



SOUTHERN ILLINOIS LABORER'S & EMPLOYERS ANNUITY FUND

5100 ED SMITH WAY, SUITE A MARION, IL 62959 PHONE:618-998-1300 FAX:618-997-9063

APPLICATION FOR HARDSHIP WITHDRAWAL BENEFITS

PLEASE READ THIS FORM CAREFULLY BEFORE FILLING IT OUT.

1. ANSWER ALL QUESTIONS
2. SEND IN ALL REQUESTED DOCUMENTATION
3. ALL SIGNATURES MUST BE NOTARIZED
4. YOUR APPLICATION WILL NOT BE PROCESSED UNLESS THIS PROCEDURE IS COMPLETE
5. WHEN THE PROCESS IS COMPLETED; YOUR APPLICATION WILL PRESENTED TO THE BOARD OF TRUSTEES

NAME:

(LAST) (FIRST) (MIDDLE)

ADDRESS:

(# AND STREET) (CITY) (STATE) (ZIP CODE)

TELEPHONE:

SOCIAL SECURITY NUMBER:

LOCAL UNION #

DATE OF BIRTH:

PLEASE INCLUDE A COPY OF ONE OF THE FOLLOWING:

DRIVER'S LICENSE MARRIAGE CERTIFICATE
BIRTH CERTIFICATE LIFE INSURANCE POLICY (COVER SHEET ONLY)
(MONTH) (DAY) (YEAR) MILITARY RECORD BAPTISMAL RECORD

ARE YOU LEGALLY MARRIED AT THIS TIME? YES NO (IF "YES" PLEASE COMPLETE THE FOLLOWING)

SPOUSE'S NAME:

SPOUSE'S SSN:

SPOUSE'S DATE OF BIRTH:

DATE OF MARRIAGE:

WERE YOU PREVIOUSLY MARRIED AND DIVORCED? YES NO

PLEASE PROVIDE A COMPLETE CERTIFIED COPY OF THE ORDER, AGREEMENT, &/OR DIVORCE DECREE(S), INCLUDING ANY ORDER(S) WHICH MAY AFFECT DISTRIBUTION OF YOUR ANNUITY

TYPE OF HARDSHIP WITHDRAWAL BENEFIT FOR WHICH YOU ARE APPLYING: (CHECK ONE)

- PAYMENT OF MEDICAL EXPENSES INCURRED BY THE MEMBER, MEMBERS SPOUSE, OR ANY DEPENDENTS OF THE MEMBER THAT ARE NOT COVERED BY INSURANCE & THAT ARE DEDUCTIBLE MEDICAL EXPENSES FOR FEDERAL INCOME TAX PURPOSES (YOU MUST SUBMIT CURRENT COPIES OF ALL MEDICAL BILLS NOT COVERED BY INSURANCE THAT EQUALS THE AMOUNT OF HARDSHIP REQUESTED)
- PURCHASE (EXCLUDING MORTGAGE PAYMENTS) OF A PRINCIPAL RESIDENCE. (YOU MUST SUBMIT EVIDENCE OF THE INTENDED PURCHASE; EXAMPLE: ATTACH A COPY OF THE SIGNED CONTRACT FROM THE LENDER OR A NOTARIZED CONTRACT FOR DEED THAT REFLECTS THE AMOUNT TO BE USED AS A DOWN PAYMENT)
- PAYMENT OF TUITION, RELATED EDUCATIONAL FEES, & ROOM & BOARD EXPENSES FOR THE NEXT 12 MONTHS OF POST-SECONDARY EDUCATION FOR THE MEMBER, MEMBERS SPOUSE, OR ANY DEPENDENTS OF THE MEMBER (YOU MUST SUBMIT A COPY OF THE BILL(S) RELATED TO EDUCATIONAL EXPENSES)
- TO PREVENT FORECLOSURE OF THE MORTGAGE ON OR EVICTION FROM MY PRINCIPAL RESIDENCE (YOU MUST SUBMIT A COPY OF THE FORECLOSURE OR EVICTION NOTICE WHICH STATES THE AMOUNT NEEDED TO PREVENT EITHER)
- TO PREVENT BANKRUPTCY (YOU MUST SUBMIT COPY OF BANKRUPTCY DECLARATION)
- PAYMENT FOR BURIAL OR FUNERAL EXPENSES FOR A MEMBERS DECEASED PARENT, SPOUSE, CHILDREN, OR DEPENDENTS (YOU MUST SUBMIT A CURRENT COPY OF THE BILL(S) RELATED TO BURIAL/FUNERAL EXPENSES)

AMOUNT OF HARDSHIP WITHDRAWAL BENEFIT YOU ARE APPLYING FOR \$

WITHHOLD 20% FOR FEDERAL TAXES YES NO (YOU WILL BE RESPONSIBLE FOR FULL TAX AMOUNT)

SPOUSE'S CONSENT

- NOT MARRIED
- MARRIED- I UNDERSTAND THIS ELECTION REPLACES ANY OTHER BENEFITS WHICH MAY HAVE BEEN PAYABLE TO ME

SPOUSE'S NOTARIZED SIGNATURE

DATE

STATE OF ILLINOIS
COUNTY OF _____

SIGNED BEFORE ME ON THE _____ DAY OF _____ 20____

BY _____

SIGNATURE OF NOTARY PUBLIC

I CERTIFY THAT ALL OTHER SOURCES OF FUNDS HAVE BEEN EXHAUSTED & THAT MY ANNUITY FUND MONEY MUST BE WITHDRAWN IN ORDER TO MEET THIS OBLIGATION

THE ABOVE STATEMENT, & ATACHED LETTER & DOCUMENTS, ARE TRUE TO THE BEST OF MY KNOWLEDGE & BELIEF I UNDERSTAND THAT A FALSE STATEMENT MAY DISQUALIFY ME FOR BENEFITS & THAT THE TRUSTEES SHALL HAVE THE RIGHT TO RECOVER ANY PAYMENTS MADE TO ME BECAUSE OF A FALSE STATEMENT. IN ADDITION, IF A BENEFIT IS GRATED ME, I AGREE TO BE BOUND BY ALL RULES & REGULATIONS OF THE PLAN & WILL PERSONALLY ENDORSE ALL CHECKS RECEIVED BY ME.

MEMBER'S NOTARIZED SIGNATURE

DATE

STATE OF ILLINOIS
COUNTY OF _____

SIGNED BEFORE ME ON THE _____ DAY OF _____ 20____

BY _____

SIGNATURE OF NOTARY PUBLIC