



## **ASBESTOS WORKERS LOCAL 12 ABATEMENT**

### **ANNUITY FUND**

**DANIEL H. COOK ASSOCIATES, INC.**

**1040 Avenue of the Americas – 24<sup>th</sup> Floor,**

**New York, NY 10018**

**Phone: 212-505-5050 Fax: 646-381-8841**

**Email: [Applications@dhcook.com](mailto:Applications@dhcook.com)**

Dear Participant:

In accordance with IRS regulations we are required to inform you of a change in the law governing lump sum payouts from your Annuity Plan.

You may find the language of the notice to be somewhat confusing, but the basic message is that any lump sum payment made to a participant or beneficiary, that can be rolled over into an IRA or other qualified plan, will be dealt with differently than in the past. Under the new requirements, if you do not roll the monies over directly, the Plan may have to withhold 20% automatically under the listed circumstances.

We urge you to read the attached notice carefully, particularly if you are planning to apply for a lump sum distribution. Since every person's financial situation is different, you should contact your accountant or tax advisor if you feel any of this information applies to your circumstances. When you do apply for a lump sum payment from your Annuity Account, you will be given an election form to complete, directing the Fund Office as to distribution of the monies.

We hope this information is helpful, and we will keep you informed if any new requirements or clarifications become available.

Sincerely,

Board of Trustees

## SPECIAL NOTICE REGARDING PLAN PAYMENTS

This notice contains important Information you will need before you decide how to receive your benefits from Asbestos Workers Local 12 Abatement Annuity Fund (the "Plan").

### SUMMARY

A payment from the Plan that is eligible for 'rollover' can be taken in two ways. You can have all or any portion of your payment either 1) PAID IN A "DIRECT ROLLOVER" or 2) PAID TO YOU. A rollover is a payment of your Plan benefits to your individual retirement arrangement (IRA) or to another employer plan. This choice will affect the tax you owe.

If you choose a DIRECT ROLLOVER

- Your payment will not be taxed in the current year and no income tax will be withheld.
- Your payment will be made directly to your IRA or, if you choose, to another employer plan that accepts your rollover.
- Your payment will be taxed later when you take it out of the IRA or the employer plan.

If you choose to have your Plan benefits PAID TO YOU

- You will receive only 80% of the payment, because the Plan administrator is required to withhold 20% of the payment and send it to the IRS as income tax withholding to be credited against your taxes.
- Your payment will be taxed in the current year unless you roll it over. You may be able to use special tax rules that could reduce the tax you owe. However, if you receive the payment before age 59 1/2 you also may have to pay an additional 10% tax.
- You can roll over the payment to your IRA or to another employer plan that accepts your rollover within 60 days of receiving the payment. The amount rolled over will not be taxed until you take it out of the IRA or employer plan.
- If you want to roll over 100% of the payment to an IRA or an employer Plan, you must find other money to replace the 20% that was withheld. If you roll over only the 80% that you received, you will be taxed on the 20% that was withheld that is not rolled over.

### MORE INFORMATION

- I. PAYMENTS THAT CAN AND CANNOT BE ROLLED OVER
11. DIRECT ROLLOVER
- III. PAYMENTS PAID TO YOU
- IV. SURVIVING SPOUSES, ALTERNATE PAYEES, AND OTHER BENEFICIARIES

#### 1. PAYMENTS THAT CAN AND CANNOT BE ROLLED OVER

Payments from the Plan may be "eligible rollover distributions." This means that they can be rolled over to an IRA or to another employer plan that accepts rollovers. Your Plan administrator should be able to tell you what portion of your payment is an eligible rollover distribution. The following types of payments **cannot** be rolled over:

**Payments Spread Over Long Periods.** You cannot roll over a payment if it is part of a series of equal (or almost equal) payments that are made at least once a year and that will last for

- your lifetime (or your life expectancy), or
- your lifetime and your beneficiary's lifetime (or life expectancies), or
- a period of ten years or more,

**Required Minimum Payments.** Beginning in the year you reach age 70 1/2 a certain portion of your payment cannot be rolled over because it is a 'required minimum payment' that must be paid to you.

