

SHEET METAL WORKERS LOCAL NO. 46 ANNUITY FUND
APPLICATION FOR HARDSHIP WITHDRAWAL

Name: _____ \$ _____
 Amount Requested

Address: _____

City: _____ State: _____ Zip Code: _____

Date of Birth: _____ Telephone No.: (____) _____

Social Security Number: _____

I hereby apply for a Hardship Withdrawal based upon the provisions of the above-named Plan. The financial need that has prompted this application is briefly described below. I represent that the amount required is not available from my other financial resources (including resources of my spouse and minor children that are reasonably available to me), including savings, insurance coverage, assets (such as stocks or a vacation home) that I can reasonably liquidate without incurring further financial hardship, and borrowing from commercial sources on reasonable commercial terms. I also represent that I have obtained all other currently available distributions (including distributions of ESOP dividends under section 404(k), but not hardship distributions) under the plan and all other plans of deferred compensation, whether qualified or nonqualified, maintained by my employer.

I understand it is my responsibility to provide **written proof of this financial need** to the Plan Administrator so that my application for a Hardship Withdrawal can be considered. I understand that, if approved, the amount I receive will be a taxable distribution from the Plan. I also understand that I will have to pay an additional 10% nondeductible penalty tax if I am under age 59½ and the Hardship Withdrawal is not used for the payment of certain medical expenses.

I understand that hardship withdrawals can only be made from Plan assets and earnings that accrued on and after May 22, 1997. It is my belief that my financial hardship meets the criteria noted below (check the appropriate box):

1. Medical expenses incurred by me, my spouse, my children, or other dependents.
2. Expenses related to the purchase of my principal residence, except those related to regular payments due on a mortgage.
3. Expenses necessary to prevent eviction from my principal residence or to prevent the foreclosure of the mortgage on such residence.

- 4. Expenses necessary to prevent the repossession of an automobile that is essential to my ability to reach my place of employment; or expenses to purchase an automobile that is essential to my ability to reach my place of employment.
- 5. Expenses for the repair of damage to my principal residence caused by an unusual event such as a hurricane, tornado, fire, flood, or other natural disaster.
- 6. Payments for burial or funeral expenses for my deceased parent, spouse, children, or dependents.

A brief description of my financial hardship is as follows:

I have attached the following documentation evidencing my financial hardship:

I understand that I am required to provide any additional documentation requested by the Plan representatives to consider my hardship withdrawal request. You must sign this document in the presence of a Notary Public.

_____ Date _____ Participant's Signature

STATE OF _____)

COUNTY OF _____) ss.:

On the ____ day of _____, 20__, before me came

_____, to me known and known to me to be the person described in and who executed the foregoing statement and (s)he duly acknowledged to me that (s)he executed the same.

Notary Public

(For Office Use Only)

Date Received by Fund Office: _____

SHEET METAL WORKERS LOCAL NO. 46 ANNUITY FUND**HARDSHIP WITHDRAWAL REQUEST FOR DISTRIBUTION**

Complete the following information and return this request to the plan administrator for the approval of your hardship withdrawal request. You and your spouse (if any) must sign this document in the presence of a notary public.

Name: _____ \$ _____
Amount Requested

Address: _____

City: _____ State: _____ Zip Code: _____

Date of Birth: _____ Telephone No.: (____) _____

Social Security Number: _____

I certify that the following information is true (select one):

- I am not, and was never, legally married.
- I was married, but am no longer married. (You must provide proof to the Fund Office of the reason you are no longer.)
- I am unable to locate my spouse. (You must provide additional proof to the Fund Office if you check this box.)
- The person cosigning this document below is my current and legal spouse.
Spouse's Social Security #: _____/_____/_____

In accordance with the terms of my application for Hardship Withdrawal, dated _____, I elect to withdraw the above identified amount.

1. I understand that, unless I elect otherwise, the Plan is required to withhold federal income tax at a rate of 10% of the amount representing the withdrawal of my Annuity Fund contributions. Any amount withheld will be credited against federal income tax I may owe for the year.

2. Select the appropriate option below to indicate your federal income tax withholding preference from your hardship distribution. Even if you do not want any federal income tax withheld, you are liable for payment of federal income tax on the taxable portion of your distribution. You may also be subject to tax penalties under the estimated tax payment rules if your payment of estimated tax and withholding, if any, are not adequate. Please select one of the following options:

- I do not want federal income tax withheld from my hardship withdrawal distribution.
- I want federal income tax withheld from my hardship withdrawal distribution at _____%.

