

HARDSHIP WITHDRAWAL DOCUMENTATION CHECKLIST

Use this form to determine hardship eligibility. Only dollar amounts sufficient to meet your demonstrated financial need are available including amount necessary for the payment of taxes.

STOP! Read this before you return your form for processing; To expedite your request; be sure to include the Documentation Required as outlined below, based on your Reason on for Hardship Withdrawal.		
	Reason for Hardship Withdrawal	Documentation Required
[]	1. Un reimbursed Medical or Dental Expenses for myself, my spouse, or my dependents	<p>A statement of benefits from the insurance carrier or a bill from the care provider showing the unpaid balance (not covered by insurance) along with the following information:</p> <ul style="list-style-type: none"> • Your Name or last name • Medical Institute or hospital name or doctor's name • Bill should be dated within the last three months • Bill should mention the amount due • Legal documentation of the dependent relationship
[]	2. Purchase a home that will be my principal residence (not including mortgage payments)	<p>Purchase and sales agreement should have the below mentioned information:</p> <ul style="list-style-type: none"> • Your Name or last name • Signed by Buyer and Seller, and any other party required to bind the contract • Signature(s) not older than 30 days • Down payment or initial deposit or closing cost • Loan Estimate from the lending institution (In case of construction) • If building a home or buying a mobile home, a deed for the land or a lease agreement to rent
[]	3. Pay tuition and related education fees for the next 12 months of post-secondary education for me, my spouse, children or dependent	<p>Copy of the unpaid bill for tuition or an official estimate from the Registrar's office (on University letterhead) of expenses, mentioning the following information:</p> <ul style="list-style-type: none"> • Student's name • University name or college name • Your Name or last name • Course duration for up to the next 12 months • Bill should mention the amount due for the upcoming quarter/semester. This can include room & board on or off campus but cannot include book fees • Legal documentation of the dependent relationship
[]	4. Prevent eviction from my principal residence or foreclosure of the mortgage on my principal residence	<p>A statement of impending foreclosure/eviction from: court, attorney, mortgage company,</p> <ul style="list-style-type: none"> ▪ Past due rent/over due payment amount needed to cure the eviction/foreclosure landlord or collection agency which should have the following information: <ul style="list-style-type: none"> ▪ Threatening eviction or foreclosure ▪ Future due date for making the payment • Property Address • Your Name or last name
[]	5. Burial or funeral expenses for my deceased parent, spouse, child, or dependent	<p>Copy of the death certificate and Copy of the mortuary bill should have the following information:</p> <ul style="list-style-type: none"> • Name of the deceased • Dates of the services (within the past 90 days) • Itemized funeral/burial expenses and proof of relationship
[]	6. Repair of damage to my principal residence caused by fire, storm, or other casualty and not covered by insurance	<p>An estimate, signed work order for the repair, or bill of the itemized repairs mentioning the below. A copy of IRS Form 4684 is required.</p> <ul style="list-style-type: none"> • Your Name • Address of the damaged property • Date the estimate or bill was calculated • Document explaining the cause of the damage • Proof that you own or rent the residence

Plumbers and Steamfitters Local 21 Annuity Fund (914) 737-7220
HARDSHIP WITHDRAWAL FORM PLAN # 781250-01



- Use this form to request a payment of benefits while you are still employed.
- Your choices on this form may affect your taxes. You may want to counsel a tax or financial advisor.
- If your distribution will be sent to an address outside of the United States, Puerto Rico, the U.S. Virgin Islands or Guam, you must also submit either an IRS Form W-9 to certify you are a U.S. person or a Form W-8BEN if you are a non-resident alien with respect to the U.S. To obtain these forms or for assistance in determining which form you should submit, please go to the IRS website at www.irs.gov or consult with a tax advisor. If you do not submit one of these forms along with this form, 30% tax withholding will be applied to your distribution.
- Please return your completed form to: Plumbers and Steamfitters Local 21, 1024 McKinley Street, Peekskill, NY 10566,

1. Participant Information
(To be filled out by Participant)

Please print clearly in CAPITAL LETTERS.

Marital Status

Married

Not Married

Social Security Number

Date of Birth

Name

Address

Phone Number

Email

2. Withdrawal Amount

I request a hardship withdrawal in the amount of:

\$ _____ (The amount of your withdrawal may include the amount necessary to pay taxes or penalties you expect to result from the withdrawal - such as the 10% additional tax on early withdrawals. Please note that your withdrawal will be limited to the lesser of the amount stated or the maximum amount available for a hardship withdrawal.)

