

**WESTCHESTER PUTNAM COUNTIES HEAVY & HIGHWAY LABORERS
BENEFIT FUNDS
PENSION – WELFARE – ANNUITY – LEGAL – TRAINING
LOCAL 60**

Union Trustees
Anthony Ascencao
Michael Moreira
Jacinto Fragoso

140 BROADWAY
HAWTHORNE, N.Y. 10532
Tel: (914) 769-2440
Fax: (914) 769-4023

Employer Trustees
Ross Pepe
George Pacchiana
William Mascetta

APPLICATION FOR ANNUITY BENEFITS

Member's Name: _____ Social Security Number: _____

Address: _____

Telephone Number: _____

Check One: Single Married* Divorced/Legally Separated* Widow

* Married applicants must attach a copy of marriage certificate; divorced/legally separated must attach copy of QDRO

Member's Date of birth (Please submit proof): _____

Spouse's Date of Birth (if applicable): _____

Check one of the following:

I have been approved for retirement benefits under the Westchester Putnam Heavy & highway laborers Local 60 Pension Plan

I am disabled and receiving disability or Workers Compensation Benefits

I have not worked in covered employment for one year

QDRO/ Divorce Distribution

Beneficiary

I am involuntarily unemployed. (Distributions may be made to involuntarily unemployed members if employer contributions are not submitted for the unemployed member and 25 % of the Union Local's membership for at least 6 months.

A withdrawal is considered a plan distribution and subject to a 20% federal tax withholding. Please be advised the IRS imposes a 10% tax penalty for participants under the age of 59 ½ and you should consult your tax advisor on any additional Federal and/or State taxes that could be due on your behalf. Annuity checks are issued every 15th of the month. Please submit application for review no later than the 10th of month in which you are requesting the withdrawal.

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I hereby elect to receive distribution of my accumulated share form the Westchester Putnam Heavy & Highway Laborers Local No. 60 Annuity Fund in the following form:

- 50% Joint & Survivor Annuity (purchased from an insurance company)
- 75% Optional Joint & Survivor Annuity (purchased from an insurance company)
- Single Life Annuity (purchased from an insurance company)
- Single Lump sum payment of \$ _____
- Installment payment of \$ _____ per month until exhaustion of my Account Balance
- Lump sum payment of \$ _____, plus installment payment of \$ _____ per month until exhaustion of my Account Balance
- Rollover (Please submit Rollover Account information)

Participant's Signature

Date

Spouse's Signature

Date

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

Notary Public

Check here to have your check mailed

Check here to pick up your check