



North Atlantic States Carpenters  
Annuity Fund  
New York Office

Connecticut Office  
10 Broadway  
Hamden, CT 06518  
[www.carpentersfund.org](http://www.carpentersfund.org)  
Phone: 203-281-5511  
Fax: 203-230-2457

New York Office  
270 Motor Parkway  
Hauppauge, NY 11788-5150  
[www.carpentersfund.org](http://www.carpentersfund.org)  
Phone: 631-952-9700  
Fax: 631-952-9813

***NORTH ATLANTIC STATES CARPENTERS ANNUITY FUND***  
***PROFIT SHARING ACCOUNT***  
***HARDSHIP DISTRIBUTION APPLICATION***

**PLEASE READ INSTRUCTIONS FORM CAREFULLY BEFORE COMPLETING THIS APPLICATION.**  
Participants must complete and sign this form.

**PARTICIPANT DATA**

Participant Name: \_\_\_\_\_  
First Middle Last

Participant Address: \_\_\_\_\_  
Street

\_\_\_\_\_ City State Zip

Telephone Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Social Security No.: XXX-XX-\_\_\_\_\_ (Last 4 digits only) Local #: \_\_\_\_\_

**CURRENT MARITAL STATUS** (Check each that apply to you)

- Single  Divorced (Provide divorce decree)  
 Married (Provide proof of marriage)  Anticipated to be married as of the effective date of my benefit

**ELIGIBILITY** (Please check the applicable reasons)

- Purchase/Construction of Principal Residence  
 Prevention of Eviction/Foreclosure of Principal Residence  
 Funeral Expenses  
 Tuition – Name of Dependent: \_\_\_\_\_  
 Medical Expenses over \$1,000.00 not covered under the Plan  
 Self-Pay/COBRA Premiums  
 Federal / State Income Tax  
 Military Service



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**HARDSHIP AMOUNT OF PAYMENT** (Check all that apply)

I request a hardship distribution in the following amount:

- \$ \_\_\_\_\_ Gross
- \$ \_\_\_\_\_ Monthly (**Self-Pay/COBRA only**)

**INCOME TAX WITHHOLDING**

I acknowledge that my hardship distribution is subject to federal and state income taxes. In addition, if I am under age 59½, I may have to pay additional taxes equal to 10% of the taxable portion of my hardship distribution. **It is my responsibility to pay these taxes.** I understand that I cannot avoid or postpone taxes on my hardship distribution by rolling over the distribution to another retirement plan or IRA. However, I may elect to have taxes withheld as described below. If you elect to have federal or state tax withheld, the amount of the withheld tax will be added to the amount you have requested for your hardship distribution, increasing the amount deducted from your account.

**FEDERAL TAX WITHHOLDING**

**For non-periodic payments**

The default withholding rate is 10%. **Please complete the W-4R Form included with this application.**

\_\_\_\_\_  
Participant Signature

\_\_\_\_\_  
Date

**STATE TAX WITHHOLDING**

**I elect to have state income tax** (please select one):

- NY State income tax withheld in the amount of \$ \_\_\_\_\_ or \_\_\_\_\_%
- I do **not** want state income tax withheld

This application must be signed and notarized at least 7 days and not more than 180 days prior to distribution. By signing this application.

I hereby apply for benefits from the North Atlantic States Carpenters Annuity Fund. I certify that, to the best of my knowledge and belief, that the information and statements are true and correct. I acknowledge that any false statement made by me in this application may subject me to legal action including reimbursement of funds and referrals of this matter to appropriate government authorities.

\_\_\_\_\_  
Participant's Signature

\_\_\_\_\_  
Date

State of \_\_\_\_\_

County of \_\_\_\_\_

On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, before me personally appeared \_\_\_\_\_ to be known and known to me to be the same person described herein and who executed the foregoing application, and he/she duly acknowledged to me that he/she executed the same.

