To Whom it May Concern,

You or a Representative recently contacted the IUPAT Industry Pension Fund Office requesting an Annuity Hardship Application. Enclosed is an Annuity Hardship Application.

In order to process this application, the Fund Office requires the following:

- Completed Annuity Hardship Application with notary.
- Participant Proof of Age: Instructions are included, send legible copies not originals.
- Marriage Certificate: If married, send legible copies and not originals.
- Participants Divorce Decree, Orders or Agreements.
- Spouse Death Certificate: If the applicants spouse passed away. Must state cause of death.

Not providing the completed application and supporting documentation will delay the processing of your application.

The Secure 2.0 Act allows applicants to self-certify that you have a qualified hardship expense and that there is no other assistance you can get. The Plan no longer require proof of hardship expense. However, you may need to provide proof of the hardship expense to the IRS if you are audited.

Please allow for 15 business days from the date or receipt of a completed application and all supporting documents to have your application processed and payment disbursed.

In addition, a Beneficiary Designation Form has been included. Please complete and return the enclosed Beneficiary Designation Form to ensure your benefits are paid with to whom you wish in the event of your passing.

Information on Annuity Hardship can be found online in the Annuity Summary Plan Document (SPD) available online at www.iupatpension.org. If you have any additional questions or need assistance filling out documentation, please contact the Fund office at (410) 564-5500 or toll free at (800) 554-2479.

Sincerely,
The IUPAT Industry Pension Fund Office
**Section 1: Applicant Information** *(Person to be paid)*

Applicant First, Middle, Last Name:

Applicant Social Security Number: 

Applicant Date of Birth (Month/Date/Year):

Applicant Mailing Street/PO Box:

City: 

State: 

Zip: 

Applicant Home Phone: 

Applicant Cell Phone: 

Applicant Email Address: 

Relationship to the Participant with an Annuity Plan Account:

- Self / Participant – Complete Sections 1, 2, 3, 4, 5 (5a or 5b based on option picked in section 5), and 7
- Alternate Payee (Spouse or child with a right to payment under a court order) Complete Sections 1, 2, 3, 5 (5a or 5b based on option picked in section 5)
- Other (Guardian, Power of Attorney, etc. Please attach an explanation and documents to show your legal authority) Complete Sections 1, 2, 3, 5 (5a or 5b based on option picked in section 5), and 7

**Section 2: Participant Information** *(The Person Who Worked and has an Annuity Plan Account)*

Participant First, Middle, Last Name:

Participant Social Security Number: 

Participant Date of Birth (Month/Date/Year):

Participant Current Marital Status: 

- Single
- Married
- Divorced
- Legally Separated
- Widowed

Mailing Address Street/PO Box (If different then above): 

- Check if same as Section 1

City: 

State: 

Zip: 

Spouse Information (Write NONE if never married)

Spouse First, Middle, Last Name:

Spouse Social Security Number: 

Spouse Date of Birth (Month/Date/Year):

Spouse Mailing Address if Different from Participant: 

- Check if same as section 1

Spouse Mailing Street/PO Box:

City: 

State: 

Zip:
Section 3: Reason for Hardship Withdrawal (Check only one)
- Medical: Medical expenses for you, your Spouse or dependent(s), that are not otherwise reimbursed
- Home Purchase: Purchase of your primary residence (excluding mortgage payments)
- College Expenses: Post-secondary school expenses for you, your Spouse, child or other dependent(s) for the next 12 months
- Eviction: Payment to prevent eviction from your principal residence.
- Foreclosure: Payment to prevent foreclosure on a mortgage for your principal residence.
- Funeral: Funeral or burial expenses for a Participant’s parent, spouse, children or other dependent(s)
- Casualty Repair: Repair expenses for damage to a Participant’s principal residence after a casualty (fire, flood, hurricane, etc.), that is not otherwise reimbursed

*Self-Certification is required, see below*

Section 4: Withdrawal Amount. The amount must be equal or less than amount specified in required documentation and cannot be less than $2,500.00.

