

SHEET METAL WORKERS LOCAL NO. 46 ANNUITY FUND

APPLICATION FOR EDUCATIONAL BENEFIT

Please note that 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 hereby apply for an Educational Benefit based upon the provisions of the above-named Plan.

1. I am requesting an Educational Benefit in the amount identified above. By signing this form, I represent that I am entitled to an Educational Benefit based on the criteria noted below (check the appropriate box):

- The benefit will be used to pay for tuition, fees, room and board, required books, and supplies incurred by me, my spouse, or my dependents at an educational institution authorized to provide instruction for full credit towards a bachelor's or higher degree.
- The benefit will be used for repayment of student loans taken while I, my spouse, or my dependents were enrolled in an educational institution authorized to provide instruction for full credit towards a bachelor's or higher degree.

I have attached the following documentation evidencing my educational expenses. (You must provide proof of payment on the student loan before any distribution can be made.)

2. I understand that the Plan is required to withhold federal income tax at a rate of 20% 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.
3. I understand that federal income tax must be withheld from the Educational benefit distribution.
4. By signing below, I request that the Plan Administrator and the Trustees process this request in accordance with the choices indicated above.

I am not married and therefore not required to provide spousal consent.

 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

SPOUSAL CONSENT

SPOUSAL CONSENT: I _____ am the spouse of the above-named Participant, and I hereby consent to and join in this request for an Educational Benefit. I understand that if the portion of my spouse's account balance distributed as an Educational Benefit 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**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.