\_\_\_\_\_  
**Notary Public**

**My Commission Expires:**

(See next page for Spousal Consent Form and /or Certification that Participant is Not Married. **MUST BE COMPLETED**)

**I. SPOUSAL CONSENT TO HARDSHIP DISTRIBUTION**  
**(Copy of Spouse's ID required)**

I, the undersigned spouse of \_\_\_\_\_, hereby agree to the following:

1. I hereby consent to my spouse's election for a distribution from his/her Profit Sharing Plan for reasons of financial hardship allowed under the North Atlantic States Carpenters Annuity Fund (the "Fund").
2. I hereby acknowledge that I am fully aware that this distribution will reduce any future benefits that may be due to me and my spouse at retirement, or otherwise; and
3. I hereby agree to hold harmless the Board of Trustees of the Fund, and its agents from any and all costs and expenses for claims that may be brought against them in connection with my spouse's hardship distribution.

\_\_\_\_\_  
Print Spouse's Name

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

\_\_\_\_\_  
Date

State of \_\_\_\_\_

County of \_\_\_\_\_

On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, before me personally appeared \_\_\_\_\_ to be known and known to me to be the same person described herein and who executed the foregoing application, and he/she duly acknowledged to me that he/she executed the same.

\_\_\_\_\_  
**Notary Public**  
**My Commission Expires:**

## II. CERTIFICATION THAT PARTICIPANT IS DIVORCED OR NOT MARRIED

I hereby certify and represent that I am not married, do not have a spouse, and will notify the Fund Office if I marry before the effective date of my distribution.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Participant Signature

State of \_\_\_\_\_

County of \_\_\_\_\_

On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, before me personally appeared \_\_\_\_\_ to be known and known to me to be the same person described herein and who executed the foregoing application, and he/she duly acknowledged to me that he/she executed the same.

\_\_\_\_\_  
**Notary Public**

**My Commission Expires:**

NOTE: This consent must be signed and notarized at least 7 days and not more than 180 days prior to the distribution.



# NORTH ATLANTIC STATES CARPENTERS HEALTH FUND

## Authorization to Disclose Protected Health Information

\_\_\_\_\_  
Name of Individual (Please Print)

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Address of Individual

### ALL OF THE FOLLOWING PARTS MUST BE COMPLETED

#### PART I: Authorized Person(s)

I authorize the Health Fund to disclose the PHI identified in Part II of this Form to the following person:  
(please designate no more than one person and fill in his/her name and address)

- Fund Trustee or NERCC Council Rep. \_\_\_\_\_
- Attorney \_\_\_\_\_
- Other Person \_\_\_\_\_ **ANNUITY FUND PERSONNEL** \_\_\_\_\_

Address of Authorized Person: \_\_\_\_\_

#### PART II: Description of the information to be used or disclosed

I authorize the Health Fund to disclose PHI (including written, electronic, or oral information) to the person(s) identified in Part I of this Form in connection with (**mark all that apply**): (If you want different people to have access to different information, you must fill out separate forms.)

- All Claims and Eligibility Information       All Claims Information       All Eligibility Information
- Specific Medical, Dental, Vision, or Other Claim for Health Benefits as described below:

\_\_\_\_\_

Provider: \_\_\_\_\_ Date(s) of Service: \_\_\_\_\_

Other (please be as specific as possible) \_\_\_\_\_

#### PART III: Purpose of use or disclosure

The purpose(s) for which the individual named in Part I of this Form may have access to my PHI is as follows: (**mark all that apply**):

- Health care claims or appeals       Coverage
- Payment for health care       Eligibility for benefits
- Coordination of benefits       Premiums and copayments
- Health care claim status       Preauthorization
- Subrogation and reimbursement       Personal
- Other event (please state what the event is): \_\_\_\_\_

#### PART IV: Termination of Authorization

This Form is valid for one year from signing or, if earlier, until the date or event I have indicated below or until I cancel the Form by completing a separate Cancellation of Authorization Form or signing the Cancellation of Authorization section on page 2.

