



**Annuity Fund of
Local No. One, I.A.T.S.E.**

320 West 46th Street, 6th Floor

New York, NY 10036

Tel (212)247-5225 Fax (212)247-5227 Email: fundoffice@fundoneiatse.com

APPLICATION FOR CORONAVIRUS-RELATED HARDSHIP DISTRIBUTION

INSTRUCTIONS:

- **Do not** remove any pages from this application. The application must be returned to the Fund Office in its entirety for it to be valid.
- **Carefully** read this application in its entirety before answering any questions, then answer only those questions which apply to you.
- Married applicants **must** obtain the consent of their spouse (*see consent form on page 3*).
- **Make sure** all required signatures have been made, and notarized.
- Effective 10/01/2020, you are permitted to take one or more Coronavirus-Related Hardship Distributions on or before December 30, 2020 up to a maximum total of \$100,000, inclusive of any federal or state income tax withholding.
- Return your completed application to the Fund Office by:
Email: **FundOffice@fundoneiatse.com**
Fax: **212-247-5227**
- Your request will be processed within 30 days of receipt.

PARTICIPANT INFORMATION

Participant Name Social Security Number

Address

City State Zip

Telephone Birth Date

SPOUSE INFORMATION *(if applicable)*

Spouse Name Social Security Number

Address

City State Zip

Telephone Birth Date

STATEMENT OF MARITAL STATUS (check and complete **only one**)

1. **NOT MARRIED**

I hereby freely state that I am not legally married at the present time.

*Participant Signature _____ Date _____

Print Participant Name

***Please Note:** Your signature must be signed in the presence of a Notary Public **OR** in the presence of a Fund Office Representative.

Authorized Fund Representative Signature _____

OR

Notary Public

STATE OF _____ SS: _____
COUNTY OF _____

On the ____ day of _____, 20____, before me came _____,
to me known and known to me to be the person described above who executed the foregoing statement before me under oath.

Notary Public

2. **MARRIED** (your spouse must complete the consent form on page 3)

I hereby freely state that I am legally married to _____ who I hereby certify to be
(Print Name of Spouse)
the person co-signing this document.

*Participant Signature _____ Date _____

Print Participant Name

***Please Note:** Your signature must be signed in the presence of a Notary Public **OR** in the presence of a Fund Office Representative.

Authorized Fund Representative Signature _____

OR

Notary Public

STATE OF _____ SS: _____
COUNTY OF _____

On the ____ day of _____, 20____, before me came _____,
to me known and known to me to be the person described above who executed the foregoing statement before me under oath.

Notary Public

TAX TREATMENT OF DISTRIBUTION

This Section provides a summary of the tax treatment of this distribution, and offers you several options. You are strongly encouraged to speak with your tax advisor regarding how taking this distribution will affect your personal tax situation

This Distribution is Not Subject to the 10% Early Withdrawal Penalty. The 10% early withdrawal penalty does not apply a Coronavirus-related Hardship Distribution regardless of your age.

This Distribution is Subject to a 10% Default Withholding, Which You Can Waive: This distribution is subject to a default federal tax withholding of 10%. This means if you request a \$10,000 distribution, we will withhold \$1,000 for taxes and pay you \$9,000. You have the option to waive this default withholding.

This Distribution is Subject to Income Tax Unless It Is Repaid Within Three Years: While the distribution is subject to ordinary income tax, you can choose to include one-third of the taxable amount in your income each year for three consecutive years in order to spread the tax burden over a longer period of time. You have the option, but you are not required, to repay the distribution within three years, in which case you may be eligible for a refund of any income tax paid on the distribution.

VOLUNTARY FEDERAL TAX WITHHOLDING

If you wish to pay taxes on this distribution, please specify below.

If this section is left blank, the full distribution will be paid directly to you and you will be responsible for paying any applicable taxes on the distributed amount.

FEDERAL WITHHOLDING: Contact your tax advisor or the IRS if you have any questions concerning tax withholding.

