

# GREATER PENNSYLVANIA CARPENTERS ANNUITY AND SAVINGS FUND

ADMINISTRATIVE OFFICE

CARPENTERS' COMBINED FUNDS, INC.  
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650 RIDGE ROAD - SUITE 300  
PITTSBURGH, PA 15205

## MEMBER APPLICATION FOR HARDSHIP WITHDRAWAL

Phone: (412) 922-5330  
Fax: (412) 922-3420  
Toll Free (PA) 800-242-2539

### Section I: Member Information

Name: \_\_\_\_\_ Soc. Sec. No: \_\_\_\_\_  
Address: \_\_\_\_\_ Birth Date: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Marital Status:  Married  Not married Local Union No: \_\_\_\_\_

### Section II: Application for Hardship Withdrawal

(Check and/or enter the reason(s) for the hardship withdrawal and enter the amount you are requesting as a hardship withdrawal. The amount you request as a hardship withdrawal can include the amount necessary to satisfy your economic emergency or serious economic need *plus* the amount you estimate is necessary to pay income taxes and penalties on the withdrawal. A hardship withdrawal from the portion of your Account attributable to Employer Contributions credited for the Plan Year of the withdrawal and the first and second preceding Plan Years can be made only for the first five listed reasons. **(You must attach evidence of your economic emergency or serious economic need.)**

I hereby apply for a hardship withdrawal from my Account under the Annuity and Savings Fund on account of the following economic emergency or serious economic need(s):

- Unreimbursed medical expenses or expenses necessary to obtain medical care \$ \_\_\_\_\_
- Tuition, fees and room and board for post-secondary education \$ \_\_\_\_\_
- Purchase of principal residence (maximum of once every 24 months) \$ \_\_\_\_\_
- Eviction from principal residence or foreclosure on principal residence mortgage (maximum of once every 24 months) \$ \_\_\_\_\_
- Burial and/or funeral expenses \$ \_\_\_\_\_
- Other (specify): \_\_\_\_\_ \$ \_\_\_\_\_
- \_\_\_\_\_ \$ \_\_\_\_\_
- \_\_\_\_\_ \$ \_\_\_\_\_

### Section III: Federal Income Tax Withholding Election

I hereby elect the following federal income tax withholding for the Hardship Withdrawal:

- 0% federal income tax withholding  20% federal income tax withholding
- 10% federal income tax withholding  \_\_\_\_\_% federal income tax withholding

Section IV: Member Signature and Certification

I hereby certify that:

- 1. the information furnished above is true and correct to the best of my knowledge;
- 2. the amount of my hardship withdrawal request is not more than the amount necessary to meet my economic emergency or serious economic need plus the amount of reasonably estimated income and penalty taxes; and
- 3. my economic emergency or serious economic need cannot be satisfied from other reasonably available financial resources.

I hereby authorize all action necessary to implement the elections made above. I understand that all payments are governed by the document for the Annuity and Savings Fund and that I must hold any payments not provided for in the document for the benefit and reimbursement of the Fund.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Section V: Spouse's Consent

(If you are married, your spouse must consent to your application for a hardship withdrawal.)

I certify that I am the lawful spouse of the above-named Member, and I hereby consent to my spouse's application for a hardship withdrawal from his or her Account under the Annuity and Savings Fund.

Spouse's Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Sign in Presence of Notary Public)

State of: \_\_\_\_\_. County of: \_\_\_\_\_. On \_\_\_\_\_, 20\_\_\_\_, the above-named spouse appeared before me and acknowledged that he or she signed this Spouse's Consent for the reasons set forth herein.

[SEAL] Notary Public: \_\_\_\_\_  
Commission Expires: \_\_\_\_\_

Section VI: Administrative Office Use Only

Application and Instructions sent to Member on: \_\_\_\_\_ Application received from Member on: \_\_\_\_\_

Approved by: \_\_\_\_\_ Amount: \$ \_\_\_\_\_ Date: \_\_\_\_\_