



Enhancing Members' Lives

Mid-America Carpenters Regional Benefit Services, Inc.

St. Louis - Kansas City Carpenters Regional Health, Vacation & Annuity Plans
Carpenters Pension Trust Fund of St. Louis

Re: St. Louis-Kansas City Carpenters Regional Annuity Plan
Application for Standard Annuity Benefits

Dear Participant,

Per your request, the following pages include an application to receive a payout from your annuity benefit from the St. Louis-Kansas City Carpenters Regional Annuity Plan (Annuity Plan). Also included are documents that are required to be submitted along with your application, as well as a list of required supporting documents necessary to substantiate your request. Your application must be received by the 10th of the month to receive payout the following month. Any delay in your providing the required documents may result in a delay in processing your application.

Please complete all forms and documents in their entirety and mail them to the address listed at the bottom of this letter. Should you have any questions regarding the application packet or process, please call our office at the number below, selecting Option 2 for the Pension/Annuity office.

Our office hours are Monday – Friday, 8 am – 4:30 pm.

Sincerely,

Carpenters Annuity Office

1419 Hampton Ave, St. Louis, MO 63139

Tel 314.644.4802 | Toll-Free 877.232.3863

Health Plan Fax 314.678.1110 | Pension & Annuity Fax 314.644.0200

Email benefits@laborfunds.org | pension@laborfunds.org | annuity@laborfunds.org

www.laborfunds.org

Annuity Standard Application: Summary of Plan Provisions

St. Louis-Kansas City Carpenters Regional Annuity Plan



WITHDRAWAL REQUIREMENTS

To be eligible for a distribution, you must meet one (1) of the following requirements:

1. Attained Normal Retirement Age, which is the later of age 62 or the fifth anniversary of your participation in the Annuity Plan,
2. Attainment of at least age 55 with 100% vested benefit in the Participant's Individual Account; or
3. Any age, provided that the Participant is 100% vested in the Participant's Individual Account and provided that the Participant has commenced a lifetime pension from the Carpenters Pension Trust Fund of St. Louis, the Carpenters Pension Trust Fund of Kansas City, the Carpenters Pension Trust Fund of Illinois, or the Kansas Construction Trades Open End Pension Trust Fund.,* or
**There may be an additional tax liability for any benefits received before reaching age 59½*
4. To be found Totally and Permanently Disabled by the Social Security Administration.

Your Annuity Standard Application must be received in our office **on or before the 10th of the month** prior to the month you would like to receive your withdrawal.

APPLICATION REQUIREMENTS

Please indicate (x) in the appropriate application column if the required documentation has been provided. If the supporting documents are not applicable, please mark the box "N/A"

<i>Primary Forms</i>	Standard Application packet	
Application	<input type="checkbox"/>	
W4-R Withholding Certificate, if applicable	<input type="checkbox"/>	
Direct Deposit Authorization	<input type="checkbox"/>	
<i>Supporting Documents</i>	Standard	Disability
Birth certificate	<input type="checkbox"/>	<input type="checkbox"/>
Driver's license or State photo ID	<input type="checkbox"/>	<input type="checkbox"/>
Marriage certificate, <i>if applicable</i>	<input type="checkbox"/>	<input type="checkbox"/>
Spouse's Driver's license or State photo ID, <i>if applicable</i>	<input type="checkbox"/>	<input type="checkbox"/>
Divorce decree, <i>if applicable</i>	<input type="checkbox"/>	<input type="checkbox"/>
QDRO, <i>if applicable</i>	<input type="checkbox"/>	<input type="checkbox"/>
Pension Award / Verification Letter (requirement #2)	<input type="checkbox"/>	--
Social Security Disability Award Letter	--	<input type="checkbox"/>

DISTRIBUTION OPTIONS

The automatic form of payment (Normal Form) is a single lump sum distribution of a Participant's entire Accumulated Share.

The optional form of payment is a partial distribution from a Participant's Accumulated Share, in an amount specified by the Participant that is no less than 5% of the Accumulated Share, provided that a Participant may make only one such request in each calendar year, and has an Accumulated Share over \$7,000.00.