## II. DIRECT ROLLOVER

You can choose a direct rollover of all or any portion of your payment that is an "eligible rollover distribution", as described above. In a direct rollover, the eligible rollover distribution is paid directly from the Plan to an IRA or another employer plan that accepts rollovers. If you choose a direct rollover, you are not taxed on a payment until you later take it out of the IRA or the employer plan.

**Direct Rollover to an IRA.** You can open an IRA to receive the direct rollover- (The term "IRA," as used in this notice, includes individual retirement accounts and individual retirement annuities,) If you choose to have your payment made directly to an IRA, contact an IRA sponsor (usually a financial institution) to find out how to have your payment made in a direct rollover to an IRA at that institution. If you are unsure of how to invest your money, you can temporarily establish an IRA to receive the payment. However, in choosing an IRA, you may wish to consider whether the IRA you choose will allow you to move all or a part of your payment to another IRA at a later date, without penalties or other limitations. See IRS Publication 590, **Individual Retirement Arrangements**, for more information on IRAs (including limits on how often you can roll over between IRAs).

**Direct Rollover to a Plan.** If you are employed by a new employer that has a plan, and you want a direct rollover to that plan, ask the administrator of that plan whether it will accept your rollover. If your new employer's plan does not accept a rollover, you can choose direct rollover to an IRA.

**Direct Rollover of a Series of Payments.** If you receive eligible rollover distributions that are paid in a series for less than ten years, your choice to **make** or not make a direct rollover for a payment will apply to all later payments in the series until you change your election. You are free to change your election for any later payment in the series,

## III. PAYMENT PAID TO YOU

If you have the payment made to you, it is subject to 20% income tax withholding. The payment is taxed in the year you receive it unless, within 60 days, you roll it over to an IRA or another plan that accepts rollovers. If you do not roll it over, special tax rules may apply.

Income Tax Withholding:

**Mandatory Withholding.** If any portion of the payment to you is an eligible rollover distribution, the Plan is required by law to withhold 20% of that amount. This amount is sent to the IRS as income tax withholding, for example, if your eligible rollover distribution is \$10,000, only \$8,000 will be paid to you because the Plan must withhold \$2,000 as income tax. However, when you prepare your income tax return for the year, you will report the full \$10,000 as a payment from the Plan. You will report the \$2,000 as a tax withheld, and it will be credited against any income tax you owe for the year.

**Voluntary Withholding.** If any portion of your payment is not an eligible rollover distribution but is taxable, the mandatory withholding rules described above do not apply. In this case, you may elect not to have withholding apply to that portion. To elect out of withholding, ask the Plan administrator for the election form and related information.

**Sixty-Day Rollover Option.** If you have an eligible rollover distribution paid to you, you can still decide to roll over all or part of it to an IRA or another employer plan that accepts rollovers. If you decide to roll over, you must make the rollover within 60 days after you receive the payment. The portion of your payment that is rolled over will not be taxed until you take it out of the IRA or the employer plan.

You can roll over up to 100% of the eligible rollover distribution, including an amount equal to the 20% that was withheld. If you choose to roll over 100%, you must find other money within the 60-day period to contribute to the IRA or the employer Plan to replace the 20% that was withheld. On the other hand, if you roll over only the 80% that you received, you will be taxed on the 20% that was withheld.

**Example:** Your eligible rollover distribution is \$10,000, and you choose to have it paid to you. You will receive \$8,000, and \$2,000 **will** be sent to the IRS as income tax withholding. Within 60 days after receiving the \$8,000, you may rollover the entire \$10,000 to an IRA or employer plan. To do this, you roll over the \$8,000 you received from the Plan, and you will have to find \$2,000 from other sources (your savings, a loan, etc.). In this case, the entire \$10,000 is not taxed until you take it out of the IRA or employer plan, if you roll over the entire \$10,000, when you file your income tax return you may get a refund of the \$2,000 withheld.

