



North Atlantic States Carpenters
Annuity Fund
New York Office

Connecticut Office
10 Broadway
Hamden, CT 06518
www.carpentersfund.org
Phone: 203-281-5511
Fax: 203-230-2457

New York Office
270 Motor Parkway
Hauppauge, NY 11788-5150
www.carpentersfund.org
Phone: 631-952-9700 Option 5
Fax: 631-952-9813

NORTH ATLANTIC STATES CARPENTERS ANNUITY FUND
PROFIT SHARING ACCOUNT 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.: (Last four digits only) XXX-XX-_____ 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 appropriate box and fill in the information requested)

- Retirement:** Date of retirement: _____
- Disability:** Date of disability: _____
- Break in Service (other than retirement):** Last date worked: _____
- 6 Months, 50% of balance 12 Months, 100% of balance
- QDRO**

ACCOUNT (Please select one)

- North Atlantic States Carpenters Profit Sharing Empower

FORM OF PAYMENT (Check all that apply)

- Lump Sum Cash Payment**

 - Partial Lump Sum Cash Payment:** Gross amount \$ _____

 - Direct Rollover** (Please select one)
 - Direct Rollover of my **entire** account to an IRA or another Qualified Plan.
 - Direct Rollover of a **portion** of my account in the amount of \$ _____ (minimum \$1,000.00) to an IRA or another Qualified Plan.
- ***Letter of Acceptance is required from financial institution accepting the funds.
- Fixed Monthly Installment Payments (must be in increments of \$100 and must be on Pension):**
Each payment should be a GROSS amount of \$ _____

FEDERAL WITHHOLDING

I understand that there is a mandatory 20% withholding from my payment, unless an exception applies.

Date: _____ Signature: _____

- I want an **additional** amount withheld as follows: _____% or \$ _____

- I do not want any federal tax withheld from my payment. **(This applies only to direct rollovers to an IRA or qualified retirement plan or fixed monthly installment payments in an amount that will exhaust your account balance over ten years or more or your life expectancy.)**

STATE WITHHOLDING (Please select one)

- No State Tax Withholding Election**

- Voluntary State Income Tax Withholding** – I elect to have the following NYS Tax withheld from my payment:
 - \$ _____ (whole dollar amount) or _____%

SIGNATURES (Notarized signatures for both the participant and their spouse)

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. In making this application for a benefit, I affirm that there are no outstanding Fund contributions due and owing to me as of the date of this application. 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:

I. SPOUSE’S CONSENT TO MONEY PURCHASE DISTRIBUTION (Copy of Spouse’s ID required)

I, the Participant’s spouse, agree that my spouse can choose any benefit form that is allowed by the Fund. I also understand that my spouse may change the benefit form at any time before retirement benefits begin without telling me and without my agreement.

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.

Participant 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: