

# SOUTH CENTRAL ANNUITY FUND

Administrative Office  
8441 Gulf Freeway Suite 304  
Houston, TX 77017  
713-643-9300 (or) Toll Free 1-866-236-3148

## APPLICATION FOR WITHDRAWAL

### Instructions:

- Print all information in ink.
- The following items are required for the application to be considered complete:
  - Copy of Driver's License **or** Birth Certificate (include spouse ID if married)
  - Copy of Social Security Card
  - Copy of Marriage Certificate (if married)
  - Certified copy of final Divorce Decree (if applicable)
  - Certified copy of Qualified Domestic Relations Order (QDRO) or other marital property settlement agreement (if applicable)
  - Proof of Retirement (if applicable)
  - Proof of Disability (if applicable)
  - Copy of Death Certificate (if applicable)
- Read and discuss the "Special Tax Notice Regarding Plan Payments" with your tax advisor.
- The Applicant's Certification must be signed and notarized. (See Page 3)
- Include copies of any other information you believe is pertinent to your application.

### PARTICIPANT INFORMATION

(Attach copy of identification)

Participant's Name \_\_\_\_\_ SSN \_\_\_\_\_  
(Last) (First) (Middle)

Address \_\_\_\_\_  
(Mailing Address) (City) (State) (Zip Code)

Date of Birth \_\_\_\_\_ Home Phone \_\_\_\_\_ Local Union No. \_\_\_\_\_

**Marital History:** (Attach proof of marriage, divorce, spouse ID, or spouse's death, as applicable)

Married \_\_\_\_\_ Divorced \_\_\_\_\_ Widowed \_\_\_\_\_ Never Married \_\_\_\_\_  
(Date) (Date) (Date)

Current Spouse's Name \_\_\_\_\_ SSN \_\_\_\_\_ Date of Birth \_\_\_\_\_

**Have you ever been divorced?**  Yes  No **If yes, how many times?** \_\_\_\_\_

**\*\*If yes, attach a court-certified copy of each Divorce Decree, QDRO, and any other marital property settlement agreement, as applicable\*\***

## **BASIS FOR ELIGIBILITY**

**Enter the last date you worked in Covered Employment:** \_\_\_\_\_

**Check ONE of the following reasons for making application for withdrawal of benefits under the South Central Annuity Fund (“Plan”):**

- Normal Retirement:** Age 62.
  
- Early Retirement:** Age 55 but before age 62 (only one Early Retirement distribution is permitted by the Plan). You must be completely withdrawn from the operating engineering industry.
  - Provide proof of retirement, such as copies of receipt of pension benefits from the Central Pension Fund.
  
- Total Disability:** Unable to continue working due to indefinite or terminal physical or mental condition.
  - Provide one or more of the following as proof of Total Disability:
    - Social Security Administration Award of Disability Income Benefits.
    - Notice of eligibility for total disability benefits under the Central Pension Fund.
    - Certification by your physician that you are “Totally Disabled,” as defined by the Plan.
  
- Termination of Covered Employment:** Have not worked in Covered Employment for two full years (24 consecutive months), during which no employer contributions were made to the Plan on your behalf.

## PAYMENT OPTION ELECTIONS

**ATTENTION:** Before completing this form, please review the "Special Tax Notice Regarding Plan Payments." You may also wish to consult with your professional tax advisor before making any election.

**Check ONE of the following payment options:**

- Lump Sum Payment
- Partial Payment (\$ \_\_\_\_\_)
- Rollover
- Rollover with Partial Payment (\$ \_\_\_\_\_ Rollover / \$ \_\_\_\_\_ Partial Payment)
- Systematic Withdrawal Program (Your choice of monthly, quarterly, semi-annual, or annual installment payments. Your election may be changed only once per year. \$10.00 per installment processing fee applies). **Check ONE of the installment frequency options below:**
  - Monthly
  - Quarterly
  - Semi-Annually
  - Annually

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

Except for a required distribution under the Internal Revenue Code, distributions of your Individual Account Balance are eligible for full or partial rollover directly to a traditional Individual Retirement Account (IRA) or to another qualified retirement plan (if it accepts rollovers).

**Check ONE option below to indicate whether or not you elect a direct rollover of your distribution:**

- I do not want to roll over any part of my payment to a traditional IRA or other qualified retirement plan. Pay me the full amount of my benefits after withholding 20% for Federal income taxes as required by law. (This withholding does not increase your taxes; but will be credited against any income tax you owe.)
- I want to roll over my payment directly to the rollover institution named below.
- I would like to have only part of my payment directly rolled over:  
Please roll over \$ \_\_\_\_\_ to the traditional IRA or qualified retirement plan named below and pay the remainder of my benefit to me as a single lump sum after withholding 20% for Federal income taxes.