If on the other hand, you roll over only \$8,000, the \$2,000 you did not roll over is taxed in the year it was withheld. When you file your income tax return you may get a refund of part of the \$2,000 withheld (however, any refund is likely to be larger if you roll over the entire \$10,000.)

**Additional 10% Tax If You Are Under Age 59 1/2.** If you receive a payment before you reach age 59 1/2 and you do not roll it over, then, in addition to the regular Income tax, you may have to pay an extra tax equal to 10% of the taxable portion of the payment. The additional 10% tax does not apply to your payment if it is (1) paid to you because you separate from service with your employer during or after the year you reach age 55, (2) paid because you retire due to a total and permanent disability, (3) paid to you as equal (or almost equal) payments over your life or life expectancy (or your and your beneficiary's lives or life expectancies), or (4) used to pay certain medical expenses. See IRS Form 5329 for more information on the additional 10% tax.

**Special Tax Treatment.** If your eligible rollover distribution is not rolled over, it will be taxed in the year you receive it, however, if it qualifies as a "lump sum distribution". It may be eligible for special tax treatment. A lump sum distribution is a payment, within one year, of your entire balance under the Plan (and certain other similar plans of the employer) that is payable to you because you have reached age 59 1/2 or have separated from service with your employer (or, in the case of a self-employed individual, because you have reached age 59 1/2 or have become disabled). For a payment to qualify as a lump sum distribution, you must have been a participant in the Plan for at least 5 years. The special tax treatment for lump sum distributions is described below.

**Ten-Year Averaging If You Were Born Before January 1, 1936.** If you receive a lump sum distribution and you were born before January 1, 1936, you can make a one-time election to figure the tax on the payment by using "10-year averaging".

**Capital Gain Treatment If You Were Born Before January 1, 1936.** In addition, if you receive a lump sum distribution and you were born before January 1, 1936, you may elect to have the part of your payment that is attributable to your pre-1974 participation in the Plan (if any) taxed as long-term capital gain at a rate of 20%. There are other limits on the special tax treatment for lump sum distributions. For example, you can generally elect this special tax treatment only once in your lifetime, and the election applies to all lump sum distributions that you receive in that same year. If you have previously rolled over a payment from the Plan (or certain other similar plans of the employer), you cannot use this special tax treatment for later payments from the Plan. If you roll over your payment to an IRA, you will not be able to use this special tax treatment for later payments from the IRA. Also, if you roll over only a portion of your payment to an IRA, this special tax treatment is not available to the rest of the payment. Additional restrictions are described in IRS Form 4972, which has more information on lump sum distributions and how you elect the special tax treatment.

#### **IV. SURVIVING SPOUSES, ALTERNATE, PAYEES AND OTHER BENEFICIARIES**

In general, the rules summarized above that apply to payments to employees also apply to payments to surviving spouses of employees and to spouses or former spouses who are "alternate payees." You are an alternate payee if your interest in the Plan results from a "qualified domestic relations order" which is an order issued by a court, usually in connection with a divorce or legal separation. Some of the rules summarized above also apply to a deceased employee's beneficiary who is not a spouse. However, there are some exceptions for payments to surviving spouses, alternate payees, and other beneficiaries that should be mentioned.

If you are a surviving spouse, you may choose to have eligible rollover distribution paid in a direct rollover to an IRA or paid to you. If you have the payment paid to you, you can keep it or roll it over yourself to an IRA but you cannot roll it over to an employer Plan. If you are an alternate payee, you have the same choices as the employee. Thus, you can have the payment paid as direct rollover or paid to you. If you have it paid to you, you can keep it or roll it over yourself to an IRA or to another employer plan that accepts rollovers. If you are a beneficiary other than the surviving spouse, you cannot choose a direct rollover, and you cannot roll over the payment yourself.

If you are a surviving spouse, an alternate payee, or another beneficiary, your payment is not subject to the additional 10% tax described in section III above, even if you are younger than age 59 1/2.

