



SOUTHERN ILLINOIS LABORER'S & EMPLOYERS ANNUITY FUND

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

HARDSHIP WITHDRAWAL BENEFIT APPLICATION

ORIGINAL DOCUMENT MUST BE SUBMITTED

PLEASE READ THIS FORM CAREFULLY BEFORE FILLING IT OUT.

1. ANSWER **ALL** QUESTIONS - **PLEASE USE BLACK OR BLUE INK ONLY.**
2. SEND IN ALL REQUESTED DOCUMENTATION. IDENTIFICATION DOCUMENTS **MUST** BE CERTIFIED COPIES.
3. ALL SIGNATURES MUST BE NOTARIZED
4. YOUR APPLICATION WILL NOT BE PROCESSED UNLESS THIS PROCEDURE IS COMPLETE.
5. APPLICATION MUST BE RECEIVED BY THE 25TH OF MONTH TO BE PRESENTED TO THE TRUSTEES.
6. CHECKS ARE WRITTEN AND MAILED THE 10TH OF THE NEXT MONTH.

MEMBER'S NAME		
LAST	FIRST	MIDDLE

ADDRESS:

# AND STREET	CITY	STATE	ZIP CODE
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SOC SEC #	PHONE #	EMAIL ADDRESS
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MUST INCLUDE A COPY OF ONE OF THE FOLLOWING:		DATE OF BIRTH	LOCAL #			
DRIVER'S LICENSE <input type="checkbox"/>	STATE ISSUED ID <input type="checkbox"/>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%;">Month</td> <td style="width: 33%;">Day</td> <td style="width: 33%;">Year</td> </tr> </table>	Month	Day	Year	
Month	Day		Year			
BIRTH CERTIFICATE <input type="checkbox"/>	MILITARY RECORD <input type="checkbox"/>					
MARRIAGE CERTIFICATE (MUST SHOW DATE OF BIRTH) <input type="checkbox"/>						

MARITAL STATUS: MUST DISCLOSE CURRENT AND PREVIOUS MARTIAL STATUS

SINGLE

CHECK ONE YES <input type="checkbox"/> NO <input type="checkbox"/>	MUST PROVIDE A COMPLETE COPY OF THE ORDER, AGREEMENT, AND/OR DIVORCE DECREE(S) INCLUDING ANY ORDER(S) WHICH MAY AFFECT DISTRIBUTION OF YOUR ANNUITY
DIVORCED AND/OR PREVIOUSLY DIVORCED	

WIDOWED <input type="checkbox"/>	MUST PROVIDE A CERTIFIED COPY OF DEATH CERTIFICATE
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SPOUSE'S INFORMATION: ID MUST BE INCLUDED

MARRIED <input type="checkbox"/>	NAME	DATE OF BIRTH	SILEA ANNUITY CONTACT			
		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%;">Month</td> <td style="width: 33%;">Day</td> <td style="width: 33%;">Year</td> </tr> </table>	Month	Day	Year	LINDA BROWN 618-998-1300 EXT 237 lindabrown@silehw.org
Month	Day	Year				
SOC SEC #	PHONE #	DATE OF MARRIAGE				
		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%;">Month</td> <td style="width: 33%;">Day</td> <td style="width: 33%;">Year</td> </tr> </table>	Month	Day	Year	
Month	Day	Year				

As a Participant in the above Plan, I hereby request a withdrawal under the Safe-Harbor Hardship Withdrawal provision of the above plan. I certify that:

- I have no other reasonably available resources for which these funds may be obtained:
- None of the money I am requesting to withdraw is subject to a Qualified Domestic Relations Order
The withdrawal is not in excess of the amount needed to satisfy the need however, I can take an additional amount
- to pay the taxes that I will incur as a result of the hardship withdrawal:
- I have taken all possible distributions from all of the employer's plans, including non-taxable loans
(NOTE, however, that if the effect of the loan would be to increase the amount of my financial need, I am not required to take the loan. For example, if I need funds to purchase a principal residence and a plan loan would disqualify me from other necessary financing, I do not have to take the loan.)

Please Initial

TYPE OF HARDSHIP WITHDRAWAL BENEFIT FOR WHICH YOU ARE APPLYING:

CHECK ONE

- PURCHASE (EXCLUDING MORTGAGE PAYMENTS) OF A PRINCIPAL RESIDENCE.**
(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.

- TO PREVENT FORECLOSURE OF THE MORTGAGE ON OR EVICTION FROM MY PRINCIPAL RESIDENCE**
(MUST SUBMIT A COPY OF THE FORECLOSURE OR EVICTION NOTICE WHICH STATES THE AMOUNT NEEDED TO PREVENT EITHER)

- 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.**
(MUST SUBMIT CURRENT COPIES OF ALL MEDICAL BILLS NOT COVERED BY INSURANCE THAT EQUALS THE AMOUNT OF HARDSHIP REQUESTED)

- 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.**
(MUST SUBMIT A COPY OF THE BILL(S) RELATED TO EDUCATIONAL EXPENSES)

- PAYMENT FOR BURIAL OR FUNERAL EXPENSES FOR A MEMBERS DECEASED PARENT, SPOUSE, CHILDREN, OR DEPENDENTS**
(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 THE FULL TAX AMOUNT IF YOU MARK NO)**

PLEASE NOTE:

YOU MAY ONLY ACCESS UP TO 50% OF YOUR CURRENT ANNUITY BALANCE AT THE TIME OF THE HARDSHIP. YOU MAY MAKE A MAXIMUM OF 4 HARDSHIP WITHDRAWALS FROM THE ANNUITY FUND PER LIFETIME, AND THE FOURTH MAY ONLY BE USED FOR FUNERAL EXPENSES. IF YOU USE ALL PERMISSIBLE HARDSHIP WITHDRAWALS, YOU WILL ONLY BE ABLE TO ACCESS YOUR MONEY WHEN YOU QUALIFY FOR RETIREMENT, TERMINATION, OR PERMANENT & TOTAL DISABILITY.

THIS PAGE MUST BE SIGNED AND NOTARIZED IN ORDER FOR YOUR APPLICATION

TO BE ACCEPTED AND PROCESSED

SPOUSE'S CONSENT

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

SPOUSE'S NOTARIZED SIGNATURE

DATE

STATE OF _____

COUNTY OF _____

SIGNED BEFORE ME ON THE _____ DAY OF _____ 20 _____

BY _____

(Print Spouse's Name)

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, & ATTACHED 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 GRANTED ME, I AGREE TO BE BOUND BY ALL RULES & REGULATIONS OF THE PLAN & WILL PERSONALLY ENDORSE ALL CHECKS RECEIVED BY ME.

MEMBERS' CONSENT

MEMBER'S NOTARIZED SIGNATURE

DATE

STATE OF _____

COUNTY OF _____

SIGNED BEFORE ME ON THE _____ DAY OF _____ 20 _____

BY _____

(Print Member's Name)

SIGNATURE OF NOTARY PUBLIC