



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

320 West 46th Street, 6th Floor
New York, NY 10036
(212)247-5225

APPLICATION FOR HURRICANE SANDY 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.
- The **minimum** Hurricane Sandy Distribution is \$1,000 and the **maximum** is the lesser of (a) 125% of the amount required to satisfy the need or (b) the balance of funds available in your account for a distribution per plan rules.

PARTICIPANT INFORMATION

Participant Name	<input type="text"/>	Social Security Number	<input type="text"/>
Street Address	<input type="text"/>		
City	<input type="text"/>	State	<input type="text"/>
		Zip	<input type="text"/>
Daytime Telephone	<input type="text"/>	Nighttime Telephone	<input type="text"/>
		Birth Date	<input type="text"/>

SPOUSE INFORMATION (*if applicable*)

Spouse Name	<input type="text"/>	Social Security Number	<input type="text"/>
Street Address	<input type="text"/>		
City	<input type="text"/>	State	<input type="text"/>
		Zip	<input type="text"/>
Daytime Telephone	<input type="text"/>	Nighttime Telephone	<input type="text"/>
		Birth Date	<input type="text"/>

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

1. ☐ NOT MARRIED

-Single

-Divorced - Attach Divorce Decree

-Separated - Attach Separation Papers

-Widowed - Attach Death Certificate

-Cannot Locate Spouse - Attach Proof of Due Diligence

☐ I am not able to provide the above verification documents due to reasons related to Hurricane Sandy but will provide them to the Fund Office as soon as they are available.

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

Participant Signature _____ Date _____

Print Participant Name

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

Or

2. ☐ MARRIED (your spouse must complete the consent form on the following page)

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

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

SPOUSE'S STATEMENT OF CONSENT

I, _____ swear that I am the legal spouse of the Participant described
(Print Your Name)

herein and hereby consent to my spouse's application for a Hurricane Sandy Distribution in the

amount of \$ _____ for the reasons set forth on page 4 of this application.

I also state my understanding that, as a result of this Distribution, any survivor's benefits due me from the Annuity Fund of Local No. One, I.A.T.S.E. after my spouse's death will be reduced as a result of this distribution.

Spouse Signature _____ Date _____

Print Spouse Name

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

REASON AND AMOUNT OF REQUESTED DISTRIBUTION

Hurricane Sandy Distributions are available if you fall into any of the following categories:

- (A) Your principal residence or place of employment on October 26, 2012 was located in one of the counties listed below, and you are experiencing a hardship for a need arising from Hurricane Sandy because of the devastation caused by the hurricane.
- (B) You have a parent, grandparent, great grandparent, child, grandchild, great grandchild, dependent or spouse whose principal residence or place of employment on October 26, 2012, was located in one of the counties listed below, and that relative or dependent is experiencing a hardship for a need arising from Hurricane Sandy because of the devastation caused by the hurricane.

Covered Counties are **New York**: Bronx, Kings, Nassau, New York, Orange, Putnam, Queens, Richmond, Rockland, Sullivan, Suffolk, Ulster and Westchester; **New Jersey**: Atlantic, Bergen, Burlington, Camden, Cape May, Cumberland, Essex, Gloucester, Hudson, Hunterdon, Mercer, Middlesex, Monmouth, Morris, Ocean, Passaic, Salem, Somerset, Sussex, Union and Warren; **Connecticut**: Fairfield, Middlesex, New Haven, and New London Counties and the Mashantucket Pequot Tribal Nation and Mohegan Tribal Nation located within New London County.

Hurricane Sandy Distributions must be taken on or after October 26, 2012 and no later than February 1, 2013.

Please describe below the reason for your requested distribution, including the location of the affected residence or workplace.

AMOUNT REQUESTED

VOLUNTARY FEDERAL TAX WITHHOLDING

I understand that the Internal Revenue Code permits me to elect whether or not any Federal Income Tax (*in addition to the mandatory withholding rate of 10% if required*) should be withheld from this Hurricane Sandy distribution.

I further understand that whatever my election, I may still be liable for payment of Federal Income Tax on the taxable portion of this Hurricane Sandy Distribution. In addition, I understand I could be subject to tax penalties under the estimated payment rules if the payment of estimate taxes and withholding are not adequate.

☐ I **do not** want to have Federal Income Tax withheld from my Hurricane Sandy Distribution, except for the mandatory 10% withholding that is required.

☐ I **do** want to have Federal Income Tax withheld from my Hurricane Distribution greater than the mandatory 10% withholding. Please withhold the following amount from my distribution for taxes.

Total Withholding Percentage

 %

Participant Signature _____

Date _____

Print Participant Name

PARTICIPANT CERTIFICATION

I hereby freely state that I have read and understand all the information provided in this Application. I certify that I have no resources to satisfy the need I have identified other than this Hurricane Sandy Distribution. I also certify that all the statements I have made in this application are true and accurate to the best of my knowledge. In addition, I agree to be bound by all the rules and regulations of the Annuity Fund of Local No. One, IATSE.

Participant Signature _____ Date _____

Print Participant Name

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

Fund Office Use Only:

MM Earnings Amount: _____

Date Verified _____

Initials _____