



# 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.

- ANSWER **ALL** QUESTIONS - **PLEASE USE BLACK OR BLUE INK ONLY**.
- IDENTIFICATION **MUST** BE PROVIDED FOR BOTH **MEMBER & SPOUSE** (SEE EXAMPLES).
- ALL SIGNATURES **MUST** BE NOTARIZED.
- DEADLINE:** MUST BE RECEIVED BY 25TH OF THE MONTH, CHECKS ARE MAILED THE 10TH OF THE NEXT MONTH.
- APPLICATION MUST BE FILLED OUT IN ITS **ENTIRETY** TO BE PRESENTED TO THE TRUSTEES FOR APPROVAL.

<b>MEMBER'S NAME</b>		
LAST	FIRST	MIDDLE

**ADDRESS:**

# AND STREET	CITY	STATE	ZIP CODE
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SOC SEC #	PHONE #	EMAIL ADDRESS
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<b>ID EXAMPLES: MUST BE INCLUDED FOR MEMBER &amp; SPOUSE</b>		DATE OF BIRTH:	LOCAL #
DRIVER'S LICENSE <input type="checkbox"/>	PASSPORT <input type="checkbox"/>	Month      Day      Year	
BIRTH CERTIFICATE <input type="checkbox"/>	STATE ISSUED ID <input type="checkbox"/>		

**MARITAL STATUS: MUST DISCLOSE CURRENT AND PREVIOUS MARITAL STATUS**

**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**

HAVE YOU EVER BEEN DIVORCED?	MUST CHECK ONE	YES <input type="checkbox"/> NO <input type="checkbox"/>	SINGLE <input type="checkbox"/>	MARRIED <input type="checkbox"/>
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**SPOUSE'S INFORMATION:**

NAME	SOC SEC #	PHONE #
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DATE OF BIRTH:	DATE OF MARRIAGE	EMAIL ADDRESS
Month      Day      Year	Month      Day      Year	

**WIDOWED  MUST PROVIDE A CERTIFIED COPY OF THE DEATH CERTIFICATE**

**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*  
(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.

**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 PAYABLE TO ME.

**SPOUSE'S NOTARIZED SIGNATURE** \_\_\_\_\_

DATE \_\_\_\_\_

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

SIGNED BEFORE ME ON THE \_\_\_\_\_ DAY OF \_\_\_\_\_ 20 \_\_\_\_\_

BY \_\_\_\_\_  
(Print Spouse's Name)

OFFICIAL NOTARY SEAL

**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)

OFFICIAL NOTARY SEAL

**SIGNATURE OF NOTARY PUBLIC**