INCOME TAX WITHHOLDING

FEDERAL: Distributions of pre-tax contributions plus earnings on all contributions are subject to federal income tax. Federal income tax requires that 20% of the taxable amount of a standard withdrawal be withheld, unless the payment is directly rolled over to an eligible employer plan or IRA. There may be additional tax liability for any benefits received before reaching age 59½ if you have not separated from service. Contact your tax advisor or the IRS if you have any questions concerning tax withholding.

STATE: You are responsible to paying state taxes for your annuity distribution.

Annuity Standard Application

St. Louis-Kansas City Carpenters Regional Annuity Plan
 1419 Hampton Ave, St. Louis, MO 63139 | 877.232.3863, #2



Standard Disability

 Last 4 SSN

 Name of Participant Participant Phone Number Date

 Street Address City State Zip

MARITAL STATUS Married Never Married Divorced Widowed

**Please note: A divorce decree is required for all divorces since 5/1/2019. A copy of your QDRO is required when applicable.*

If you have any previous spouses since 5/1/2019, please list the names of your ex-spouses, the date of marriage and date(s) of divorce. If any of your previous marriages ended due to the death of your spouse, please list the date of death.

Deceased or Ex-Spouse Full Name Date of Marriage Date of Death/Divorce

DISTRIBUTION WITHDRAWAL OPTIONS

I elect to direct rollover	<input type="checkbox"/>	Entire Amount	<input type="checkbox"/>	Specific Amount (a) \$	<input type="checkbox"/>	Remainder from Cash Distribution (b)
<i>Please acknowledge</i> →	<input type="checkbox"/>	<i>I understand the above rollover amounts are not taxed</i>				
I elect to have paid directly to me in a cash distribution	<input type="checkbox"/>	Entire Amount	<input type="checkbox"/>	Specific Amount (b) \$	<input type="checkbox"/>	Remainder from Direct Rollover (a)
<i>Please acknowledge</i> →	<input type="checkbox"/>	<i>I understand the above cash distribution amounts are taxed at least 20%</i>				

DIRECT ROLLOVER INSTRUCTIONS (0% TAXED): If you have elected a direct rollover of all or part of your benefit, please complete the sections below: **IRA trustee / custodian** **Other Eligible Retirement Plan**

Legal name of the plan: _____
 Account Number: _____
 Address: _____
 City, State, Zip: _____

CASH DISTRIBUTION INSTRUCTIONS (20%+ TAXED): If you have elected a cash distribution of all or part of your benefit, please complete the sections below: **Checking or Money Market Account** **Savings Account**

Financial Institution Name: _____
 City and State of Institution: _____
 Transit Routing Number: _____
 Bank Account Number: _____

I have included a voided, pre-printed check (checking/money market) or a copy of my monthly bank statement (savings) for verification of the above information.

ACKNOWLEDGMENTS:

- I have read the attached **Special Tax Notice** and would like to waive the 30-day notice period required to receive distribution as soon as administratively possible.*
- I have* *I have not* – separated from service. (Quit working under covered employment)

SPOUSAL CONSENT, *if applicable*

This section is to be completed by your spouse if you are married for at least the 12-month period preceding your application.

I, the undersigned spouse of the Participant named on this Annuity Standard Application, certify that I am the Participant's spouse. The Participant and I are legally married as of the date of this application. My signature below indicates that I approve of my spouse's application. I make this consent of my own free will.

PRINT: First Name Middle Initial Last Name Date

Signature

The signature of the spouse must be witnessed by a notary public or a Plan representative.

WITNESS: Notary Public or Plan Representative

Subscribed and sworn to before me on this _____ day of _____, 20_____.

Signature

Print Name

[AFFIX NOTARY SEAL HERE]

SIGNATURE OF PARTICIPANT

I certify that the above information is correct. I agree to sign any forms and/or benefit payments in the manner in which my signature appears below. *I understand that in order for my benefit to be payable in the form requested by this application, I must have met the eligibility requirements indicated on Page 1 of this application. I further understand that if I am not living on the commencement date, this application will be nullified and pre-retirement death benefits will be calculated on my behalf.*

Signature of Participant

Date

The signature of the participant must be witnessed by a notary public or a Plan representative.

WITNESS: Notary Public or Plan Representative

Subscribed and sworn to before me on this _____ day of _____, 20_____.

Signature

Print Name

[AFFIX NOTARY SEAL HERE]