Please select one of the following options:

- DO NOT withhold federal income taxes
- Withhold % for federal income taxes

STATE TAX WITHHOLDING

Note: Connecticut has a 6.99% mandatory state withholding tax .

Massachusetts has a 5.05% mandatory state withholding tax.

If your state has a mandatory withholding tax and you don't specify below, we will automatically withhold the mandatory state tax.

- I **do not** want any State Income Tax withheld from my benefit.
- I **do** want to have State Income Tax withheld from my benefit as follows:
- Flat Dollar Amount
- Percentage of Amount %

PARTICIPANT AUTHORIZATION AND CERTIFICATION

I request a Coronavirus-related Hardship Distribution to be made in accordance with the Plan Document, Internal Revenue Code, and my election as outlined above.

If all required items are not completed on this form, payment will be delayed.

By affixing my signature below, I hereby certify that at least one of the following is true:

- I have been diagnosed with the virus SARS-CoV -2 or with the coronavirus disease 2019 (referred to collectively as COVID-19) by a test approved by the Centers for Disease Control and Prevention (CDC) (including a test authorized under the Federal Food, Drug and Cosmetic Act), or
- My spouse or dependent has been diagnosed with COVID-19 by a test approved by the Centers for Disease Control and Prevention (CDC) (including a test authorized under the Federal Food, Drug and Cosmetic Act), or
- I have experienced adverse financial consequences because I, my spouse or a member of my household (i.e., an individual with whom I share my principal residence):
 - was quarantined, furloughed, or laid off or had work hours reduced due to COVID-19,
 - was unable to work due to lack of child care due to COVID-19,
 - had a reduction in pay (or self-employment income) due to COVID-19 or had a job offer rescinded or start date for a job delayed due to COVID-19, or
 - own or operate a business that closed or reduced hours due to COVID-19.

I understand that the Fund Administrator is relying on the truth of this certification to determine that I satisfy the requirements for this distribution.

Participant Signature _____ Date _____

Print Participant Name

***Please Note:** Your signature must be signed in the presence of a Notary Public **OR** in the presence of a Fund Office Representative.

Authorized Fund Representative Signature _____

OR

Notary Public

STATE OF _____ SS:
COUNTY OF _____

On the _____ day of _____, 20____, before me came _____,
to me known and known to me to be the person described above who executed the foregoing statement before me under oath.

Notary Public

METHOD OF PAYMENT TO PARTICIPANT

Check

OR

Direct Deposit (Please complete the Annuity Direct Deposit Agreement below)

ANNUITY DIRECT DEPOSIT AGREEMENT

Account Number: 51631-1-1

Sponsor Name: Annuity Fund of Local No. One IATSE

Plan: Annuity Fund of Local No. One IATSE

PARTICIPANT INFORMATION

Participant Name Social Security Number

Mailing Address City State Zip

Telephone Email Address

AUTHORIZATION

I authorize MassMutual to make all retirement payments due to me under the above-numbered account by Electronic Direct Deposit to the bank account designated below. I also authorize MassMutual to initiate debits to that bank account for overpayment made to me and the bank named below to debit my account and refund any such overpayment to them. Payments made under this agreement fully satisfy any obligation to make payments to me.

I also agree that, to cancel this agreement, I must give at least one month's written notice to MassMutual's Home Office. Upon my death, my executors or administrators will pay to MassMutual from my estate the amount of any payments collected by the Bank which may have been considered as an overpayment depending upon the type of distribution election i made.

By electing direct deposit and by signing this form, I certify that I am an account holder on the bank account listed below.

Bank Name Telephone

Bank Address City State Zip

Bank Transit Routing #

Bank Account #

Type of Account: Checking (attach a copy of a voided check)

Savings (attach a savings deposit slip)

To help protect our customers' assets, MassMutual will independently validate bank and customer account information before processing Direct Deposit /EFT. If we are unable to independently validate the bank and customer account information or sufficient documentation to support the Direct Deposit/EFT is not provided, we will mail a check to the address of record. It should be noted that we are not always able to independently validate credit unions or smaller banks.

SIGNATURE

Participant Signature _____ Date _____