

Local 807 PROFIT SHARING PLAN - WITHDRAWAL APPLICATION

32-43 49th Street , Long Island City New York 11103

(718) 274-5353 extension 104

RETURN TO FUND OFFICE

NAME(print)

_____ Last First Middle Initial

ADDRESS

_____ Street Number or P.O. Box Apartment

_____ City State Zip Code

SOCIAL SECURITY NUMBER _____

Reason For Withdrawal (check one)

MEMBERS DATE OF BIRTH:

- _____ Ordinary Retirement
- _____ Total Disability (Subject To Medical Proof)
- _____ Resignation or Severance

_____/_____/_____
month day year

PHONE #

_____/_____/_____/_____/_____/_____

_____ Last Worked at 807 Related Employment
Month Year

Method of Payment (Please Check One)

_____ Lump Sum (You will receive One Check) (COMPLETE HUSBAND AND WIFE OPTION FORM)

_____ Monthly For _____
36 Mos. 60 Mos. 120 Mos. (COMPLETE HUSBAND AND WIFE OPTION FORM)

_____ Direct Transfer to IRA - complete attached roll-over application
..... (DO NOT COMPLETE HUSBAND AND WIFE OPTION FORM)

MEMBERS SIGNATURE

DEATH - Complete Only If Applying For A Deceased Member
Attach copy of Death Certificate

Name of Beneficiary (print)

_____ Last First Middle Initial

_____ Street Number or P.O. Box Apartment

_____ City State Zip Code

FOR OFFICE USE ONLY

_____ **Month/Year First Contribution**

_____ **Month/Year Last Worked**

_____ **Month/Year Eligible**

LOCAL 807 LABOR-MANAGEMENT HEALTH & PENSION FUNDS

TEL (718) 274-5353 32-43 49TH STREET LONG ISLAND CITY, NEW YORK 11103 FAX (718) 728-4413

UNION TRUSTEES

Demos P. Demopoulos
Anthony Storz
Stephen Malone

FUND ADMINISTRATOR

Teresa Casanova

EMPLOYER TRUSTEES

Robert Holden
Scott Little
Peter Ingram

HUSBAND & WIFE ANNUITY OPTION

Please check in the appropriate box. You must check either A, B, or C or D, if applicable, and sign the form before returning it to the Fund Office.

- A. I do not wish to receive the annuity benefits to which I am entitled in the form of a 50% Husband & Wife Annuity.
- B. I may wish to receive the annuity benefits to which I am entitled in the form of a 50% Husband and Wife Annuity and wish to be informed of the exact amount of the annuity benefits payable to myself and my spouse under the Husband & Wife Annuity. I understand that at the time I receive the information requested I will again have an opportunity to decline the option.
- C. I hereby swear that I am not legally married at this time.
- D. I hereby swear that the whereabouts of my legal spouse is unknown and that I know of no way of locating him or her.

IF YOU CHECKED BOX A, (REJECTING THE HUSBAND/WIFE OPTION), THIS FORM MUST BE SIGNED BY BOTH YOU AND YOUR SPOUSE AND NOTARIZED.

IF YOU ARE NOT MARRIED (SINGLE) AND CHECKED C OR IF YOU CHECKED BOX D, YOU MUST ALSO HAVE THIS NOTARIZED.

NAME

DATE

ADDRESS

SIGNATURE

SOCIAL SECURITY NUMBER

SPOUSE'S SIGNATURE

DATE

NOTE: IF YOU CHECKED BOX B, YOU MUST ENCLOSE THE FOLLOWING:
SPOUSE'S DATE OF BIRTH _____ (ENCLOSE COPY OF PROOF OF SPOUSE'S BIRTH AND MARRIAGE CERTIFICATE- ORIGINALS WILL BE RETURNED TO YOU)

NOTARY: _____

DATE: _____

I State That I Am (Check One)

NOT MARRIED

MARRIED

If you checked not married, the following paragraph must be notarized:

Print Your Name

Signature

I hereby certify that the person whose signature appears above is known to me as not being married.

Notary Signature and Seal

If you checked married the following Section must be completed and notarized:

I hereby certify that I am the spouse of _____ and I understand that the option chosen to transfer his (her) individual account in full will not entitle me to any monies, payments or benefits from the Local 807 Profit Sharing Plan.

Spouse Print Name

Social Security Number

Signature

Date

I hereby certify that the person whose signature appears above is known to me or has presented information that he or she is the person stated.

Notary Signature and Seal

IN ORDER FOR THE REQUESTED TRANSFER OF MONIES BE EFFECTIVE. YOU MUST HAVE THIS FORM COMPLETED AND RETURNED TO THE ANNUITY OFFICE.

TO BE COMPLETED BY TRANSFER ACCEPTING IRA or PLAN INSTITUTE

**To: Board Of Trustees
Local 807 PROFIT SHARING PLAN
32-43 49th Street
Long Island City, New York 11103**

Re: Name: _____
S.S. # _____
Address: _____
City/State/Zip: _____

This letter is to certify that the above named person has, (applied, opened, will open, has in effect) - a (IRA) _____

NAME OF INSTITUTION

ID#

or is permitted to participate in the _____
NAME OF FUND

which is qualified under Internal Revenue Service Regulations as a defined contribution Fund.

The transfer of this Individual Account from your Fund on his behalf will be accepted by us and governed by the provisions of our (IRA) Plan _____.

X _____
SIGNATURE

PRINT NAME

TITLE DATE