\_\_\_\_\_ (Date or event)

**PART V: Acknowledgment and Signature**

I understand that:

- I HAVE THE RIGHT TO REFUSE TO SIGN THIS AUTHORIZATION FORM.
- I HAVE THE RIGHT TO REVOKE THIS FORM AT ANY TIME BY SUBMITTING A CANCELLATION OF AUTHORIZATION FORM TO THE BENEFITS OFFICE.
- CANCELLATION WILL TAKE EFFECT AS OF THE CANCELLATION DATE OR EVENT, OR ONCE THE BENEFITS OFFICE RECEIVES THE CANCELLATION OF AUTHORIZATION FORM.
- THE PERSON(S) I AM AUTHORIZING TO RECEIVE MY PHI MAY NOT BE REQUIRED TO TREAT THIS INFORMATION AS CONFIDENTIAL OR PROTECTED HEALTH INFORMATION.
- THE HEALTH FUND WILL PROVIDE A COPY OF THIS SIGNED AUTHORIZATION FORM TO ME.

\_\_\_\_\_  
Your Signature (or Signature of Personal Representative\*)

\_\_\_\_\_  
Date

\*If you are acting as the Personal Representative of the individual whose PHI is to be disclosed, you must have a Personal Representative Form on file with the Fund Office.

**PART VI: Witness or Notary (Complete one)**

Witness (Fund Office employee or Trustee only)<sup>1</sup>

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
(Print name)

**OR**

Notary Public

Personally appeared before me at \_\_\_\_\_, New York, this \_\_\_\_ day of \_\_\_\_\_, 20\_\_, the within named \_\_\_\_\_, who acknowledged that signing this Authorization Form was his or her free act and deed.

\_\_\_\_\_  
Notary Public

My commission expires: \_\_\_\_\_

**Cancellation of Authorization** (to be effective only after received by the Fund)

I hereby cancel my authorization to disclose protected health information to \_\_\_\_\_ effective immediately or as of \_\_\_\_\_.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

<sup>1</sup> A member of the Fund Office staff or a Trustee may witness the signature in person. Any signature not witnessed by Fund Office staff or a Trustee must be notarized.

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

**2024**

Department of the Treasury  
Internal Revenue Service

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

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)	<b>2</b>	%
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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.

**2024 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%
14,600	10%	29,200	10%	21,900	10%
26,200	12%	52,400	12%	38,450	12%
61,750	22%	123,500	22%	85,000	22%
115,125	24%	230,250	24%	122,400	24%
206,550	32%	413,100	32%	213,850	32%
258,325	35%	516,650	35%	265,600	35%
623,950*	37%	760,400	37%	631,250	37%

\* If married filing separately, use \$380,200 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 2024, 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 for purposes of these withholding rules:

- Qualifying “hardship” distributions;
- Distributions required by federal law, such as required minimum distributions;
- Generally, distributions from a pension-linked emergency savings account;
- Eligible distributions to a domestic abuse victim;
- Qualified disaster recovery distributions;
- Qualified birth or adoption distributions; and
- Emergency personal expense 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 \$62,000 without the payment. Step 1: Because your total income without the payment, \$62,000, is greater than \$61,750 but less than \$115,125, the corresponding rate is 22%. Step 2: Because your total income with the payment, \$82,000, is greater than \$61,750 but less than \$115,125, 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 \$43,700 without the payment. Step 1: Because your total income without the payment, \$43,700, is greater than \$26,200 but less than \$61,750, the corresponding rate is 12%. Step 2: Because your total income with the payment, \$63,700, is

greater than \$61,750 but less than \$115,125, the corresponding rate is 22%. The two rates differ. \$18,050 of the \$20,000 payment is in the lower bracket (\$61,750 less your total income of \$43,700 without the payment), and \$1,950 is in the higher bracket (\$20,000 less the \$18,050 that is in the lower bracket). Multiply \$18,050 by 12% to get \$2,166. Multiply \$1,950 by 22% to get \$429. The sum of these two amounts is \$2,595. This is the estimated tax on your payment. This amount corresponds to 13% of the \$20,000 payment (\$2,595 divided by \$20,000). Enter "13" 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.