

**R.I. SHIPPING ASSOCIATION-INTERNATIONAL LONGSHOREMEN'S ASSOCIATION ANNUITY FUND**

**C/O DANIEL H COOK & ASSOCIATES**  
**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)**

**REQUEST FOR TERMINATION BENEFITS**

Name of Participant \_\_\_\_\_ S.S.# \_\_\_\_\_

Address \_\_\_\_\_

Date of Birth \_\_\_\_\_ Phone No. \_\_\_\_\_

Spouse's Name \_\_\_\_\_ Spouse's S.S.# \_\_\_\_\_

Date of Last Employment \_\_\_\_\_

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Termination benefits are requested for the following reason (**check one**) (final approval of benefits is subject to a review by and determination of eligibility by the Plan's Trustees in accordance with the Plan Document):

- ( ) I have ceased employment covered by this Plan (incurred break in service).
- ( ) I am retiring effective \_\_\_\_\_ on a Normal Retirement or Early Retirement (age 55 or older).
- ( ) I am totally and permanently disabled and **have included proof** of such disability with this application (social security award or other proof).
- ( ) Death of participant. **INCLUDE COPY OF CERTIFIED DEATH CERTIFICATE** (spouse or beneficiary sign below).

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Payment Option: (**CHECK ONE BLOCK ONLY**)

- ( ) Make check payable to me. 20% of distribution will be withheld for Federal Income Tax.
- ( ) This is a direct rollover to an IRA or another qualified pension plan. No tax will be withheld. Make check payable to the following. **A TRANSFER FORM FROM THE BANK OR FINANCIAL INSTITUTION IS REQUIRED.**

Name of Bank or Financial Institution: \_\_\_\_\_

Address: \_\_\_\_\_

Acct No.: \_\_\_\_\_

**\*\*\*\*COMPLETE NEXT PAGE\*\*\*\***

By receiving annuity benefits and signing this application I understand that I will no longer be an active participant in the Plan. Furthermore, I understand that my job seniority rights may be affected, as determined by the Union.

I certify the information on this form is complete and true.

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

Social Security No. (If not participant) \_\_\_\_\_

**Note:** Account balances under \$5,000 will be paid in a lump sum. If the account balance exceeds \$5,000 and the Husband-and-Wife Joint and Survivor Annuity Pension Option is not elected, your spouse must sign below and have the form notarized.

( ) IF YOU ARE NOT MARRIED, CHECK THIS BLOCK.

Payment Options: **(check one block only)**

( ) Lump sum.

( ) Life Annuity. A monthly amount payable for life.

( ) Annual Installments (\$1,000 minimum). Payable for specified number of years or life expectancy of participant (and beneficiary, if any).

( ) Husband-and-Wife Joint and Survivor Annuity Pension. A monthly amount payable to the participant for his/her lifetime with 50% of that amount payable to his/her surviving spouse for his/her lifetime (waiver of this Option is subject to the notarized spousal statement and signature below).

\*\*\*\*\*SIGNATURES BELOW MUST BE NOTARIZED\*\*\*\*\*

Date: \_\_\_\_\_ Signature of Participant: \_\_\_\_\_

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

Date of Notary Signature: \_\_\_\_\_

**Spouse's Required Statement for Waiver of the  
Husband-and Wife Joint and Survivor Annuity Pension Option**

I swear that I am the legal spouse of the above named participant. I hereby consent to my spouse's rejection of and I hereby waive my survivor rights to the Husband-and-Wife Joint and Survivor Annuity Pension Option described above. I understand that as a result, I will not be paid a pension from the Annuity Plan after my spouse's death (unless death benefits are payable under another provision of the plan).

Date: \_\_\_\_\_ Signature of Spouse: \_\_\_\_\_

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

Date of Notary Signature: \_\_\_\_\_

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**Please submit proof of date of birth and a copy of your social security card.**

**Send this form and supporting documentation to the information below.**

**R.I. Shipping Association-International longshoremen's Association  
Annuity fund**

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