line 2.

**Privacy Act and Paperwork Reduction Act Notice.** We ask for the information on this form to carry out the Internal Revenue laws of the United States. You are required to provide this information only if you want to (a) request additional federal income tax withholding from your nonperiodic payment(s) or eligible rollover distribution(s); (b) choose not to have federal income tax withheld from your nonperiodic payment(s), when permitted; or (c) change a previous Form W-4R (or a previous Form W-4P that you completed with respect to your nonperiodic payments or eligible rollover distributions). To do any of the aforementioned, you are required by sections 3405(e) and 6109 and their regulations to provide the information requested on this form. Failure to provide this information may result in inaccurate withholding on your payment(s). Failure to provide a properly completed form will result in your payment(s) being subject to the default rate; providing fraudulent information may subject you to penalties.

Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation, and to cities, states, the District of Columbia, and U.S.

commonwealths and territories for use in administering their tax laws. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by section 6103.

The average time and expenses required to complete and file this form will vary depending on individual circumstances. For estimated averages, see the instructions for your income tax return.

If you have suggestions for making this form simpler, we would be happy to hear from you. See the instructions for your income tax return.