

**ANNUITY FUND OF THE INTERNATIONAL UNION OF OPERATING ENGINEERS  
LOCAL UNIONS 138, 138A, 138B & 138C**

137 Gazza Boulevard, P.O. Box 206  
Farmingdale, New York 11735-0206  
Phone (631) 694-2478 Fax (631) 694-6932

**APPLICATION FOR ANNUITY WITHDRAWAL**

**PERSONAL DATA**

Name (last, first, middle initial) \_\_\_\_\_ Marital Status \_\_\_\_\_  
\_\_\_\_\_  Single  Married  Divorced (attach  
Marriage License, Divorce Judgment, Separation Agreement and/or Qualified Domestic Relations Order)

Address (number and street) \_\_\_\_\_ City/State/Zip \_\_\_\_\_  
\_\_\_\_\_

Telephone Number (with area code) \_\_\_\_\_ Social Security Number \_\_\_\_\_  
( ) \_\_\_\_\_ /\_\_\_\_\_/\_\_\_\_\_  
Union Book Number \_\_\_\_\_ Date of Initiation \_\_\_\_\_ Date of Birth \_\_\_\_\_  
\_\_\_\_\_ /\_\_\_\_\_/\_\_\_\_\_ /\_\_\_\_\_/\_\_\_\_\_

**EMPLOYMENT INFORMATION**

1. Are you currently employed by a contributing contractor?  Yes  No
2. Date of Last Employment \_\_\_\_/\_\_\_\_/\_\_\_\_
3. List employer(s) worked for during the six (6) months prior to your retirement:  
\_\_\_\_\_  
From: \_\_\_\_/\_\_\_\_/\_\_\_\_ To: \_\_\_\_/\_\_\_\_/\_\_\_\_  
\_\_\_\_\_  
From: \_\_\_\_/\_\_\_\_/\_\_\_\_ To: \_\_\_\_/\_\_\_\_/\_\_\_\_  
\_\_\_\_\_  
From: \_\_\_\_/\_\_\_\_/\_\_\_\_ To: \_\_\_\_/\_\_\_\_/\_\_\_\_

**TYPE OF BENEFIT DISTRIBUTION [CHECK ONE]**

- Retirement  Disability (attach Social Security Statement, or Physician's Statement)  
 Termination of Covered Employment  In-Service

**METHOD OF PAYMENT [CHECK ONE]**

- Lump Sum (disbursed at the next quarterly issuance after 20 percent Federal Withholding)  
 Full Account Balance  Partial Withdrawal \$ \_\_\_\_\_  
 Fixed Annuity (five, ten or fifteen years)  Rollover (See Instructions and Special Tax Notice)  
 In-Service – Amount not to exceed \$100,000 lifetime: \$ \_\_\_\_\_

Subject to the Plan provisions and governmental regulations, I acknowledge that my annuity benefit may be suspended if I partake in "disqualifying employment" under the terms of the Plan, which includes but is not limited to, employment as an operating engineer within the jurisdiction of Local 138, 138A, 138B & 138C, International Union of Operating Engineers. I acknowledge that I am obligated to notify the Trustees of any work performed that may be considered disqualifying employment under the terms of the Plan, including any work performed as an operating engineer, owner operator, or in a supervisory capacity. I understand that the Trustees will periodically require that I certify that I am unemployed and not working in "disqualifying employment" in order to continue to receive my annuity benefit. In the case of a disability benefit, proof of continued disability may be required from me.

I hereby acknowledge receipt of a copy of the Plan. I understand that the payment of any benefits to me or any other person by the Annuity Fund in reliance of the statements set forth herein shall constitute a complete release and shall discharge the Annuity Fund, its Trustees and other fiduciaries, agents and/or assigns from any and all liability for payment of benefits to me. I hereby indemnify and hold harmless the Annuity Fund, its Trustees, fiduciaries, heirs and/or assigns against any liability, damages, losses, obligations, claims, actions or causes of action incurred as a result of such payment and to pay any reasonable legal costs and expenses incurred by the Fund in connection therewith.

I hereby certify that all of the information and statement in this application are true and correct.