If you are a surviving spouse, an alternate payee or another beneficiary, you may be able to use the special tax treatment for lump sum distributions and the special rule for payments that include employer stock, as described above. If you receive payments because of the employee's death, you may be able to treat the payment as a lump sum distribution if the employee met the appropriate age requirements, whether or not the employee has 5 years of participation in the Plan.

#### **HOW TO OBTAIN ADDITIONAL INFORMATION**

This notice summarizes only the federal (not state or local) tax rules that might apply to your payment. The rules described above are complex and contain many conditions and exceptions that are not included in this notice. Therefore, you may want to consult with a professional tax advisor before you take payment of your benefits from the Plan. Also, you can find more specific information on the tax treatment of payments from qualified retirement plans in IRS Publication 575, Pension and Annuity Income, and IRS Publication 590, Individual Retirement Arrangements. These publications are available from your local IRS office or by calling 1-800-TAX-FORMS.



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## ANNUITY FUND

DANIEL H. COOK ASSOCIATES, INC.

1040 Avenue of the Americas - 24<sup>th</sup> Floor,

New York, NY 10018

Phone: 212-505-5050 Fax: 646-381-8841

Email: applications@dhcook.com

### APPLICATION FOR ANNUITY FUND ACCUMULATED SHARE

Complete this form, only if you are ineligible for a Husband and Wife annuity or you and your spouse have waived the Husband and Wife annuity benefit on the appropriate waiver forms.

I

Please read this application carefully before answering any questions. Print your answers to all questions which apply to you. If any part of this application is not entirely clear, do not hesitate to contact the Fund Office for assistance.

1. Name \_\_\_\_\_  
(Last Name) (First Name) (Middle Name)
2. Address \_\_\_\_\_  
(No. & Street) (City) (State) (Zip)
3. Social Security No. \_\_\_\_\_ 4. Local Union No. \_\_\_\_\_
5. Telephone No. ( \_\_\_\_\_ ) \_\_\_\_\_ 6. Date of Birth . \_\_\_\_\_  
(Area Code) (Month) (Day) (Year)
7. Email \_\_\_\_\_ 8. Marital Status \_\_\_\_\_  
(Single, Married, Divorced, Widow)

#### **•ATTACH PROOF OF DATE OF BIRTH AND COPY OF SOCIAL SECURITY CARD•**

Check which one of the following applies to you:

I am or will soon be retired from employment with an Employer obligated to contribute to the Asbestos Workers Local 12 Abatement Annuity Fund.  
If you check this box complete **Section A** of this application.

I am disabled and incapable of continuing to work in covered employment as a result of bodily injury or disease.  
If you checked this box complete **Section B** of this application.

I have been determined by the Social Security Administration to be disabled.  
If you checked this box complete **Section B** of this application.

Death of member. Your relationship to deceased: \_\_\_\_\_  
Your S.S.#, \_\_\_\_\_ Date of Birth, \_\_\_\_\_

I have not had any Employer contributions made to my Individual Account for at least 36 consecutive months, to the best of my knowledge. I request that my Accumulated Share be paid to me.  
If you checked this box complete **Section C** of this application.

#### **SECTION A**

1. Date you retired or intend to retire \_\_\_\_\_
2. I wish to receive my Accumulated Share as follows (check one):
  - In a lump sum,
  - A series of equal monthly Installments over a period not exceeding 10 years.
  - A monthly annuity payment for as long as I live.

1. Date your disability was certified to the Annuity Fund Trustees by a licensed physician satisfactory to or selected by the Trustees or the Social Security Administration determined you to be disabled: \_\_\_\_\_

2. Nature of disability

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Name and address of your Doctor

\_\_\_\_\_  
\_\_\_\_\_

4. I Wish to receive my Accumulated Share as follows (check one):

\_\_\_ In a lump sum.

\_\_\_ In monthly installments until the amount in my account is exhausted, not to exceed 10 years.

