



International Painters and Allied Trades **Industry Pension Fund**

OFFICE OF FUND ADMINISTRATOR
7234 PARKWAY DRIVE • HANOVER, MD 21076

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pension@iupat.org

To Whom it May Concern,

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

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

- Completed Annuity Application with notary.
- Participant and Applicants Proof of Age: Instructions included.
- Participant Marriage Certificate: If married.
- Participants Divorce Decree, Orders or Agreements.
- Participant SSA Disability Award: If applying for disability disbursement.
- Pre-94 Election Form: If Participant has a Pre-94 Annuity Account.
- Death Certificate: If Participant or spouse passed away. Must state cause of death.
- Notarized Letter: If Participant has passed away and applying for a Death Benefit.

Not providing the completed application and supporting documentation will delay the processing of your application. All supporting documents should be legible copies not originals.

Please allow for 30-45 business days from the date or receipt of a completed application and all supporting documents to have your application processed and payment disbursed.

Information on Annuity 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



**INTERNATIONAL UNION OF PAINTERS AND ALLIED TRADES
INDUSTRY ANNUITY FUND**

7234 Parkway Drive

Hanover, MD 21076

Phone (800) 554-2479 / Fax (866) 656-4160

Email: Pension@iupat.org

ANNUITY ACCOUNT WITHDRAWAL APPLICATION

Retirement, Disability, Separation of Service & Death Benefit

Section 1: Applicant Information <i>(Person to be paid)</i>		
Applicant First, Middle, Last Name:		
Applicant Social Security Number:	Applicant Date of Birth (Month/Date/Year)	
Applicant Mailing Address: Street/PO Box		
City	State	Zip
Applicant Home Phone:	Applicant Cell Phone:	Applicant Email Address:
Relationship to the Participant with an Annuity Plan Account:		
<input type="checkbox"/> Self / Participant – Complete Sections 1, 2, 3, 4, 5 (5a or 5b based on option picked in section 5), and 7 <input type="checkbox"/> Surviving Spouse - Complete Sections 1, 2, 3, 5 (5a or 5b based on option picked in section 5), and 7 <input type="checkbox"/> 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), and 7 <input type="checkbox"/> Beneficiary (other than a surviving spouse) - Complete Sections 1, 2, 3, 5 (5a or 5b based on option picked in section 5), and 7 <input type="checkbox"/> 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 <i>(The Person Who Worked and has an Annuity Plan Account)</i>		
Participant First, Middle, Last Name:		
Participant Social Security Number:	Participant Date of Birth (Month/Date/Year):	
Participant Current Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Legally Separated <input type="checkbox"/> Widowed		
Participant Mailing Address Street/PO Box (If different then Section 1): <input type="checkbox"/> 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 Street/PO Box: <input type="checkbox"/> Check if same as section 1		
City:	State:	Zip:

Section 3: Reason for Withdrawal (Check only one)

- Normal Retirement (age 65 or older)
- Early Retirement (age 55 and retired from IUPAT-type work)
- Separation from Service (generally at least 12 months with no contributions or work in IUPAT industries)
- Disability (Requires an award of SSA Disability Benefits)

Other Applicants

- Domestic Relations Order [Divorce/Child Support] (attach the order and any Plan ruling on the order)
- Death of Participant

Section 4: Participant Marital Status –*NOTARY REQUIRED*****

- Single:** I state under penalty of perjury I am currently single, have never been married and I am not married at this time.
- Married:** I state under penalty of perjury, I am currently married and was not previously married. A Copy of your Marriage Certificate is required.
- 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 and provide a copy of your current Marriage Certificate and the following:
 - 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 your spouse's Death Certificate.

Sign in Presence of the Notary

Date

Participant's Signature

Subscribed and sworn before me on
_____, 20____

NOTARY PUBLIC

Section 5: Annuity Payment Election (Check Only One)

- Pay Me:** Withhold 20% of my Lump Sum distribution for taxes. (*Complete sections 5a*)
- Rollover:** Do a direct rollover deposit of my Lump Sum payment (or a partial rollover in the amount shown below) to my account with the following qualified pension plan or bank, credit union, insurance company, mutual fund or similar financial institution as my IRA custodian. Any amount not designated for rollover will be paid to me. (*Complete section 5b*)
- Partial Rollover:** Please do a direct rollover deposit of my Lump Sum payment (or a partial rollover in the amount shown below) to my account with the following qualified pension plan or bank, credit union, insurance company, mutual fund or similar financial institution as my IRA custodian. Any amount not designated for rollover will be paid to me. (*Complete sections 5a and 5b*)

Amount or percentage of Account for Rollover \$ _____ / _____ %. The balance of the Account will be paid to you in a single payment. If no amount or percentage is indicated, the full balance will be paid as a direct rollover.

