

**Heavy and General Laborers' Local 472 and Local 172 Annuity Fund**  
**Benefit Application for Beneficiaries**

700 Raymond Blvd.  
Newark, NJ 07105  
973-589-5050

Please read this application carefully before answering any questions. If any part of this application is not entirely clear, please do not hesitate to contact the Fund Office for assistance.

PLEASE PRINT OR TYPE

**Section 1**

**A. Regarding Deceased**

**Name** \_\_\_\_\_

**Address** \_\_\_\_\_  
(No. and Street) (City) (State) (Zip Code)

**Social Security #** \_\_\_\_\_ **Local #** \_\_\_\_\_ **Member#** \_\_\_\_\_

**Date of Birth** \_\_\_\_\_ **Date of Death** \_\_\_\_\_ **Male/Female** \_\_\_\_\_

**B. Regarding Beneficiary**

**Name** \_\_\_\_\_

**Address** \_\_\_\_\_  
(No. and Street) (City) (State) (Zip Code)

**Social Security #** \_\_\_\_\_ **Date of Birth** \_\_\_\_\_

**Relationship to Deceased** \_\_\_\_\_ **Phone#** \_\_\_\_\_

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**Important Notice:** You must attach a copy of the Death Certificate with this application and return it to the address at the top of this page. *Please also note that certain options other than the lump sum withdrawal in the next section may not be available. This is due to the possibility that the amount in the account is not sufficient to allow for options other than the lump sum, and other factors such as Federal Regulations regarding eligible Individual Retirement Account rollovers. Please continue on to Section 2 but do not hesitate to contact the Fund Office if you have any questions regarding this application.*

## Section 2

I wish to receive the accumulated share as follows (Check One):

1. In a lump sum withdrawal of all available funds from the account.
2. In a partial withdrawal in the **gross amount** of \$\_\_\_\_\_.
3. In a lump sum with the remainder to be paid to me in monthly installments, *not to exceed a ten year period*, until the amount in the account is exhausted. Please enter the **gross lump sum amount**: \$\_\_\_\_\_.  
Please enter the **gross monthly installment amount** : \$\_\_\_\_\_.
4. In monthly installments, *not to exceed a ten year period*, until the amount in the account is exhausted. Please enter the **gross monthly installment amount** \$\_\_\_\_\_.

**Note: If you wish to receive your payment in the form of a lifetime annuity, please contact the Fund Office.**

I hereby apply for benefits that may be payable from the Heavy and General Laborers' Local 472 and Local 172 Annuity Fund. The above statements are true to the best of my knowledge and belief. I understand that a false statement may disqualify me for benefits, and that the Trustees shall have the right to recover any payments made to me based on a false statement

\_\_\_\_\_  
**Beneficiary's Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Fund Representative** (If signed at Fund Office)

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Notary Public Signature** (If by mail)

Sworn to and subscribed before me  
this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_ .

My commission expires \_\_\_\_\_.

Seal:

**Section 3**

**Income Tax Information**

Federal law requires that Federal Income Tax be withheld from your Plan distribution at the rate of 20% of the amount distributed to you either as a lump sum distribution or as a series of payments over a period of less than 10 years. If you wish to have more than 20% to be withheld, please enter the total percentage to be withheld for Federal Income Tax:\_\_\_\_\_.

If you are the surviving spouse, you may also be able to roll over the entire distribution directly to an IRA or to another qualified plan. If you wish a direct rollover of this account, please contact the Fund Office for the appropriate form.

Tax laws are complicated and change from time to time. To best understand the tax consequences of the benefit you receive, you should discuss your particular circumstances with a trusted tax advisor. Your tax advisor knows your financial situation and can best assist you in choosing how to receive your benefit and minimize the tax you pay on this income.

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***State of New Jersey Income Tax*** (Choose A or B below only if you are a resident of the State of New Jersey)

- 1. I elect **not to have** New Jersey income tax withheld.
  
- 2. I elect **to have** New Jersey income tax withheld (3% will be withheld) If you wish to have more than 3% withheld, please enter the percentage:\_\_\_\_\_.

**Beneficiary's Signature**\_\_\_\_\_ **Date**\_\_\_\_\_

**HEAVY AND GENERAL LABORERS'  
LOCAL UNIONS 472 AND 172 OF NEW JERSEY ANNUITY PLAN**

**Waiver of 30 Day Notice Period**

**Explanation**

Federal law requires that the Heavy and General Laborers' Local Unions 472 and 172 of New Jersey Annuity Plan provide you with a written explanation of each of the forms of payment available to you under the Plan. This information on benefit payment options must be provided to you at least 30 days before you begin to receive your benefit payments. You may begin receiving payments before the end of the 30-day period if you and your spouse (if you are married) waive the 30-day waiting period, but you must receive the explanation of benefit payment forms at least seven days before you begin to receive payments.

**Waiver**

(I) (We), the undersigned, hereby irrevocably waive our right(s) to the 30-day waiting period and acknowledge that (I)(we) have received the information on benefit payment options from the Heavy and General Laborers' Local Unions 472 and 172 of New Jersey Annuity Plan describing the effect of payment in each of the forms of payment available under the Plan.

\_\_\_\_\_  
**Print Beneficiary's Name**

\_\_\_\_\_  
**Beneficiary's Signature**

\_\_\_\_\_  
Date

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

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

On the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ before me came, \_\_\_\_\_  
to me, known to me to be the person(s) described in and who executed the foregoing statement and they duly acknowledged to me that they executed the same.

\_\_\_\_\_  
**Notary Public** (if by mail)

\_\_\_\_\_  
**Fund Representative** (if signed at Fund office)

\_\_\_\_\_  
My Commission Expires

(Seal)