\_\_\_ In monthly payments for as long as I live.

### SECTION C

1. When did you last work under the Jurisdiction of the Local Union? \_\_\_\_\_

2. Present Employer \_\_\_\_\_

3. Employer Address \_\_\_\_\_

4. Last Contributing Employer \_\_\_\_\_

5. Employer Address \_\_\_\_\_

## II

### FOR ALL APPLICANTS

I hereby apply for benefits from the Asbestos Workers Local 12 Abatement Annuity Fund. The above statements are true to the best of my knowledge and belief. I understand that a false statement *may* disqualify me for annuity benefits, and that the Trustees shall have the right to recover any payments made to me on the basis of a false statement,

Signature \_\_\_\_\_ Date \_\_\_\_\_

Your application will be acknowledged and you will be notified in writing of the decision made by the Board of Trustees on your application.

**Asbestos workers Local 12 Abatement Annuity Fund  
HUSBAND AND WIFE ANNUITY REJECTION FORM**



**Employee's Statement**

I, \_\_\_\_\_, do not wish to receive my Accumulated Share in the form of a  
(Insert name)  
 lifetime Husband and Wife annuity. I understand that rejecting this payout form means no benefits will be paid to my spouse, if any, by the Annuity Fund after my death, unless death benefits are payable under another option that I select.

*(Check one):*

- I hereby swear that I am not legally married at this time.
- I hereby swear that I am unable to locate my spouse. •
- I hereby swear that the person co-signing this document below is my current legal spouse

In place of the lifetime Husband and Wife annuity form of payment I choose to receive my Accumulated Share in the following form:

*(Check one):*

- a.  fixed equal monthly payments (not to exceed ten years)
- b.  one lump sum.
- c.  a monthly payment for as long as I live.

*Complete the following for a beneficiary to receive the account balance, if any, after death:*

I name the following person(s) as my beneficiary to my account balance, if any, after my death;

\_\_\_\_\_  
(Name of Beneficiary)

\_\_\_\_\_  
(Beneficiary's Address)

\_\_\_\_\_  
(Beneficiary's Social Security No.)

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.

\*Additional proof is needed if you check this box.

\_\_\_\_\_  
*Notary Public Signature and Stamp*

**Spouse's Statement**

I, \_\_\_\_\_, swear that I am legal spouse of the Participant described above. I hereby consent  
(Insert name)

to my spouse's rejection of the Husband and Wife annuity. I understand that as a result, I will not be paid benefits under the Annuity Fund after my spouse's death unless death benefits are payable to me under another payout option that my spouse selects. I hereby consent to my spouse's designation of \_\_\_\_\_ (Beneficiary's Name) as the Beneficiary for any other death benefit payable from the Asbestos Workers Local 12 Abatement Annuity Fund.

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Spouse's Signature)

\_\_\_\_\_  
(Spouse's Social Security Number)

Date \_\_\_\_\_ Participant's signature \_\_\_\_\_

State of \_\_\_\_\_ Country of \_\_\_\_\_

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 Signature and Stamp*

Asbestos workers Local 12 Abatement Annuity Fund  
**SINGLE PERSON'S  
LIFETIME ANNUITY REJECTION FORM**

I, \_\_\_\_\_, do not wish to receive my Accumulated Share in the form of a  
(Insert name)  
Lifetime Annuity. I understand that rejecting this payout form means no benefit will be paid to my stated beneficiary.

(Check one):

\_\_\_\_\_ I hereby swear that I am not legally married at this time.

\_\_\_\_\_ I hereby swear that I am unable to locate my spouse. •

(Check one):

a. \_\_\_\_\_ 10 year fixed equal Annuity

b. \_\_\_\_\_ one lump sum.

Complete the following for a beneficiary to receive the account balance, if any, after death:

I name the following person(s) as my beneficiary to my account balance, if any, after my death;

\_\_\_\_\_  
(Name of Beneficiary)

\_\_\_\_\_  
(Beneficiary's Address)

Date \_\_\_\_\_

Participant's signature \_\_\_\_\_  
(Beneficiary's Social Security No.)

