



Central Laborers' Annuity Fund Benefit Application
PO Box 1267 ♦ Jacksonville, IL 62651-1267
Phone 217/ 243-8521 or 800/ 252-6571
Fax 217/ 245-1293

Part I – Member Information

Name _____ Date of birth _____
(last) (first) (middle) Month/Day/Year

Address _____
(number and street) (city) (state) (zip code)

Telephone Number _____ Social Security Number _____

Are you legally married at this time? Yes No (If “yes” please complete the following)

Spouse's name _____ Spouse's SSN _____

Spouse's date of birth _____ Date of marriage _____

Are you considering or currently in the process of obtaining a divorce: Yes No

Were you previously married and divorced: Yes No

If “yes”, please provide a complete, certified copy of the Divorce Decree and Property/Marital settlement agreement.

Part II – Annuity Benefit Information

Type of Withdrawal: Partial Total
If Partial, specify the amount of withdrawal **AFTER** taxes: \$ _____

Date of Withdrawal* (first day of a given month): _____

Please check the applicable item(s) below (a-g) and complete the sections specified:

- a. I am age 65 but do not plan to retire soon. **Please attach proof of age to this form and complete Sections E and F of this application.**
- b. I am (or will soon be) retired. **Please complete Sections A, E and F of this application.**
- c. I am totally and permanently disabled. **Please complete Sections B, E and F of this application.**
- d. *Contributions made to the Fund prior to October 1, 2004:* I have left employment with an employer who has a Collective Bargaining Agreement requiring contributions to this Plan and there have not been any contributions made on my behalf for at least eight (8) consecutive months. **Please complete Sections C, E and F of this application.**
- e. *Contributions made to the Fund on and after October 1, 2004:* I have left employment with an employer who has a Collective Bargaining Agreement requiring contributions to this Plan and there have not been any contributions made on my behalf for at least twelve (12) consecutive months. **Please complete Sections C, E and F of this application.**
- f. I have left covered employment and entered the Armed Forces of the United States and have served for at least 90 days. **Please complete Sections D, E and F of this application.**
- g. I wish to receive my Annuity benefits as an “eligible rollover distribution.” **Please complete Sections E and F of this application.**

**Individual annuity account balances are valued twice each year, on March 31 and September 30. Distribution of an individual annuity account between valuation dates does not consider interest or administrative expense.*

Section A – Retirement Information

Date you retired or intend to retire: _____
Month/Year

Will you receive a pension from Central Laborers' Pension Fund upon your retirement? Yes No

If you do not participate in the Central Laborers' Pension Fund, have you applied for Social Security Benefits?
 Yes No If "yes", please attach a copy of the Social Security award.

Section B – Disability Information

Date you became disabled: _____
Month/Day/Year

Nature of Disability: _____

Name and address of your Doctor:

Name: _____

Address: _____
(number and street) (city) (state) (zip code)

Have you applied for a Disability Pension from the Central Laborers' Pension Fund? Yes No

If you do not participate in the Central Laborers' Pension Fund, have you applied for Social Security Disability Benefits?
 Yes No If "yes", please attach a copy of the Social Security award.

Section C – Dates of Covered Employment

When did you last work as a covered employee requiring contributions to the Central Laborers' Annuity Fund?

Month/Year

Are you continuing to work in a similar craft in the geographic jurisdiction of the Union? Yes No

Section D – Armed Forces Information

When did you enter the Armed Forces of the United States? _____
Month/Day/Year

Please submit proof of military service in the Armed Forces of the United States. This proof must include the Beginning Date of Service. A copy of such proof is sufficient. If you submit an original copy it will be returned to you.

Section E – Signature of Applicant

I have reviewed and understand the Central Laborers’ Annuity Fund’s Plan Rules and Regulations, and I agree to be bound by all such Rules and Regulations. I hereby apply for benefits from the Central Laborers’ Annuity Plan. The above statements are true to the best of my knowledge and belief. I understand that a false statement may disqualify me for benefits, and that the Trustees shall have the right to recover any payments made to me because of a false statement. I further understand and acknowledge that my annuity distribution will be deposited directly to an account at a financial institution designated by me.

Participant’s Signature: _____ Date: _____

Spouse’s Signature: _____ Date: _____

Section F – Rollover Election Form

Before completing this form you should carefully read the Special Tax Notice Regarding Plan Payments. You also may wish to consult your tax advisor before making this election.

** Complete Part A of this Form if you will receive a payment in a Lump Sum or as an Eligible Rollover Distribution.

** Complete Parts A and B of this Form if you elect a Direct Rollover.

Part A – Lump Sum or Eligible Rollover Distribution

Participant’s Name _____ SSN _____
(last) (first) (middle)

Address _____
(number and street) (city) (state) (zip code)

If you will receive your benefits as an “eligible rollover distribution”, you may elect to have that distribution transferred directly to a traditional or Roth Individual Retirement Account (IRA) or an eligible employer plan (if it accepts rollovers). If you choose not to have an eligible rollover distribution transferred directly to an IRA or an eligible employer retirement plan, Central Laborers’ is required to withhold 20 percent of the payment for federal income taxes. This withholding does not increase your taxes, but will be credited against any income tax you owe. For further information on direct rollovers and withholding, please read the *Special Tax Notice Regarding Plan Payments* that the Plan has given you.

