

**SOUTHWESTERN ILLINOIS LABORERS' ANNUITY FUND
APPLICATION FOR HARDSHIP DISTRIBUTION**

Please read this application carefully before answering any questions. Print answers to all questions which apply to you. If any part of this application is unclear, please contact the Fund office for assistance.

Last Name	First Name	Middle Name	Local Union No.
<input style="width: 95%; height: 25px;" type="text"/>	<input style="width: 95%; height: 25px;" type="text"/>	<input style="width: 95%; height: 25px;" type="text"/>	<input style="width: 95%; height: 25px;" type="text"/>

Home Address	Apt/Unit #	City	State	Zip code
<input style="width: 95%; height: 25px;" type="text"/>	<input style="width: 95%; height: 25px;" type="text"/>	<input style="width: 95%; height: 25px;" type="text"/>	<input style="width: 95%; height: 25px;" type="text"/>	<input style="width: 95%; height: 25px;" type="text"/>

Social Security #	Home Phone	Cell Phone
<input style="width: 95%; height: 25px;" type="text"/>	<input style="width: 95%; height: 25px;" type="text"/>	<input style="width: 95%; height: 25px;" type="text"/>

Employee Date of Birth

Spouse Last Name	Spouse First Name	Spouse Middle Name	Spouse Date of Birth
<input style="width: 95%; height: 25px;" type="text"/>	<input style="width: 95%; height: 25px;" type="text"/>	<input style="width: 95%; height: 25px;" type="text"/>	<input style="width: 95%; height: 25px;" type="text"/>

Spouse Social Security #

As part of the application process for a hardship withdrawal, you **MUST** attach a letter and appropriate documentation that:

1. Describe the hardship circumstances;
2. State the dollar amount of the distribution requested;
3. Provide whatever evidence is available to substantiate the existence of a hardship and the inability to satisfy the financial need from income and other resources reasonably available;
4. Sign the application certifying that all information provided is true and that the Trustees may rely upon the information in making their determination.

WHEN COMPLETED, THIS APPLICATION MUST BE NOTARIZED.

**Southwestern Illinois Laborers' Annuity Fund
Application for Hardship Withdrawal**

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I, _____ request a withdrawal of \$ _____ from my Annuity Fund account. (NOTE: The maximum withdrawal is limited to: the lesser of 50% of those contributions made to the Fund on your behalf between August 1, 1987, and the last valuation date preceding the date of withdrawal and the actual amount of the hardship requested. The minimum withdrawal is \$1,000. You shall be limited to three (3) hardship withdrawals from the Annuity Fund during your lifetime. (NOTE: Pursuant to federal law, the Fund Office must withhold 20% for tax purposes; therefore, in order to net to you the requested amount or amount of hardship, the 20% shall be charged to your account.)

The withdrawal is for financial hardship due to the following:

_____ Payment of medical expenses arising from my sickness or disability or that of a Spouse, child, or other dependent that are not covered by insurance and that are Deductible medical expenses for federal income tax purposes. (Please submit copies of medical bills not covered by insurance). (No deductibles or co-pays shall be paid). (Bills dated greater than 6 months shall not be considered.)

_____ Purchase of my principal residence (excluding mortgage payments). (Please submit evidence of the intended purchase, attach a signed contract and evidence from the lender that the withdrawal is to be used as a down payment). Payment made payable to financial institution.

_____ Payment of tuition for post-secondary education for myself, my spouse, child or other dependent. (Please submit copy of tuition bill or bills).

_____ To prevent foreclosure of the mortgage on or eviction from my principal residence. (Please submit a copy of foreclosure or eviction notice). Made payable to the financial Institution.

_____ Funeral expenses, not covered by insurance for your spouse, child, or other dependent. (Please submit copies of the funeral expenses). Payments shall be made directly to the Funeral Director.

I certify that all other sources of funds have been exhausted and that my Annuity Fund money must be withdrawn in order to meet this obligation.

Attached to this application is appropriate evidence of such hardship in the form of bills or other documentation establishing an actual expense.

**Southwestern Illinois Laborers' Annuity Fund
Application for Hardship Withdrawal**

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The above statements. And attached letter and documents, are true to the best of my knowledge and belief. I understand that a false statement may disqualify me for benefits and that the Trustees shall have the right to recover any payments made to me because of a false statement. In addition, if a benefit is granted to me, I agree to be bound by all Rules and Regulations of the Plan and will personally endorse all checks received by me.

Participant's Signature

Date

Subscribed and Sworn before me this _____ day of _____ 20_____

Notary Public

(Seal)