

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

PHONE:(877) 773-4456 27 Roland Ave, Ste 300, Mt Laurel, NJ 08054-1047 FAX:(856) 793-3105

APPLICATION FOR HARDSHIP DISTRIBUTION

INSTRUCTIONS:

1. **Do not** remove any pages from this application. The application must be returned to the Fund office in its entirety for it to be valid.
2. **Carefully** read this application in its entirety before answering any questions, then answer only those questions which apply to you.
3. Married applicants **must** obtain the consent of their spouse. (*see consent form on page 3*)
4. **Make sure** the attached "Assets and Liabilities" form has been completed.
5. **Make sure** all required signatures have been made, and notarized.
6. The **minimum** Hardship Distribution is \$500.00, and the **maximum** Hardship Distribution is 125% of the amount required to cure the hardship.

APPLICANT INFORMATION (*required*):

Name: _____
(Last) (First) (Middle)

Address: _____
(Number and Street) (City) (State) (Zip)

Daytime phone number: _____ Nighttime phone number: _____

Social Security number: _____ Date of birth: _____

Most recent employer: _____

SPOUSE INFORMATION (*if applicable*)

Name: _____
(Last) (First) (Middle)

Address: _____
(Number and Street) (City) (State) (Zip)

Daytime phone number: _____ Nighttime phone number: _____

Social Security number: _____ Date of birth: _____

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STATEMENT OF MARITAL STATUS: (check and complete only one)

1. Single, Divorced¹, Separated², Widowed³, or Cannot Locate Spouse⁴

I hereby freely state that I am not legally married at the present time.

Print Applicant's Name

Applicant's Signature

Date

State of _____)
)SS:
County of _____)

On the _____ day of _____, 21_____ 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

2. Married (your spouse must complete the consent form on the following page)

I hereby freely state that I am legally married to _____ who I hereby
certify to be the person co-signing this document. Print Name Of Spouse

Print Applicant's Name

Applicant's Signature

Date

State of _____)
)SS:
County of _____)

On the _____ day of _____, 21_____ 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

- 1 Attach Divorce Decree
2 Attach Separation Papers
3 Attach Death Certificate
4 Attach proof of Due Diligence

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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 _____, 21_____ 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, beyond the high school level (*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 should be withheld from this Hardship Distribution. If I **do not make an election**, a federal income tax withholding of **10% will apply**.

I further understand that whatever my election, I will still be liable for payment of federal income tax on this Hardship Distribution, and may also be required to pay an additional 10% tax if I am under age 59½. 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.
- I want to have a total of _____% of my Hardship Distribution withheld as Federal income tax.

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 \$ _____

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 _____, 21____ 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