

VOLUNTARY CONTRIBUTION PROCEDURES

In addition to Employer contributions to the Plan, a Participant may also make voluntary contributions from his own money. The maximum amount which can be contributed by a Participant during any calendar year is 10% of his W-2 compensation from Contributing Employers for the preceding calendar year, and any amounts received in excess of this 10% must be returned to the Participant. When voluntary contributions are received, a separate Voluntary Account will be established for the individual Participant and the amount of the contribution credited to this account. The moneys received, however, are invested with the regular Employer contributions.

No tax deduction is available to the Participant for any voluntary contributions made; however, once they are part of the trust fund any earnings will accumulate tax free until an amount is withdrawn from your Voluntary Account.

Earnings or losses are credited on individual voluntary contributions in relation to the balance in the Voluntary Account. Reports given to Participants on the value of the Regular Account will also include the value of their Voluntary Account, if any.

Any requests for payment of Voluntary Account amounts may be made at any time and should be in writing to the Trustees. The account will be valued as of the last March 31st, with payment made to the participant within a reasonable time after the request is received. Only the amount of actual contributions may be withdrawn; any earnings will be held until retirement or termination, unless the Trustees feel it is impractical to keep the amount in the Trust Fund.

If you withdraw an amount which exceeds your total voluntary contributions as of December 31, 1986 (i.e., some portion of the post-1986 voluntary contributions), you may be subject to federal income tax on a portion of the withdrawn amount which represents accumulated earnings. Federal tax regulations provide complex rules for determining the portion of a withdrawn amount in excess of pre-1987 contributions which is taxable income. Please contact the Fund Office if you would like more information regarding this matter.

We are enclosing a form which must be forwarded with your contributions.

TO: SOUTHERN NEW ENGLAND CARPENTERS ANNUITY FUND
10 BROADWAY
HAMDEN, CT 06518

I am enclosed my check/money order in the amount of \$_____ as a voluntary contribution to be credited to my account with the Plan. I have read the Summary Plan Description and the Statement of Voluntary Contribution Procedures and agree that my contribution shall be held subject to the rules and procedures of the Plan.

I certify that my contribution does not exceed 10% of my W-2 compensation from Contributions Employers for the preceding calendar year.

Signature of Participant

Address

Social Security Number

Date: _____