Date \_\_\_\_\_ Signature of Applicant \_\_\_\_\_

**Signature must be notarized:**

State \_\_\_\_\_  
:  
County \_\_\_\_\_

BEFORE ME, the undersigned authority, a Notary Public in and for said County and State, on this day personally appeared \_\_\_\_\_ and \_\_\_\_\_ known to me to be the person(s) whose names are subscribed to the foregoing instrument, and acknowledges that he/she has signed said application as his/her free and voluntary act for the uses and purposes therein set forth.

GIVEN UNDER MY HAND AND SEAL THIS \_\_\_\_\_ day of \_\_\_\_\_ 200\_\_

\_\_\_\_\_  
Notary Public

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**SPOUSAL CONSENT**

I hereby consent to election by my spouse to receive the benefits payable under the Annuity Fund of the International Union of Operating Engineers Local 138, 138A, 138B & 138C in the form of a single lump sum payment. I hereby certify that I understand no other payments will be due my spouse after this single lump sum is made and I acknowledge that permitting this single lump sum may have an effect on any death benefit for which I may be entitled.

Date \_\_\_\_\_ Signature of Spouse \_\_\_\_\_

**Signature must be notarized:**

State \_\_\_\_\_  
:  
County \_\_\_\_\_

BEFORE ME, the undersigned authority, a Notary Public in and for said County and State, on this day personally appeared \_\_\_\_\_ and \_\_\_\_\_ known to me to be the person(s) whose names are subscribed to the foregoing instrument, and acknowledges that he/she has signed said application as his/her free and voluntary act for the uses and purposes therein set forth.

GIVEN UNDER MY HAND AND SEAL THIS \_\_\_\_\_ day of \_\_\_\_\_ 200\_\_

\_\_\_\_\_  
Notary Public

**DIRECT ROLLOVER FORM**

**INSTRUCTIONS:** Attach this form to your APPLICATION FOR BENEFITS if you are transferring some or all of your payout to an IRA or another qualified plan. Return this form and Application to the Fund Administrator.

Name (last, first, middle initial) \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Social Security Number \_\_\_\_/\_\_\_\_/\_\_\_\_

This form must be completed only if you elect a DIRECT rollover of all or any portion of your plan benefits (even if the receiving plan furnishes you with another form to accomplish the rollover). Contact the Fund Administrator or the IRA custodian which will receive the rollover to ensure that you complete this form accurately. The rollover check will be made payable to the receiving plan you designate. However, the check will be sent directly to you, the participant. You must then PROMPTLY deliver it to the receiving plan.

Enter on the line below the full legal name of the plan or IRA receiving the payment. If the receiving plan is an IRA, enter the legal name of the trustee or custodian (such as the credit union, bank, or other financial institution). Check with your new plan or IRA for the exact working of their name so the check can be correctly written.

Make check payable to: \_\_\_\_\_

I am rolling the money into (check one):  IRA  My employer's qualified plan

Your account number at the receiving plan or IRA (if known): \_\_\_\_\_

### PARTICIPANT STATEMENT AND SIGNATURE

I, \_\_\_\_\_, have elected to received payment of all or a portion of my vested account balance in the form of a direct rollover to an individual retirement account (IRA) or to another qualified retirement plan. After I receive the rollover check, I understand that I must PROMPTLY deliver it to the receiving plan.

I represent, agree, and attest to each of the following:

- The receiving plan is an Individual Retirement Account or a pension, profit sharing, 401(k), or other plan which is qualified under the Internal Revenue Code and which has agreed to accept this rollover contribution.
- My current plan has provided me with information explaining the direct rollover, withholding, and tax rules relating to the distribution of my vested plan benefits ("SPECIAL TAX NOTICE"). I understand that the Plan will NOT withhold taxes from the amount rolled over and that I will owe taxes onto the amount when I eventually receive payment from the new (receiving) plan or IRA.
- The information I have provided herein is correct and accurate to the best of my knowledge. I understand that I will be liable for taxes, interest, or penalties if there is a failure to withhold income taxes because the distribution is not properly rolled over to an eligible receiving plan.

X \_\_\_\_\_  
Participant's Signature

\_\_\_\_\_  
Date