3. Reason for Withdrawal

Complete only if you have already requested all other available distributions. Amount requested may not be in excess of your immediate financial need. Please make sure your backup supports the amount requested. See Hardship Checklist for all required documentation

I have a financial hardship and need the withdrawal in order to:

- pay medical expenses for me, my spouse or my dependents.
- purchase a home that will be my principal residence (but not to make mortgage payments).
- pay tuition and related educational fees for the next 12 months of post-secondary education for me, my spouse or my dependent.
- pay amounts to prevent my eviction from my principal residence or foreclosure of the mortgage on my principal residence.
- pay burial or funeral expenses for my deceased parent, spouse, child or dependent.
- pay expenses for the repair of damage to my principal residence caused by fire, storm or other casualty

If I have requested a financial hardship withdrawal above, I understand that as a condition of my withdrawal, (1) the amount requested may not be in excess of my immediate financial need, including amounts necessary to pay any federal, state or local income taxes or penalties reasonably anticipated to result from the withdrawal, (2) I have obtained all distributions and non-taxable loans currently available under all of my employer's plans, (3) I will be ineligible to make any employee contributions to this plan or any other plan maintained by my employer (other than health or welfare plans) for the required period, and (4) upon request of the plan administrator, I will provide independent written evidence of my financial hardship amount.

Hardship Withdrawal Form (Page I of 3)

4. Tax Withholding Election

Federal Income Tax \Withholding - 10% withholding applies unless you elect otherwise.

Do not withhold federal income tax

State Income Tax ,withholding - State Tax withholding rules vary by state. Each state either (a) permits state tax withholding if elected, (b) does not permit state tax withholding, (c) has mandatory state tax withholding, or (d) allows you to opt out of state tax withholding by completing your state's form. If your address of record is within a state that does not permit state tax withholding, no taxes can be withheld. If your address of record is within a state that has mandatory state tax withholding, state taxes must be withheld from your distribution in accordance with your state's rules. If your address of record is within a state that allows an independent election to opt out of the withholding if you submit that state's form, state tax will be withheld unless you elect otherwise by submitting the required state tax opt out form. Please consult a tax advisor if you have questions regarding state tax withholding.

Do not withhold state income tax (if independent election is permitted)

Withhold state income tax: _____%, or \$_____ or _____ based on tax tables

5. Participant Signature

I request the in-service withdrawal indicated above, I have read the Notice of Retirement Annuity Benefits and the Special Tax Notice Regarding Plan Payments, and I know I have the right to receive benefits as a joint and survivor annuity if I am married or a single life annuity if I am not married. I also know I can waive the right to annuity payments with the consent of my spouse if I am married. I understand that if I waive those rights I can change my mind and revoke the waiver at any time before payments begin. I have at least 30 days to decide whether or not to waive the annuity payments. I have also read the Notice of Distribution Options, and I understand my distribution choices, including my right to defer payments to me under the plan.

Signature of Participant
WITNESSED

Date (MM-DD-YYYY)

Signature of Authorized Plan Representative
OR

Date (MM-DD-YYYY)

Signature of Notary Public (*'stamp or seal required*)

Date (MM-DD-YYYY)

If Notary Public, my commission expires.: _____

6. Spousal Consent

I am the spouse of the participant whose signature appears above. I have read the "Notice of Retirement Annuity Benefits". I understand that I have the right to have the plan pay my spouse's retirement benefits in the qualified joint and survivor annuity payment form, and I agree to give up that right. I understand that by signing this spousal consent, I may receive less money than I would have received under the qualified joint and survivor annuity payment form and I may receive nothing after my spouse dies, depending on the payment form that my spouse chooses. I agree that my spouse can receive in-service withdrawals of retirement benefits, as selected above. I understand that I do not have to sign this spousal consent. I am signing this spousal consent voluntarily. I understand that if I do not sign this spousal consent, then my spouse and I will receive payments from the plan in the qualified joint and survivor annuity payment form.

Transamerica will accept faxed documents for gross distribution requests of less than \$50,000, provided that where spousal consent is also required, the spouse's signature must be duly witnessed by a notary using his/her notary stamp. (A gross distribution is the amount of the requested withdrawal prior to deduction of any tax withholding.)

For gross distribution requests: (a) of \$50,000 or more or (b) involving notarized spousal consents that do not show the notary's stamp - either because the notary's state/district does not permit use of a notary stamp (e.g., Alabama, Washington, DC) or for any other reason permissible by the notary's state - original documents must be mailed, not faxed.

Signature of Spouse

WITNESSED:

Date (MM-DD-YYYY)

Signature of Authorized Plan Representative

OR

Date (MM-DD-YYYY)

Signature of Notary Public (*'stamp or seal required'*)

If Notary Public, my commission expires.: _____

7. Return this completed form with required supporting documentation to:

Plumbers and Steamfitters Local 21
1024 McKinley Street
Peekskill, NY 10566

Signature of Authorized Plan Representative

Date (MM-DD-YYYY)