Any amount not designated for rollover will be paid to me. The remaining amount will be paid to you directly withholding 20% of the remaining amount not being rolled over.

Section 5a: Pay Me - Payment will be made to you with the mandatory tax deduction of 20% of the Lump Sum Payment

- Check:** Mailed directly to the address provided on Section 1 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 in Section 1 of this application.

Section 5b: Full or Partial Rollover *This is to be completed by the IRA or Custodian Plan Accepting Payment*****

IRA Custodian Plan Name:

Mailing Address Accepting Payment: Street

City	State	Zip
Account Number:	Custodian Plan Contact Name:	Custodian Plan Contact Phone Number:

RECIPIENT CONFIRMATION (Must be signed by authorized representative of financial institution.)

- I state under penalty of perjury that:
- I am a duly authorized agent of the above-referenced rollover recipient.
- The recipient is an “eligible employer plan” under Internal Revenue Code (“Code”) Sections 401(a)(31)(E), 402(c)(8)(B)(iii),(iv)(v), a qualified custodian for traditional individual retirement account under Code Section 408(a), or an insurer qualified to offer a traditional individual retirement annuity under Code Section 408(b) (other than an endowment contract), and
- The organization’s governing documents permit it to receive a rollover contribution for deposit to a rollover account / policy for the above-referenced individual.

Signature	Date
Print Name	Title

Section 6: Notice of Withholding

The distributions you receive from the IUPAT Annuity Plan that are not rolled over to qualified pension plan, bank, credit union, insurance company, mutual fund or similar financial institution as an IRA custodian are considered taxable income.

For all Normal Retirement, Early Retirement, Separation from Service, Disability, Domestic Relations Order or Death Benefit Applications the plan is required to deduct a mandatory 20% for Federal Taxes for any lump sum payment not rolled over.

Please NOTE that your distribution may also be subject to state income taxes. The Plan does not withhold state income taxes

Section 7: Applicant's Statement

Pursuant to federal law, I state under penalty of perjury that the foregoing is true to the best of my knowledge, information and belief. I have read and understand the previous statements and all answers and information provided on this application. I understand that a false statement may disqualify me for annuity benefits and/or subject me to sanctions under Federal or State Law. I also understand that the Fund has the right to adjust my benefits and recover any payment made to me because of a false or inaccurate statement, even if I did not know it was untrue.

Applicant Signature: ****Signature Required****

Date:

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.
3. Notification of registration of birth in a public registry of vital statistics.
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.
9. Naturalization 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.

***Required to be submitted for all death benefit applications**

Date

Name of Applicant

Address of Applicant

RE: Possible Pre-Retirement Death Benefit on the behalf of (Participant's Name)

Mr. / Mrs. (Participant's name) died on (Date of Death).

At the time of (Participant's name) death, he/she was (married / divorced / never married / widowed).

- If married – list spouse
 - If spouse is deceased, list as deceased and include a copy of the deceased spouse's death certificate.
- If divorced – list ex-spouse(s) and period of marriage – include a copy of the divorce decree.

(Participant's name) is survived by:

- List all children (alive and deceased) under the age of 18 and their address, age and date of birth. If deceased, list the date of death and provide death certificate.
- List all children (alive or deceased) 19 and over and their address, age and date of birth. If deceased, list date of death and provide death certificate.
- If the participant had no children, please state "(Participant's name) had no children at the time of his / her death".

Please note: if the individuals listed are deceased, we may request a copy of the death certificate.

(Participant's name) parents are:

- Mother (name, address) (if deceased, list date of death and provide death certificate).
- Father (name, address) (if deceased, list date of death and provide death certificate).

Please note: if the individuals listed are deceased, we may request a copy of the death certificate.

(Participant's name) siblings are:

- List all siblings (alive and deceased) and their address, age and date of birth. If deceased, list the date of death and provide death certificate.
- If there are no siblings state "only child".

Please note: if the individuals listed are deceased, we may request a copy of the death certificate.

I do hereby state that all of the above listed information is true to the best of my knowledge.

Signature of Applicant and date

Notary signature and seal