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.

\*Additional proof is needed if you check this box.

\_\_\_\_\_  
*Notary Public Signature and Stamp*



Asbestos Workers Local 12 Abatement Annuity Fund  
**LIFETIME HUSBAND AND WIFE ANNUITY ELECTION FORM**

Under this Annuity Fund your Accumulated Share Is used to buy a lifetime Husband and Wife annuity contract from an insurance company, if you are married when you apply for distribution of your account balance, unless you and your spouse reject that form of payment. The lifetime Husband and Wife annuity form provides a monthly payment for the life of the Participant and, when the Participant dies, the spouse receives a lifetime annuity equal to 50% of the amount that was being paid to the retired participant.

If the lifetime Husband and Wife annuity is rejected, the Accumulated Share can be paid over a period not to exceed 10 years, or as a monthly payment over the life of the participant.

The Participant's spouse would not be guaranteed lifetime benefits under this Annuity Fund after the Participant's death.

Sign below if you want the lifetime Husband and Wife annuity or if you want more information about it.

You and your spouse must sign the appropriate form in the presence of a Notary Public if you want to reject the Husband and Wife annuity. If you are not married, or cannot find your spouse, the appropriate form must still be signed, in front of a Notary Public.

**A. \_\_\_\_\_ INSURANCE COMPANY ANNUITY OPTION**

I may want to receive *my* Accumulated Share in the form of a lifetime Husband and Wife Annuity. Please inform me of the monthly amounts that would be due me and my spouse. I understand that when I receive this information, I will again have the chance to make a final election regarding the lifetime Husband and Wife annuity purchase. Enclose proof of your spouse's age and proof of marriage.

**B. \_\_\_\_\_ LUMP SUM OPTION**

I do not want to receive my Accumulated Share in the form of a lifetime Husband and Wife annuity from an insurance company payable to me upon my death, 50 percent payable to my surviving spouse.

My Date of Birth is \_\_\_\_\_

My Spouse's Date of Birth is \_\_\_\_\_

Spouse's Social Security No. \_\_\_\_\_

**ELECTION OR REJECTION OF DIRECT ROLLOVER TO AN IRA OR RETIREMENT PLAN**

**ATTENTION:** BEFORE COMPLETING FORM YOU SHOULD READ THE SPECIAL TAX NOTICE REGARDING PLAN PAYMENTS CAREFULLY. YOU ALSO MAY WISH TO CONSULT YOUR TAX ADVISOR BEFORE MAKING THIS ELECTION.

COMPLETE THIS FORM ONLY IF YOU WILL RECEIVE A PAYOUT IN A LUMP SUM,

\_\_\_\_\_  
*(Participant's Name/Spouse-Beneficiary's Name)*

\_\_\_\_\_  
*(Social Security Number)*

\_\_\_\_\_  
*(Street Address)*

\_\_\_\_\_  
*(City) (State) (Zip code)*

If you will receive your benefit as a lump sum payment (i.e., forms other than an annuity, a joint and survivor annuity, and periodic payments for at least 10 years), that payment will be an "eligible rollover distribution." You may elect to have part or all of that distribution transferred directly to an Individual Retirement Account (IRA) or to another qualified retirement plan (It It accepts rollovers). If you choose not to have an eligible rollover distribution transferred directly to an IRA or other retirement plan, the Plan is required to withhold 20 Percent of the payment for federal Income taxes. This withholding does not Increase your taxes, but will be credited against any Income tax you owe. (For further information on direct rollovers and withholding, please read the Special Notice Regarding Plan Payments that the Plan has given you.)

If your benefit is more than \$500, you may choose to have only part of the payment directly rolled over, and to have the rest paid to you. Withholding will be taken out of any part that is not directly rolled over. If you want to have only part of your payment directly rolled over, please tell us the amount (at least \$500) that you would like to roll over.