Check for Maximum amount available ■ Specific Dollar Amount $______________

Section 5: Hardship Payment Election (Check only one)
- Pay Me: Withhold 20% of my Hardship Lump Sum distribution for taxes. (Complete Section 5a)
- Pay Me: Do not withhold taxes from my Hardship Lump Sum distribution. (Complete Section 5a)

Section 5a: Pay Me
- Check: Mailed directly to the address provided on Section 1 of this application.
- Direct Deposit: I hereby request the International Painters and Allied Trades Industry Pension Fund have payment deposited into the account provided in the attached documentation.

Participant/Annuitant Signature: ___________________________ Date: ___ /___ /____

**Signature Required in Section 5a for Direct Deposit**

Provide a voided check or bank letter that shows the account is in your name, account type, routing and account number. If this information is not provided the payment will be made via a check mailed to the address provided on Section 1 of this application.
**Section 6: Participant Marital Status –***NOTARY REQUIRED***

- **Single:** I state under penalty of perjury I am currently single, have never been married and am not married at this time.
- **Married:** I state under penalty of perjury, I am currently married and was not previously married.
- **Divorced:** I state under penalty of perjury that I am divorced and have not remarried. Please check one of the options below:
  - □ There is no order or agreement that requires payment of benefits to my former spouse. You must attach a divorce decree and a copy of any property settlement agreement.
  - □ I have attached all orders or agreements that require payment of benefits to my former spouse or my children (for child support).
- **Currently Married & Previously Divorced:** I state under penalty of perjury that I am currently married but was previously married and divorced. Please check one of the options below:
  - □ There is no order or agreement that requires payment of benefits to my former spouse. You must attach a divorce decree and a copy of any property settlement agreement.
  - □ I have attached all orders or agreements that require payment of benefits to my former spouse or my children (for child support).
- **Currently Married & Previous Spouse has passed away:** I state under penalty of perjury that I am currently married. However, my previous spouse has passed away. You must attach a copy of your current Marriage Certificate and a copy of your former spouse’s Death Certificate.
- **Widowed:** I state under penalty of perjury that I am currently Widowed. You must attach a copy of Death Certificate.

**Sign in Presence of the Notary**

Date: __________________________
Participant’s Signature: __________________________

Subscribed and sworn before me on __________________________, 20__

NOTARY PUBLIC

**Notary Is Required for Both Section 6 (if Participant) & Section 7 – One Notary Will Not Meet the Requirement for each Section**

**Section 7: Applicant Self Certification Statement: ***NOTARY REQUIRED***

I state under penalty of perjury that

- I have a hardship expense as defined in the Plan Rules, see Section 5.19, and the SPD page 16, and,
- I hereby certify that I qualify for the following hardship expense (check one below) and,
  - □ Medical  □ Purchase of Primary Home  □ Prevent Eviction  □ Medical Expenses  □ Tuition  □ Funeral Expenses  □ Casualty Repair
- And the distribution I am requesting is not more than what is needed to relieve the hardship expense and,
- That my financial need cannot be relieved by my financial resources or those of my spouse or minor children reasonably available to me, including: reimbursements or compensation by insurance or otherwise; reasonable liquidation of my assets, to the extent that such liquidation would not cause financial hardship; or taking a loan or distribution from other sources.

I agree that this form is an affirmative distribution election and that it may not be revoked after the date payment begins or, if later, seven (7) days period after I sign this form.

**Sign in Presence of the Notary**

Date: __________________________
Applicant’s Signature: __________________________

Subscribed and sworn before me on __________________________, 20__

NOTARY PUBLIC

**Notary Is Required for Both Section 6 (if Participant) & Section 7 – One Notary Will Not Meet the Requirement for each Section**
PROOF OF AGE INSTRUCTIONS:

Proof of age must be furnished to the Fund Office with your application for you and your spouse/beneficiary. The acceptable types of documents are listed below in order of preference. You may submit a photocopy of these documents.

