



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

Application for Third Hardship Distribution

As part of the application process for a hardship distribution, you will need to include a letter and appropriate documentation that:

1. Describes the hardship circumstance;
2. States the dollar amount of the distribution requested;
3. Provides whatever evidence is available to substantiate the existence of a hardship and the inability to satisfy the financial need from income and other resources reasonably available; and
4. Sign the application certifying that all information provided is true and that the Trustees may rely upon the information in making their determination.

This Application (and Dependent Affidavit Form, if applicable) must be signed in the presence of a Notary Public.

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 married: Yes No (If "yes", 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.

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I, _____, request a withdrawal of \$ _____ from my Annuity Fund Account.

Note: The maximum withdrawal cannot exceed the portion of your account balance attributable to Employer contributions for your hours worked during the period beginning October 1, 1987, and ending with contributions as of the valuation date most recently preceding the date of withdrawal. In addition, the third hardship withdrawal cannot exceed 95% of the amount in your Individual Account as of the valuation date most recently preceding the date of withdrawal. The minimum withdrawal is \$1,000. **You may receive a maximum of three (3) hardship withdrawals from the Annuity Fund during your lifetime.** Also, pursuant to federal law, the Fund Office must withhold 20% for tax purposes; this 20% shall be deducted from your hardship payment.

The withdrawal is for financial hardship due to the following:

- Payment of medical expenses described in Section 213(d) of the Internal Revenue Code that are incurred by the Participant, his spouse, or his Dependent Children. (Please submit copies of medical bills not covered by insurance and completed Dependent Affidavit Form, if applicable.)
- Purchase of the Participant's first or a second home (excluding mortgage payments). (Please submit evidence of the intended purchase, attach a signed contract and evidence from the lender that the withdrawal is to be used as a down payment.)
- Payment of tuition for post-secondary education for the Participant, his spouse, or his Dependent Child(ren). (Please submit copy of tuition bill(s) and completed Dependent Affidavit Form, if applicable.)
- To prevent the eviction of the Participant from his principal residence or foreclosure on the mortgage of the Participant's principal residence. (Please submit copy of foreclosure or eviction notice.)
- Payment of funeral expenses due to the death of the Participant, his spouse, his parent(s), or his Dependent Child(ren). (Please submit copy of funeral expense and completed Dependent Affidavit Form, if applicable.)

I certify that all sources of funds have been exhausted and that my Annuity Fund money must be withdrawn in order to meet this obligation. Attached to this application is appropriate evidence of such hardship in the form of bills or other documentation establishing an actual expense, including a completed "Dependent Affidavit Form" (if applicable).

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. The above statements, attached letter, and documents 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 hardship distribution will be deposited directly to an account at a financial institution designated by me.

Participant's Signature

Date

Spouse's Signature

Date

Subscribed and sworn to before me this _____ day of _____, _____.

Notary Public

{Seal}



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
DEPENDENT AFFIDAVIT FORM

The undersigned, _____, being first duly sworn on oath, deposes and states:

() **(Initial)** The undersigned is a participant in the Central Laborers' Annuity Fund;

() **(Initial)** The undersigned seeks to obtain a hardship distribution to pay for medical expenses for a Dependent Child or Dependent Children, to pay tuition for post-secondary education for a Dependent Child or Dependent Children, or for funeral expenses for a Dependent Child or Dependent Children.

() **(Initial)** The medical expenses, the tuition for post-secondary education or funeral expenses is/are for the following Dependent Child /Dependent Children:

First Name	Last Name	Date of Birth

() Check if the undersigned has an additional Dependent Child or additional Dependent Children which are the subject of a hardship distribution. Additional Dependent Children may be listed on back of Dependent Affidavit Form.

() **(Initial)** That the Dependent Child/Dependent Children set forth above is/are the undersigned's son, daughter, stepson, or stepdaughter.

() **(Initial)** That the Dependent Child/Dependent Child reside(s) with the undersigned for more than one-half of the most recent calendar year, and the Dependent Child/Dependent Child is dependent upon the undersigned for more than one-half of his or her support for the most recent calendar year.

 Print Name

 Undersigned's Signature

Date: _____

Subscribed and sworn to before me this _____ day of _____, 20__.

 NOTARY PUBLIC