

CONNECTICUT CARPENTERS ANNUITY FUND

APPLICATION FOR BENEFITS TO BE COMPLETED BY MEMBER

(Please review your Plan Booklet for information on the alternate forms of benefit which are available to you.)

Name of Member _____ Social Security No. _____ Local Union No. _____ Date of Birth _____ Balance of Account _____

I hereby make application for annuity benefits from the Connecticut Carpenters Annuity Fund due to () RETIREMENT () BREAK IN SERVICE () TOTAL AND PERMANENT DISABILITY. I understand that the amount of my benefits depends upon the amount in my individual account and that my account balance as of the most recent valuation date is shown above. If I am eligible, I elect to receive my benefits in the form indicated below:

- A. If the value of my annuity benefits exceeds \$5000 I wish to have my annuity benefits paid from a nontransferable annuity contract as a Husband and Wife annuity. Under the Husband and Wife annuity I have selected the following option:
- 50% Option 75% Option 100% Option
- B. I wish to receive my annuity benefits in the form of a lump sum. (If the value of your benefits is \$5000 or less, this is the only option available and the Consent of your spouse is not required.)
- C. I wish to receive my annuity benefits in the form of monthly installments of \$ _____. (minimum \$100.00).
- D. I wish to have the value of my account applied to the purchase of a nontransferable annuity contract from an insurance company which will pay me a monthly benefit for my life. If I die before 120 payments have been made, my beneficiary will receive the remainder of the 120 monthly payments.
- E. Rollover (Application & Rollover form must be completed.)

***NOTE: YOU MAY COMBINE A LUMP SUM (B) OR A ROLLOVER (E) WITH ANY ONE OTHER OPTION.

IF YOU WISH TO RECEIVE THE HUSBAND AND WIFE ANNUITY, PLEASE SUBMIT PROOF OF YOUR SPOUSE'S AGE AND A CERTIFICATE OF YOUR MARRIAGE WITH THIS FORM. IF YOU DO NOT SELECT A, AND THE VALUE OF YOUR ANNUITY BENEFITS EXCEEDS \$5,000, EITHER THE CONSENT OF SPOUSE OR THE CERTIFICATION THAT YOU DO NOT HAVE A SPOUSE MUST BE COMPLETED ON THE REVERSE SIDE OF THIS FORM.

If you have elected either C or D above, please name the beneficiary below who is to receive any remaining payments due in the event of your death. This beneficiary designation revokes any prior beneficiary designation which you may have made.

Name of Beneficiary _____ Beneficiary's Address _____ Relationship _____

This application must be completed and signed at least 30 days and not more than 90 days prior to the commencement of your benefits. By signing this application you agree that (i) you have received information from the Fund Office as to the approximate value of the alternate forms of benefit which are available to you, (ii) that all statements made in connection with the application are true, and (iii) that the Trustees shall have the right to recover any overpayment of benefits.

FOR OFFICE USE ONLY

Date Approved: _____
Month Day Year

Authorization of Payment:

Co-Chairman

Co-Chairman

Must be completed by member

Name (Please Print)

Signature

Current Address

Date Signed



CONSENT FORM

CONSENT OF SPOUSE (If the value of your annuity benefits exceeds \$5,000, this Form must be completed if you have a spouse and have indicated that you do not wish to receive your benefits in the form of a Husband and Wife annuity).

I HEREBY CONSENT TO MY SPOUSE'S ELECTION TO WAIVE THE HUSBAND AND WIFE PENSION. I HAVE REVIEWED THE INFORMATION FURNISHED TO MY SPOUSE BY THE CONNECTICUT CARPENTERS ANNUITY FUND REGARDING THE EFFECT OF MY SPOUSE'S ELECTION TO WAIVE THE HUSBAND AND WIFE PENSION, AND I UNDERSTAND THE EFFECT OF THIS ELECTION. I CONSENT TO MY SPOUSE'S ELECTION OF THE ALTERNATE FORM OF BENEFIT SHOWN ON THE REVERSE SIDE OF THIS FORM, AND I UNDERSTAND THE EFFECT OF THIS ELECTION. I FURTHER ACKNOWLEDGE MY SPOUSE'S DESIGNATION OF THE BENEFICIARY ON THE REVERSE SIDE OF THIS FORM, AND I UNDERSTAND THAT MY SPOUSE MAY NOT CHANGE THIS BENEFICIARY WITHOUT MY WRITTEN CONSENT.

Subscribed and sworn before me

this _____ day of _____, 200_____.

Notary Public _____ Signature of Member's Spouse _____

My Commission Expires: _____

CERTIFICATION THAT MEMBER IS NOT MARRIED (Must be completed if you do **not** have a Spouse).

I hereby certify and represent that I am not married, do not have a spouse, and will notify the Fund Office if I marry before the effective date of my annuity benefits.

Subscribed and sworn before me

this _____ day of _____, 200_____.

Notary Public _____ Signature of Member's Spouse _____

My Commission Expires: _____

CERTIFICATION OF NO WORK (Must be completed to receive a break in service distribution)

I hereby certify and represent, under the applicable penalties for making a False Statement under Oath, that (1) I have not worked at any time in the last 12 months, and am not currently working in any capacity for any employer which employs carpenters or subcontracts carpentry work anywhere in North America, and (2) I have not been, at any time in the last 12 months, and am not currently an officer, director, shareholder, full or part owner, partner, member or principal of an employer described in (1). I am willing to provide any evidence requested of me to support this certification and understand that I will not be eligible for a Break in Service distribution unless this is true at the time I file the application and at the time the Trustees consider my application.

this _____ day of _____, 200_____.

Notary Public _____

My Commission Expires: _____

Signature of Member _____

DIRECT ROLLOVER FORM

NOTE: You should read the "Special Tax Notice Regarding Plan Payments" before you complete this Form. Also, consult a tax advisor.

Your Name _____

Address _____

Social Security No. _____

(Check One)

_____ I direct the Fund to rollover 100% of my distribution directly to an IRA or another qualified plan (if it accepts rollovers).

_____ I direct the Fund to rollover \$ _____ directly to an IRA or another qualified plan (if it accepts rollovers). I direct the Fund to pay the balance of my distribution to me, reduced by income tax withholding (as required and elected), in the form chosen on my Application for Benefits.

(You must complete this information)

Rollover is to a (check one) _____ IRA _____ Qualified Plan

Name of IRA Trustee or
Name of Qualified Plan _____

Mailing Address: _____

Account Number: _____

Your Contact and Phone Number: _____

I certify that the information above relates to an Individual Retirement Account, an Individual Retirement Annuity or an IRS-qualified plan that accepts rollovers. I agree that payment as directed above releases the Fund and its Trustees from any obligation or liability regarding benefit payments due to me.

Your Signature

Date: _____