1. A birth certificate.
2. A baptismal certificate or a statement as to the date shown by a church record, certified by the custodian of such record.
4. Certification of record of age by the U.S. Census Bureau.
5. Hospital birth record, certified by the custodian of such record.
6. A Medicare Card or Certificate of Social Security Insurance award, if age or birth date is shown.
7. A foreign church or government record.
8. A signed statement by the Physician or midwife who was in attendance at birth, as to the date of birth shown on their record.
10. Immigration papers.

If you cannot submit proof of age in accordance with 1 to 10 above, then submit at least TWO of the items listed below:

1. Military record.
2. Passport.
3. Driver’s License
4. School record, certified by the custodian of such record.
5. Vaccination record, certified by the custodian of such record.
6. An insurance policy, which shows the age or date of birth.
7. Marriage records showing date of birth or age.
8. Other evidence such as notarized signed statements from persons who have knowledge of the date of birth.


**Beneficiary Designation**

*Complete and submit this form to the Fund office to change your beneficiary of record.*

### Section A: Participant/Annuitant Information

Name: ____________________________

First  Middle  Last

SSN: ____________________________

### Section B: Beneficiary Information - US Pension

I hereby designate the following person as my Beneficiary to receive the lump sum death benefit, if any, payable at my death under the Rules and Regulations of the IUPAT Industry Pension Plan.

Name: ____________________________

First  M.I.  Last  SSN  DOB  Relationship

Address: ____________________________

Street  City  State  Zip Code

In addition, I hereby designate the following person as my Contingent Beneficiary in case my above-named Beneficiary does not survive me.

Name: ____________________________

First  M.I.  Last  SSN  DOB  Relationship

Address: ____________________________

Street  City  State  Zip Code

### Section C: Beneficiary Information - Annuity

I hereby designate the following person as my Beneficiary to receive the lump sum death benefit, if any, payable at my death under the Rules and Regulations of the IUPAT Industry Annuity Plan.

Name: ____________________________

First  M.I.  Last  SSN  DOB  Relationship

Address: ____________________________

Street  City  State  Zip Code

In addition, I hereby designate the following person as my Contingent Beneficiary in case my above-named Beneficiary does not survive me.

Name: ____________________________

First  M.I.  Last  SSN  DOB  Relationship

Address: ____________________________

Street  City  State  Zip Code
Section D: Participant Authorization

I hereby request the International Painters and Allied Trades Industry Pension Fund to change my beneficiary of record as stated above. I understand that this form must be notarized and received by the Fund for processing to occur.

Participant/Annuitant Signature: ___________________________ Date: ___ / ___ / ___

Must be signed in the presence of a Notary Public.

Section E: Spousal Death Benefit Waiver

I hereby waive my rights to the above participant’s pre-retirement death benefits. I understand that by making this choice there in revocation and the parties listed above have full right and authority to claim any death benefits issued by the International Painters and Allied Trades Industry Pension Fund.

☐ I waive my rights to my legal spouse’s pre-retirement death benefit and understand the above implications.

Spouse Signature: ___________________________ Date: ___ / ___ / ___

Must be signed in the presence of a Notary Public.

Participant/Annuitant Signature: ___________________________ Date: ___ / ___ / ___

Must be signed in the presence of a Notary Public.

Section F: Notary Public Verification

STATE OF ___________________________ COUNTY OF ___________________________

Before me, a Notary Public, on this day personally appeared ___________________________ known to me to be the person whose name is subscribed to the foregoing instrument and acknowledged to me that he/she executed the same for purposes and consideration therein expressed.

Given under my hand and seal of office this ______ day of ________________, 20____.

Signature of Notary Public

Commission Expires (SEAL)

Please return this form to the Fund office at the address listed above.
Please note any changes are effective upon receipt of this form in the Fund office.