

**IRON WORKERS ST. LOUIS  
DISTRICT COUNCIL  
ANNUITY TRUST FUND**

**IRON WORKERS ST. LOUIS DISTRICT COUNCIL  
ANNUITY TRUST FUND**  
2160 South Foster Avenue  
Wheeling, IL 60090  
Phone: (800) 621-4658 Fax: (847) 577-8869

**Hardship Withdrawal Form**

- Please print using blue or black ink. Return the original form to the address above (it cannot be accepted by fax). Be sure to include all proper documentation and sign the affidavit at the bottom of the form. You may only receive a hardship withdrawal once before you retire or are otherwise eligible to take a withdrawal. You must be a participant in the Plan for at least three years prior to the date of your request. **There will be a nonrefundable processing fee of \$300 deducted from your account regardless of whether your request is approved.**

**Form**

**Instructions** You must sign the reverse of this form. Without the required signatures, the form will be returned to you, unprocessed.

**About You** Current Employer \_\_\_\_\_ Social Security Number \_\_\_\_\_ send copy of birth certificate  
Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Phone (\_\_\_\_) \_\_\_\_\_ Marital Status: \_\_\_\_\_ Never Married \_\_\_\_\_ Married spouse must sign below  
\_\_\_\_\_ Widowed \_\_\_\_\_ Divorced send copy of divorce decree  
(send copy of death certificate)  
Address \_\_\_\_\_  
Street City State Zip

**Hardship Reason**

You may request a hardship withdrawal only for one of the following reasons. Please check the applicable reason and attach the required documentation, supporting the amount needed.

Reason for Withdrawal	Required Documentation
<input type="checkbox"/> Medical expense incurred for generally accepted treatment for you or a member of your family, that is not otherwise reimbursed.	Copies of current unpaid medical bill(s) and/or copy of the denial of benefits from your insurance provider.
<input type="checkbox"/> Purchase of your primary residence.	A contract of sale with both buyer and seller signatures and a good faith estimate.
<input type="checkbox"/> Post-secondary school expenses for you, your spouse or dependents for the next 12 months.	A copy of the tuition bill(s) and other school-related expenses.
<input type="checkbox"/> Payment to prevent eviction from or foreclosure on your primary residence.	A copy of the eviction or foreclosure notice or a letter from your landlord stating the amount you owe and a copy of your rental agreement (if renting).

**Withdrawal Amount - please check one of the following. See over for important tax information.**

- Maximum amount available. (50% of total account balance after deducting processing fee and less any withholding)  
 Specific dollar amount \$\_\_\_\_\_ This amount should be equal to the amount specified in the required documentation subject to the 50% rule. The Plan will withhold additional amounts to cover the appropriate federal taxes. **(The minimum amount for a withdrawal is \$2,000.)**

**Federal Taxes – please check one of the following. See over for important tax information.**

This payment is not eligible for rollover into tax-qualified plans. Therefore, the Iron Workers St. Louis District Council Annuity Trust Fund is not required by the IRS to withhold federal taxes from your Hardship Withdrawal. You may be taxed by the IRS for the Withdrawal whether you choose to have taxes withheld at the time of the withdrawal or not. If you do not make an election, the Plan will automatically withhold 20%.

- Please withhold \_\_\_\_\_ % of federal taxes.  
 Please withhold \$ \_\_\_\_\_ of federal taxes.  
 Please do not withhold federal taxes.

**Spousal Consent.**

**The following must be signed and sealed by a Notary Public**

I hereby certify that I am the spouse of the above-named Participant and that I consent to the Hardship Withdrawal from the Plan as indicated above. I also understand that by consenting to this withdrawal I waive all rights to any other payment I would have been entitled to upon the Participant's death, with respect to the withdrawal as described above. I further understand that this election is irrevocable.

X \_\_\_\_\_ Date: \_\_\_\_\_  
Spouse's Signature  
X \_\_\_\_\_ Date: \_\_\_\_\_  
Notary Public



**IRONWORKERS ST. LOUIS DISTRICT COUNCIL ANNUITY FUND**

THE APPLICATION FOR HARDSHIP ANNUITY WITHDRAWAL IS BEING SUBMITTED AS A RESULT OF THE FOLLOWING REASON(S)

(may be more than one)

\_\_\_\_\_ Medical Expenses which are non-reimbursable in the amount of \$\_\_\_\_\_

\_\_\_\_\_ Post Secondary School Expenses in the amount of \$\_\_\_\_\_

\_\_\_\_\_ Purchase of a Primary Residence in the amount of \$\_\_\_\_\_

\_\_\_\_\_ Prevention of Eviction / Foreclosure amount currently due \$\_\_\_\_\_

**I have attached sufficient documentation which will prove my TOTAL claim amounting to:**

\$\_\_\_\_\_

**...and I understand that I must make a withdrawal of my Annuity Account equal to a minimum of \$3,000, but no more than one-half (1/2) of the amount in my existing account.**

**At this time my Annuity Assets are:**

\_\_\_\_\_ **Trustee Directed**

\_\_\_\_\_ **Putnam (Self Directed)**

\_\_\_\_\_ **Both Putnam and Trustee Directed**

**I understand that if the existing balance is not sufficient to meet the minimum withdrawal amount - \$3,000 my claim will be denied.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**TO: EXECUTIVE COMMITTEE  
IRON WORKERS ST. LOUIS D.C. ANNUITY FUND**

**RE: HARDSHIP WITHDRAWAL - I.R.S. SAFE HARBOR RULES**

**GENTLEMEN,**

**I \_\_\_\_\_ who's Social Security Number**

**is \_\_\_\_\_ having read and completed the attached**

**Application for a Hardship Withdrawal under the existing Terms and Conditions of**

**such a withdrawal, do hereby state that:**

**.....a. There are no other sources from which I can reasonably obtain the necessary funds to alleviate the need for filing this hardship request,**

**.....b. The amount requested is not in excess of the required amount needed to satisfy the need including taxes and penalties on this withdrawal.**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**NOTARY**