**If you elect a direct rollover, you must provide all of the following information. No direct rollover can be made without this information:**

The type of institution to receive the rollover is a **(check one)**:

- Traditional IRA  Qualified Retirement Plan under Section(s) \_\_\_\_\_ of the Internal Revenue Code

Name of IRA or Qualified Retirement Plan \_\_\_\_\_

Address \_\_\_\_\_

Account No \_\_\_\_\_ Contact Name \_\_\_\_\_ Telephone No. \_\_\_\_\_

**APPLICANT'S CERTIFICATION**

I certify that the information I have provided, and any additional information submitted with (and to supplement) this application for withdrawal, is true and complete to the best of my knowledge and belief. I further certify that I received and reviewed notification of the optional forms of benefits as well as the Special Tax Notice Regarding Plan Payments. I further certify that I understand my distribution options and have made the foregoing election.

\_\_\_\_\_  
**Applicant's Signature**

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

County of \_\_\_\_\_

Before me, \_\_\_\_\_, on this day personally appeared \_\_\_\_\_, known to me (or proved to me through \_\_\_\_\_) to be the person whose name is subscribed to foregoing instrument and acknowledged to me that he/she executed same.

Given under my hand and seal of office this \_\_\_ day of \_\_\_\_\_, 20\_\_.

(Seal) \_\_\_\_\_

\_\_\_\_\_  
Notary Public in and for the State of \_\_\_\_\_

\_\_\_\_\_  
Commission Expiration Date

# SOUTH CENTRAL ANNUITY FUND

Administrative Office  
8441 Gulf Freeway Suite 304  
Houston, TX 77017  
713-643-9300 (or) Toll Free 1-866-236-3148

## DIRECT DEPOSIT BANKING AGREEMENT

Name \_\_\_\_\_  
Last First Middle Telephone Number

Address \_\_\_\_\_  
Street City or Town State Zip

Social Security Number: \_\_\_\_\_

I authorize the Custodian of the South Central Annuity Fund to directly deposit and transmit my retirement benefits to the bank account specified below:

### Bank Information:

Bank Name \_\_\_\_\_ Telephone Number \_\_\_\_\_

Address \_\_\_\_\_  
Street City or Town State Zip

Routing Number \_\_\_\_\_ Account Number \_\_\_\_\_

For credit to  Checking  Savings

I also authorize the Custodian to charge the above account, or any other account in my name, for improper overpayments made to me and to refund any overpayments to the South Central Annuity Fund. I hereby release the South Central Annuity Fund and its Board of Trustees from any liability concerning any obligations of the Custodian related to the direct deposit of my benefit payment(s).

\_\_\_\_\_  
SIGNATURE OF APPLICANT

\_\_\_\_\_  
DATE

# SOUTH CENTRAL ANNUITY FUND

Administrative Office  
8441 Gulf Freeway Suite 304  
Houston, TX 77017  
713-643-9300 (or) Toll Free 1-866-236-3148

## AFFIDAVIT

In order to satisfy the requirements of Section 206(d) of the Employee Retirement Income Security Act of 1974, as amended (ERISA), the undersigned states that there exists no domestic relations order (Divorce Decree, Qualified Domestic Relations Order (QDRO), or other marital property settlement agreement) that creates or recognizes the existence of any alternate payee's right (or assigns to an alternate payee the right) to receive all or a portion of the benefits payable to me as a participant in the South Central Annuity Fund.

\_\_\_\_\_  
Applicant Name (Print)

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Address

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant Signature

If there is a Divorce Decree, QDRO, or other marital property settlement agreement that may or does assign your benefit to an alternate payee, please provide the names and contact information of each alternate payee and attach a court-certified copy of the corresponding Divorce Decree(s), QDRO(s), and/or other marital property settlement agreement(s).

\_\_\_\_\_  
Name of Alternate Payee

\_\_\_\_\_  
Name of Alternate Payee

\_\_\_\_\_  
Address

\_\_\_\_\_  
Address

\_\_\_\_\_  
City State Zip Code

\_\_\_\_\_  
City State Zip Code

\_\_\_\_\_  
Name of Alternate Payee

\_\_\_\_\_  
Name of Alternate Payee

\_\_\_\_\_  
Address

\_\_\_\_\_  
Address

\_\_\_\_\_  
City State Zip Code

\_\_\_\_\_  
City State Zip Code