**Check below to indicate whether or not you elect a direct rollover of your annuity payment.**

\_\_\_ I do not want to roll over any of my payment to an IRA or other qualified retirement plan. Pay me the full amount of my benefits, after withholding 20 percent for federal income taxes as required by law.

\_\_\_ I want to roll over my payment directly to an IRA or other qualified retirement plan that accepts rollovers. The IRA or other retirement plan is named below.

\_\_\_ I would like to have only part of my payment directly rolled over. Please roll over \$ to the IRA or qualified retirement plan named below , and pay the remainder of my benefits to me, after withholding 20 percent for federal income taxes as required by law.

If you elected a direct rollover, you must provide all of the following information. Until you provide this information, no direct rollover can be made.

Please make payment of my benefits on my behalf to:

\_\_\_\_\_  
*(Name of IRA Trustee or Qualified Retirement Plan)*

\_\_\_\_\_  
*(Account Number)*

\_\_\_\_\_  
*(Mailing Address)*

Please provide deposit slip or rollover form from your plan, if available.

\_\_\_\_\_  
*(City) (State) (Zip)*

\_\_\_\_\_  
*(Participant's Signature)*

\_\_\_\_\_  
*(Date)*

**CERTIFICATION**

If you have elected a direct rollover of all or part of your benefit, please read and sign the following statement.

I certify that the recipient of a direct rollover that I have named above is an Individual Retirement Account, an Individual Retirement Annuity, or a qualified retirement plan that accepts rollovers. I understand that payment of my benefits to the trustee of the IRA or qualified retirement plan will release the Trustees of the Asbestos Workers Local 12 Abatement Annuity Fund from any further obligations or responsibilities with respect to the benefits so paid.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

**TO PROCESS AN APPLICATION,  
YOU MUST SUBMIT PROOF OF DATE OF BIRTH  
AND A COPY OF YOUR SOCIAL SECURITY  
CARD.**

Send this form with all supporting documentation to:

**Asbestos Workers Local 12 Abatement**  
1040 Avenue of the Americas, 24<sup>th</sup> Floor  
New York, NY 10018  
[Applications@dhcook.com](mailto:Applications@dhcook.com)  
Fax: 646-381-8841  
(212) 505-5050

# Asbestos Workers Local 12 Abatement Annuity Fund

## Affidavit of Eligibility

I, \_\_\_\_\_, under penalty of perjury, hereby affirms as follows:

1. I have read and understand the Annuity Plan distribution rules.
2. I have read and understand that in order to be eligible for a distribution, I must qualify under the Plan rules and submit this Affidavit to certify and confirm my eligibility.
3. I am eligible for a distribution from the Plan on the basis that:

\_\_\_\_\_ I am age 62 and have or will be retired as of \_\_\_\_\_

I am disabled and incapable of continuing to work in Covered Employment as a result of bodily disease (physical or mental impairment)

I have incurred a Break-in-Service for 12 months and am eligible for distribution of benefits based on contributions received for work performed on or before December 31, 2005.

I have incurred a Break-in-Service for 36 months and am eligible for distribution of benefits based on contributions received for work performed on or after January 1, 2006.

I have incurred a Layoff of 9 months and further certify:

I have not worked during the last nine months from the date of this application

I have incurred a qualifying Hardship: \_\_\_\_\_  
(specify qualifying event)

4. If the basis of my application is due to a Break-in-Service or Layoff, I further affirm that I have not worked for any employer who is a sponsor of this plan either as a Local 12A or Local 78 worker during the relevant time period.

\_\_\_\_\_ Initials

5. I further affirm that the information contained herein is true, correct and accurate.

\_\_\_\_\_  
Applicant's (Signature)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant's Name (Printed)

Sworn to before me on this \_\_\_\_ day of \_\_\_\_, 20\_\_

\_\_\_\_\_  
Applicant's Address

Notary Public (Signature) \_\_\_\_\_

\_\_\_\_\_  
Applicant's Phone

Notary Stamp