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 John Cooney Jr. George Pacchiana

APPLICATION FOR ANNUITY BENEFITS

Member's Name:	Social Security Number:			
Address:				
Telephone Number:				
Check One: Single	Married* Divorced/Legally Separated* Widow			
* Married applicants must atta	ach 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	ng:			
I have been approve laborers Local 60 Pension	ed for retirement benefits under the Westchester Putnam Heavy & highway I Plan			
I am disabled and re	ceiving disability or Workers Compensation Benefits			
I have not worked in	n covered employment for one year			
QDRO/ Divorce Distribution				
Beneficiary				
	nemployed. (Distributions may be made to involuntarily unemployed members are not submitted for the unemployed member and 25 % of the Union Local's 5 months.			
	ed a plan distribution and subject to a 20% federal tax withholding. Please be a 10% tax penalty for participants under the age of 59 % and you should			

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.

If I elect to receive a single lump sum payment int the total amount of my annuity account, I understand my initial payment will be 90% of the account balance. The remainder will be distributed when the annual valuation is completed.

WESTCHESTER PUTNAM COUNTIES HEAVY & HIGHWAY LABORERS
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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 (purch	ased from an insura	nce company)					
75% Optional Joint & Survivor Annuity (purchased from an insurance company)							
Single Life Annuity (purchased from	an insurance compa	any)					
Single Lump sum payment of \$							
Installment payment of \$	per month until exhaustion of my Account Balance						
Lump sum payment of \$ exhaustion of my Account Balance	per month until						
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 maile	ed 🗌 Dire	ect Deposit					
Check here to pick up your check	Che	eck					