Please check one of the three options:

- I **do not** want to roll over my payment to an IRA or an eligible employer plan. Pay me the full amount of my benefits, after withholding 20 percent for federal income taxes as required by law.

- I **want** to roll over my payment directly to an IRA or an eligible employer plan that accepts rollovers. The IRA or other retirement plan is named in Part B of this form (next page).

- I would like to have **only part** of my payment directly rolled over. Please roll over \$ _____ to the IRA or eligible employer plan named on this page and pay the remainder of my benefit to me, after withholding 20 percent for federal income taxes as required by law.

Part B – Authorization for Direct Rollover of Annuity Benefit:

If you elected a direct rollover in Part A (previous page), you must provide all of the following information. A direct rollover cannot be made until this Section is completed and returned to the Fund Office.

(Name of IRA Trustee or Eligible Employer Plan) (Account Number)

Mailing Address: _____
(number & street) (city) (state) (zip code)

IRA Type (Traditional IRA or Roth IRA)

If you have elected a direct rollover of your annuity benefit, please read and sign the following statement:

I certify that the recipient of the direct rollover that is named in Section B (above) is an Individual Retirement Account, or an Eligible Employer Plan that accepts rollovers. I understand that payment of my benefits to the trustees of the IRA or eligible employer plan will release the Trustees of the Central Laborers' Annuity Plan from any further obligations or responsibilities with respect to the benefits so paid.

(Signature) (Date)



Central Laborers' Annuity Fund
Direct Deposit Authorization Form
Please Complete and Return This Form-Direct Deposit Is Required

Name: _____ SSN: _____

New Enrollment

Please complete and sign this form, and return it to Central Laborers' Fund office. Attach a voided check for the account or a deposit slip if account does not use checks.

Primary Account (check one) Checking or Savings

Financial Institution _____

City and State _____

Account No. _____ Bank Routing No. _____

AUTHORIZATION STATEMENT

I hereby authorize Central Laborers' and the financial institution(s) listed above to deposit my Annuity benefit payment(s) electronically to the account that I have designated. If funds to which I am **not** entitled are deposited to my account, I authorize Central Laborers' to direct the financial institution(s) to return said funds. This authority will remain in effect until I have signed a new authorization or until I cancel my participation.

Note: If using a Credit Union, please verify your account number with your Credit Union.

**ATTACH VOIDED CHECK
OR DEPOSIT SLIP HERE**

SIGNATURE

DATE

CENTRAL LABORERS' ANNUITY FUND

Delaying the Date You Receive a Distribution of Your Individual Account Could Affect Your Benefit Amount

Although you have applied for a distribution of your Individual Account, the law requires that we advise you of your right to postpone a distribution until a later time and the consequences if you choose to take your distribution now rather than deferring it to a later date.

Eligibility for Distribution of Benefits. As explained on page 26 of your Summary Plan Description, you are eligible to receive a distribution of your benefits from the Annuity Fund when:

- You retire;
- You die;
- You become totally and permanently disabled;
- With respect to any Contributions made on or after October 1, 2004, plus earnings on such Contributions, you have not worked in Covered Employment requiring Employer Contributions on your behalf to this Fund or in a similar craft in the geographic jurisdiction of the Union, for at least 12 consecutive months and you are not working in Covered Employment or in a similar craft in the geographic jurisdiction of the Union at the time the payment of your benefits is made;
- With respect to Contributions made prior to October 1, 2004, plus earnings on such Contributions, you have not worked in Covered Employment requiring Employer Contributions on your behalf to this Fund, for at least 8 consecutive months and you are not working in Covered Employment at the time the payment of your benefits is made; or
- You separated from Covered Employment to enter the Armed Services of the United States for at least 90 consecutive days.

If you are under age 59½ at the time you begin receiving benefits, you may be subject to an early withdrawal tax penalty, in addition to income tax at your normal income tax rate.

Delaying Retirement May Increase Your Benefit. If you delay leaving covered employment and receiving a distribution of your Individual Account, your Defined Contribution Annuity Fund benefits may increase because you are earning additional benefits. In addition, the market value of your account may increase.

Right to Defer. Under the Plan's rules, you may defer receiving your benefits until April 1 of the year following the year you reach age 70½. Of course, you may elect to start your benefits at any time before that date, provided you meet the eligibility requirements noted above.

Consequences of Failing to Defer Your Distribution. If you postpone the distribution, your account will continue to be adjusted for any gains, losses, or administrative fees, as described on page 24 of your Summary Plan Description.

If you have any questions about this information, please review your Summary Plan Description booklet and subsequent announcements, or contact the Fund Office at (217) 243-8521.