



Southern New England Carpenters Annuity Fund

CONNECTICUT OFFICE

10 Broadway
Hamden, Connecticut 06518
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Toll Free 1-800-922-6026 (in CT)
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RICHARD S. MONARCA
Fund Director

**RHODE ISLAND OFFICE**

14 Jefferson Park Road
Warwick, Rhode Island 02888
Telephone (401) 467-6813
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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made; however, once they are part of the trust fund any earnings will accumulate tax free until an amount is withdrawn from your Voluntary Account.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 the Participants on the value of their 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 day of the prior month, 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 Only the amount of actual contributions may be withdrawn; any earnings will be held until retirement or termination, unless the Trustees feel it is impractical to keep the amount in the trust fund.

We are enclosing a form with must be forwarded with your contribution.

To: Southern New England Carpenters Annuity Fund
10 Broadway
Hamden, CT 06518

I am enclosing 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 Contributing Employers for the preceding calendar year.

Date: _____

Signature of Participant

Address