3. I understand that if I am under age 59½ to pay an additional 10% nondeductible penalty tax on the distribution. The 10% penalty is imposed for early withdrawal from the Plan and is in addition to your regular income tax.

4. I understand that hardship withdrawals can only be made from Plan assets and earnings that accrued on and after May 22, 1997.

By signing below, I request that the Plan Administrator and the Trustees process this request in accordance with the choices indicated above.

Date

Participant's Signature

SPOUSAL CONSENT TO BE SIGNED WITH A NOTARY PRESENT

SPOUSAL CONSENT: I _____ am the spouse of the above-named Participant, and I hereby consent to and join in this request for a Hardship Withdrawal. I understand that the portion of my spouse's account balance distributed as a Hardship Withdrawal will not be available for retirement or death benefits.

Date

Spouse's Signature

STATE OF _____)

COUNTY OF _____) ss.:

On the ____ day of _____, 20____, before me came

_____, to me known and known to me to be the person described in and who executed the foregoing statement and (s)he duly acknowledged to me that (s)he executed the same.

Notary Public

(For Office Use Only)

Date Received by Fund Office: _____ APPROVED BY: _____

SHEET METAL WORKERS LOCAL NO. 46 ANNUITY FUND

APPROVAL OF HARDSHIP WITHDRAWAL

Name of Participant

Social Security Number

- 1. **Express mail:** Please sign here to authorize Prudential to send my disbursement check by Overnight Mail after processing (1-2 days). I understand \$25 will be deducted from my account prior to the distribution. (Overnight Mail is not available for systematic distributions or for delivery to post office boxes.)

Please sign to Authorize only for Express Mail:

Signature

Date

[FOR USE BY THE FUND OFFICE]

The application for a Hardship Withdrawal has been approved by the Annuity Fund Trustees and Plan Administrator. The amount of the distribution is:

\$ _____

The Plan Administrator has approved the Request for Distribution of Hardship Withdrawal so that the withdrawal may be processed.

**SHEET METAL WORKERS LOCAL NO. 46
ANNUITY FUND**

Date of Approval

By

SHEET METAL WORKERS LOCAL NO. 46 ANNUITY FUND

NOTICE OF CONSEQUENCES FOR FAILING TO DEFER RECEIPT OF DISTRIBUTION

Federal law requires that the Plan advise you of your right to postpone your benefit until a later time and the consequences if you choose to take your benefit now rather than deferring it to a later date. You understand that instead of electing receipt of your benefit today, you may postpone receipt and leave your account balance in the plan. If you choose to postpone receipt, you may continue to invest the assets of your individual account in several different investment options and your account balance will continue to grow or decrease – depending on whether investment returns are positive or negative – until you elect receipt of your benefit. The Plan's minimum distribution, death benefit, and involuntary cash-out rules may affect your ability to postpone receipt of your benefit. The minimum distribution rules require you to begin receiving your benefit no later than April 1 following the year in which you reach age 72. According to the involuntary cash-out rules, the plan may automatically distribute your account balance in a lump sum if your account balance is less than an amount specified in the Plan.

The investment options currently available under the plan will continue to be available should you choose to leave your account balance in the plan; however, as has always been the case, the Trustees have the authority to change investment options at any time.

Note that should you choose to postpone receipt of your benefit, you will continue to pay the fees associated with each investment option. In addition, you will continue to pay your share of the expenses of administering the plan. However, you will not be subjected to any separate or additional investment or administrative fees just for leaving your account in the plan. The fees associated with each investment option are outlined, in detail, in the investment's prospectus. You have previously been provided with the prospectuses of the various investment options. You should consult the prospectus of each investment option for detailed information concerning investment fees.

It is important that you consult the Summary Plan Description for details on your right to postpone receipt of your benefit. If you have any questions or would like to request copies of documents, you should contact the Fund Office.

SHEET METAL WORKERS LOCAL NO. 46 ANNUITY FUND
AFFIDAVIT FOR EVICTION ON A PRIMARY RESIDENCE

I hereby represent that I am a Participant in the Sheet Metal Workers Local No. 46 Annuity Fund (the "Plan") and have been fully advised by the Board of Trustees of the Plan and/or the Plan Administrator regarding the Plan's eligibility requirements for a Hardship Distribution benefit. On _____, 20____, I applied for a Hardship Distribution under the Plan on the basis of a need for "payment of rent to avoid eviction." Attached to this affidavit is the evidence that was presented to the Plan Administrator in support of my application.

