

Asbestos Workers Local 24 Defined Contribution Pension Fund

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APPLICATION FOR HARDSHIP WITHDRAWAL AND AFFIDAVIT OF NEED

Participant Name: _____ Phone Number: _____

Address: _____ Date of Birth: _____

Social Security Number: _____

SECTION I: This section must be completed by the Participant.

Part A: Reason for Withdrawal

I am requesting a hardship withdrawal from the Asbestos Workers Local Union 24 Defined Contribution Pension Fund for the following reason (check one, and provide the information requested under the category you select):

Unreimbursable medical expenses for myself or a dependent.

1. The name of the person incurring the medical expenses is:

2. My relationship to the person incurring the medical expense is: (select one)
 Self
 Spouse
 Dependent
3. Describe the purpose of the medical care (for example, diagnosis, treatment, prevention, associated transportation, long-term care):

4. State the name and address of the service provider (hospital, doctor/dentist/chiropractor/other, pharmacy):

5. State the amount of medical expenses not covered by insurance or otherwise reimbursable? \$_____.

Documents You Must Provide: Bills for the medical expenses reflecting the name of the medical providers and the amounts referenced above; denial of coverage determinations from insurance providers; and any other documentation that substantiates your need for a hardship distribution.

Purchase of principal residence (not mortgage payments).

1. Will this be your principal residence?

Yes
 No

2. What is the address of the residence?

3. State the purchase price: \$_____.

4. Describe the costs and expenses covered by the hardship distribution:

Down-payment
 Closing costs
 Title fees
 Other: _____

5. Date of the purchase/sale agreement: _____

6. Expected date of closing: _____

7. Provide the name and address of the mortgage lender:

Documents You Must Provide: Contract or purchase agreement for the property showing its address, the purchase price, and the date of execution of the agreement to purchase; documentation showing expected date of closing; documentation showing the name, address of the mortgage lender; documents detailing the amounts you, as a purchaser, must bring to the closing.

Post-secondary educational expenses for up to the next 12 months for myself or a dependent (college or professional training).

1. Who are the educational payments for (name)? _____.

2. What is the student's relationship to the participant?

- Self
- Spouse
- Child
- Other _____

3. Name and address of the educational institution:

4. Categories of post-secondary educational payments:

- Post-high school tuition
- Related fees

5. Period covered by the educational payments (beginning/end dates of up to 12 months)

Documents You Must Provide: Tuition statements, bills, or other documentation showing the name of the student; the name and address of the educational institution; the amount due and the period of time covered by the amount due.

Prevent eviction from or foreclosure on principal residence.

1. Is this your principal residence?

- Yes
- No

2. Address of the residence:

3. Type of event:

- Foreclosure
- Eviction

4. Name and address of the party that issued the foreclosure or eviction notice:

5. Date of the notice of foreclosure or eviction: _____

6. Due date of the payment to avoid foreclosure or eviction: _____

Documents You Must Provide: Foreclosure or eviction notices that substantiate the information above, including the address of the residence, the person bringing the action against you, and the amounts owed to prevent foreclosure or eviction. You must also prove the property is your primary residence with a corresponding government-issued ID, utility bill, or via some other reasonable means.

Unreimbursed burial or funeral costs.

1. The name of the deceased individual:

2. The deceased is my (select one):

- Spouse
- Parent
- Child
- Other dependent: _____

3. Date of Death: _____

4. State the amount of burial or funeral expenses not covered by insurance or otherwise reimbursable: \$_____.

Documents You Must Provide: Copy of the death certificate; name and contact information for a funeral home, cemetery, or other service provider, with invoice containing itemized expenses; any other documentation that substantiates your need for a hardship distribution.

Repair of damages to principal residence due to fire, storm or other casualty loss, or expenses and losses resulting from FEMA disaster.

