

ANNUITY FUND OF STAGE EMPLOYEES LOCAL NO.4, I.A.T.S.E.

PHONE:(718) 252-8777

2917 GLENWOOD ROAD, BROOKLYN, NY 11210

FAX:(718) 421-5605

APPLICATION FOR HARDSHIP DISTRIBUTION

SPOUSE'S STATEMENT OF CONSENT:

I, _____, swear that I am the legal spouse of the Applicant described herein
Print Your Name
and hereby consent to my spouse's application for a Hardship Distribution in the amount of \$ _____

for the following reason:

I also state my understanding that, as a result of this Hardship Distribution, any survivor's benefits due me from the Annuity Fund Of Local No.4 after my spouse's death will be diminished to that extent.

Print Spouse's Name

Spouse's Signature

Date

State of _____)
)SS:
County of _____)

On the _____ day of _____, 20____ before me came _____,
to me known and known to me to be the person described above who executed the foregoing statement before me under oath.

Notary Public

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REASON AND AMOUNT OF REQUESTED HARDSHIP DISTRIBUTION. (check all that apply)

1. Un-reimbursed hospital, medical, surgical and/or dental expenses from the IATSE National Health and Welfare Fund, Medicaid or Medicare. \$ _____
(Amount Requested)
Attach complete documentation of the un-reimbursed expenses.
2. Funeral expenses incurred by the Applicant because of the death of a spouse, child, or parent. \$ _____
(Amount Requested)
Attach complete documentation of the funeral expenses.
3. Educational expenses (*tuition and/or room & board*) for the Applicant, their spouse or dependent children. \$ _____
(Amount Requested)
Attach complete documentation of the tuition and/or room & board.
4. Purchase of a house, cooperative or condominium as the Applicant's primary residence. Expenses are limited to the down payment on contract of sale, legal fees and title expenses. \$ _____
(Amount Requested)
Attach complete documentation of the down payment, legal fees, and title expenses.
5. To prevent or avoid eviction of the Applicant from their primary residence due to economic hardship resulting in:
(a) non-payment of rent or
(b) loss of the right to continue to occupy their primary residence due to foreclosure of a mortgage thereon. \$ _____
(Amount Requested)
Attach complete documentation of the eviction or foreclosure.
6. Child Support pursuant to court order. \$ _____
(Amount Requested)
Attach copy of the court order.
7. For payment of past-due Federal Income Taxes where the IRS has issued a formal notice of tax delinquency, a tax assessment or a tax lien in respect to such past due income taxes. \$ _____
(Amount Requested)
Attach copy of the IRS issued tax notice.

Total Amount Requested: \$ _____

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VOLUNTARY FEDERAL TAX WITHHOLDING:

I understand that the Internal Revenue Code permits me to elect whether or not any Federal income tax (*in addition to the mandatory withholding rate of 10% if required*) should be withheld from this Hardship Distribution.

I further understand that whatever my election, I may still be liable for payment of federal income tax on the taxable portion of this Hardship Distribution. In addition, I understand I could be subject to tax penalties under the estimated tax payment rules if the payment of estimated taxes and withholding are not adequate.

- I do not want to have Federal income tax withheld from my Hardship Distribution, except for any mandatory withholding that may be required.

- I want to have _____% of my Hardship Distribution withheld as Federal income tax in addition to any mandatory withholding that may be required.

Print Applicant's Name

Applicant's Signature

Date

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ASSETS AND LIABILITIES:

Financial Statement of _____ as of _____
Print Applicant's Name Date

ASSETS:

Cash In Bank(s) - Names and Amounts:

1. _____
2. _____
3. _____
Total: \$ _____

Stocks - Names and Present Value

1. _____
2. _____
3. _____
Total: \$ _____

Bonds - Names, Present Values, and Maturities:

1. _____
2. _____
3. _____
Total: \$ _____

Insurance - Policy types and Present Cash Value:

1. _____
2. _____
3. _____
Total: \$ _____

Real Estate - Address(s) and Present Equity:

1. _____
2. _____
3. _____
Total: \$ _____

TOTAL ASSETS: \$ _____

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DEBTS and LIABILITIES

Itemize - Name, Type, and Present Outstanding:

- 1. _____
- 2. _____
- 3. _____
- 4. _____
- 5. _____
- 6. _____
- 7. _____
- 8. _____
- 9. _____
- 10. _____
- 11. _____
- 12. _____
- 13. _____
- 14. _____
- 15. _____

Total: \$ _____

TOTAL DEBTS and LIABILITIES:..... \$ _____

NET WORTH = TOTAL ASSETS - TOTAL DEBTS and LIABILITIES \$ _____

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APPLICANT CERTIFICATION

I hereby freely state that I have read and understand all the information provided in this Application. I also certify that all the statements I have made in this Application are true and accurate to the best of my knowledge. In addition, I agree to be bound by all the rules and regulations of the Annuity Fund of Local No.4.

Print Applicant's Name

Applicant's Signature

Date

State of _____)

)SS:

County of _____)

On the _____ day of _____, 20____ before me came _____,
to me known and known to me to be the person described above who executed the foregoing statement
before me under oath.

Notary Public