I hereby attest that I am _____ months behind in my rent payments. I further represent that these rent payments are for the payment of my principal residence. It has been explained to me that eligibility for this Hardship Distribution is contingent upon such rental payments being necessary to prevent eviction from my residence, and I admit that the bills/invoices submitted by me do not directly indicate that eviction is immediately forthcoming.

By signing this affidavit, I, _____ hereby acknowledge that in further support of my eligibility for this Hardship Benefit, I have contacted my landlord, _____ on the following date _____, at the following number _____, and was told that failure to immediately make the necessary rent payments will result in imminent eviction actions by the landlord above.

I acknowledge that this affidavit has been fully read and signed by myself and that by so doing I attest that the all of the above statements are true and accurate.

Participant Signature

Date

STATE OF _____)
COUNTY OF _____)

On the ____ day of _____, 20____, before me came _____ to me known and known to me to be the person described herein and who executed the foregoing statement and (s)he duly acknowledged to me that (s)he executed the same.

Notary Public

SHEET METAL WORKERS LOCAL NO. 46 ANNUITY FUND
AFFIDAVIT FOR FORECLOSURE ON A PRIMARY RESIDENCE

I hereby represent that I am a Participant in the Sheet Metal Workers Local No. 46 Annuity Fund (the "Plan") and have been fully advised by the Board of Trustees of the Plan and/or the Plan Administrator regarding the Plan's eligibility requirements for a Hardship Distribution benefit. On _____, 20____, I applied for a Hardship Distribution under the Plan on the basis of a need for "Mortgage Payments Necessary to Prevent Foreclosure." Attached to this affidavit is the evidence that was presented to the Plan Administrator in support of my application.

I hereby attest that I am _____ months behind in my mortgage payments. I further represent that these mortgage payments are for the payment of my principal residence. It has been explained to me that eligibility for this Hardship Distribution is contingent upon such mortgage payments being necessary to prevent imminent foreclosure on my residence, and I admit that the bills/invoices submitted by me do not directly indicate that foreclosure is immediately forthcoming.

By signing this affidavit, I, _____ hereby acknowledge that in further support of my eligibility for this Hardship Benefit, I have contacted my mortgagor, _____ on the following date _____, at the following number _____, and was told that failure to immediately make the necessary mortgage payments will result in imminent foreclosure actions by the mortgagor above.

I acknowledge that this affidavit has been fully read and signed by myself and that by so doing I attest that the all of the above statements are true and accurate.

Participant Signature

Date

STATE OF _____)

COUNTY OF _____)

On the ___ day of _____, 20__ , before me came _____ to me known and known to me to be the person described herein and who executed the foregoing statement and (s)he duly acknowledged to me that (s)he executed the same.

Notary Public

SHEET METAL WORKERS LOCAL NO. 46 ANNUITY FUND
AFFIDAVIT FOR REPOSSESSION OF A VEHICLE

I hereby represent that I am a Participant in the Sheet Metal Workers Local No. 46 Annuity Fund (the "Plan") and have been fully advised by the Board of Trustees of the Plan and/or the Plan Administrator regarding the Plan's eligibility requirements for a Hardship Distribution benefit. On _____, 20____, I applied for a Hardship Distribution under the Plan on the basis of a need for "Automobile Payments Necessary to Prevent Repossession of a Vehicle Necessary for Transportation to Work." Attached to this affidavit is the evidence that was presented to the Plan Administrator in support of my application.

I hereby attest that I am _____ months behind in my automobile payments. I further represent that these automobile payments are for a vehicle that I depend on for transportation to work. It has been explained to me that eligibility for this Hardship Distribution is contingent upon such automobile payments being necessary to prevent imminent repossession of my vehicle, and I admit that the bills/invoices submitted by me do not directly indicate that repossession is immediately forthcoming.

By signing this affidavit, I, _____ hereby acknowledge that in further support of my eligibility for this Hardship Benefit, I have contacted my creditor/financial institution, _____ on the following date _____, at the following number _____, and was told that failure to immediately make these monthly automobile payments will result in imminent repossession actions by the creditor/financial institution above.

I acknowledge that this affidavit has been fully read and signed by myself and that by so doing I attest that the all of the above statements are true and accurate.

Participant Signature

Date

STATE OF _____)

COUNTY OF _____) SS.:

On the ____ day of _____, 20____, before me came _____ to me known and known to me to be the person described herein and who executed the foregoing statement and (s)he duly acknowledged to me that (s)he executed the same.

Notary Public