1. Is the damage to your principal residence?

Yes
 No

2. Address of the residence:

3. Is the damage to a place of employment?

Yes
 No

4. Address of the place of employment:

5. Type of loss:

Fire
 Storm
 Other Loss: _____

6. Date(s) of the incident causing the damage or loss: _____

7. Description of damage or loss:

8. Was the incident relate to a disaster declared by the Federal Emergency Management Agency (FEMA)?

Yes - Please identify the disaster declared by FEMA, including the time and place, and name or designation, if any:

No

9. Was a claim filed under homeowner's or other insurance?

Yes
 No

10. Is the damage or loss in connection with a trade or business?

Yes
 No

Documents You Must Provide: Copies of bills or estimates reflecting the cost of repair for damage; copies of claims submitted to your homeowner's or other insurance policy for the damage or loss; any other documentation that substantiates your need for a hardship distribution. You must also prove the property is your primary residence with a corresponding government-issued ID, utility bill, or via some other reasonable means. If the loss relates to your place of employment, you will may need to submit proof of employment.

Part B: Amount of Withdrawal

The total cost of the hardship need is: \$ _____

I am requesting a hardship withdrawal in the following amount: \$ _____

There is an immediate and heavy financial need for this sum, and the amount of the distribution being sought is limited to the amount needed to satisfy this need. **I have provided evidence of the financial need for the amount that I am requesting. This includes copies of any bills, judgments, eviction orders, etc. that I intend to satisfy with your distribution.**

The hardship for which I have requested a withdrawal cannot be satisfied by any of the following means:

- Reimbursement or compensation by insurance.
- Use or liquidation of personal assets.
- Ceasing all elective or voluntary contributions to any benefit plans in which I participate.
- All possible distributions from plans in which I participate.
- All non-taxable loans from plans in which I participate.
- Borrowing on commercial sources on reasonable terms.

Part C: Marital Status/Spouse Information

Please check the appropriate box:

I am not married. (If divorced, include a copy of your divorce decree and any Qualified

Domestic Relations Order.)

I am married. (Include copy of marriage certificate.)

If you are not married, you do not need to complete Part C or Section II of this application. You must, however, complete Part D of the application.

If you are married, your spouse must consent to the hardship withdrawal by completing Section II of the application unless (check applicable reason):

My spouse cannot be located. I agree to inform the Fund Administrator if the location of my spouse becomes known.

My spouse and I are separated and a copy of the court order to that effect is attached. (Note: If a qualified domestic relations order has been entered, you will need to submit that as well.)

My spouse has abandoned me and a copy of a court order to that effect is attached.

Part D: Certification

I certify that the representations made in this application, and any additional information or evidence supplementing this application, are true and correct. I further understand that the Trustees are relying on the accuracy and completeness of these representations in making a determination on my application for a hardship withdrawal. I agree to provide the Trustees with any information and evidence they deem necessary to determine whether to grant my application for a hardship withdrawal. In submitting this affidavit, I acknowledge that making a false statement is a criminal offense punishable by fines and imprisonment and that I will be liable to the Fund for any penalties and expenses incurred by the Fund in relying on that statement.

SIGNED: _____
(Participant)

Date: _____

Subscribed and sworn before me on _____ (Date).

_____ (Signature of Notary)

Notary Public in and for the County of _____ State of _____.

My commission expires: _____ (Date).

SECTION II. This section must be completed by the Participant's spouse.

I, _____, certify that I am the lawful spouse of the above-named participant. I consent to my spouse's election to take a hardship distribution. I hereby acknowledge that I am not required to consent to my spouse's election to take a hardship distribution from his/her account. I understand that without this consent, no distribution can be taken at this time and unless I consent otherwise in the future, my spouse's account would be distributed at the time of his/her retirement by the purchase of a Qualified Joint and Survivor Annuity under which I could receive lifetime survivor benefits in the event my spouse dies before me. I also acknowledge that my consent is irrevocable once given.

SIGNED: _____
(Spouse)

Date: _____

Subscribed and sworn before me on _____ (Date).

(Signature of Notary)

Notary Public in and for the County of _____ State of _____.

My commission expires: _____ (Date).