

GREATER PENNSYLVANIA CARPENTERS

• Annuity and Savings Fund •

ADMINISTRATIVE OFFICE: **CARPENTERS' COMBINED FUNDS, INC.**

JAMES R. KLEIN, ADMINISTRATOR

495 MANSFIELD AVENUE – FIRST FLOOR • PITTSBURGH, PENNSYLVANIA 15205-4350

PHONE (412) 922-5330 • FAX (412) 922-3420

WITHDRAWAL APPLICATION

INSTRUCTIONS: Complete all necessary sections of this Application. PLEASE PRINT, except where signatures are required. Return the completed Application and any supporting documents to the address shown above.

IN ACCORDANCE WITH THE PROVISIONS OF THE GREATER PENNSYLVANIA CARPENTERS ANNUITY & SAVINGS FUND, I, THE UNDERSIGNED, AS A MEMBER OF THE PLAN OR AS BENEFICIARY OF RECORD, HEREBY MAKE APPLICATION FOR BENEFITS FOR THE REASON INDICATED BELOW:

- | | |
|--|-----------------------|
| <input type="checkbox"/> RETIREMENT | RETIREMENT DATE _____ |
| <input type="checkbox"/> PERMANENT WITHDRAWAL | DEPARTURE DATE _____ |
| <input type="checkbox"/> PERMIT MAN – LEFT AREA | DEPARTURE DATE _____ |
| <input type="checkbox"/> DEATH OF MEMBER | DATE OF DEATH _____ |
| <input type="checkbox"/> ECONOMIC HARDSHIP (ATTACH DETAILED EXPLANATION AND DOCUMENTATION) | |

GROSS AMOUNT TO BE WITHDRAWN \$ _____

NET AMOUNT TO BE WITHDRAWN \$ _____

MEMBER'S NAME _____ SS# _____ L.U. _____
(OR BENEFICIARY NAME IF MEMBER IS DECEASED)

ADDRESS _____ PHONE () _____

CITY _____ STATE _____ ZIP _____

MARITAL STATUS (CHECK ONE) () MARRIED () SINGLE () DIVORCED () WIDOW(ER)

LAST EMPLOYER _____ LAST DATE WORKED _____

On all withdrawals except hardship withdrawals, the age 70½ minimum required distributions (MRD) or any other withdrawal not eligible to be rolled over, the law imposes mandatory 20% federal income tax withholding if you do not elect to have this withdrawal paid directly to another eligible employer plan or IRA. If you want your check made payable to another eligible employer plan or IRA, please complete the section below.

PLEASE MAKE CHECK PAYABLE TO THE FOLLOWING ELIGIBLE EMPLOYER PLAN OR IRA:

NAME OF RECIPIENT PLAN _____ ACCOUNT NO. _____

ADDRESS OF RECIPIENT PLAN _____

PERCENTAGE TO BE ROLLED OVER IF LESS THAN 100% _____

THE RECIPIENT PLAN IS: _____ AN ELIGIBLE EMPLOYER PLAN _____ AN IRA

If this is a hardship withdrawal, please indicate percent of federal income tax you would like to have withheld.

_____ 0% federal withholding	_____ 20% federal withholding
_____ 10% federal withholding	_____ other

I AGREE THAT BENEFIT PAYMENTS ARE TO BE GOVERNED IN ALL RESPECTS BY THE SAVINGS FUND. I FURTHER AGREE TO REIMBURSE THE TRUSTEES THE AMOUNT OF ANY BENEFITS PAID TO ME IN ERROR.

I HAVE REVIEWED THIS APPLICATION AND CONCUR WITH MY SPOUSE'S ELECTION.

SUBSCRIBED AND SWORN TO BEFORE ME ON THIS

SPOUSE'S SIGNATURE

_____ DAY OF _____, 20____

APPLICANT'S SIGNATURE

DATE

NOTARY PUBLIC

DATE

FOR OFFICE USE ONLY—DO NOT WRITE BELOW THIS LINE

APPROVED BY: _____ APPROVED AMOUNT: _____ DATE: _____

• For Long Distance Calls within the State of Pennsylvania, Use the Toll Free Number: 800-242-2539 •

GREATER PENNSYLVANIA CARPENTERS'

EMPLOYEE TRUSTEES
JOHN A. BROOKS
CHAIRMAN
RAYMOND W. VOGEL, JR.
MICHAEL P. WELSH

• *Annuity and Savings Fund* •

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PITTSBURGH, PENNSYLVANIA 15205-4350
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EMPLOYER TRUSTEES
JACK W. RAMAGE
CO-CHAIRMAN
FREDERICK EPISCOPO
JOHN P. MAFFEO, JR.

HARDSHIP ONLY

MEMBER'S NAME _____

SOCIAL SECURITY NUMBER _____

AMOUNT OF WITHDRAWAL REQUESTED \$ _____ GROSS AMOUNT
\$ _____ NET AMOUNT

I certify that I do not have other savings, checking accounts, investments or other credit available to meet this need.

SIGNATURE

DATE