

# Carpenters Local No. 491 Annuity Plan

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## **CORONAVIRUS-RELATED DISTRIBUTION APPLICATION**

*(Submission of this Application Does Not Guarantee You an Annuity Benefit)*

NAME: \_\_\_\_\_  
FIRST MIDDLE LAST

ADDRESS: \_\_\_\_\_  
ADDRESS  
CITY STATE ZIP CODE

TELEPHONE NO.: \_\_\_\_\_ SOCIAL SECURITY NO.: \_\_\_\_\_

BIRTH DATE: \_\_\_\_\_

MARITAL STATUS: Never Married  Married  Separated  Divorced  Widowed

CURRENT SPOUSE \_\_\_\_\_  
FIRST MIDDLE LAST

SPOUSE'S BIRTH DATE: \_\_\_\_\_

SPOUSE'S SS NO.: \_\_\_\_\_

### **LUMP SUM OPTION ONLY:**

**REQUESTED AMOUNT OF DISTRIBUTION: \$ \_\_\_\_\_ (MAX. \$20,000)**

"I hereby certify that the above information is true and correct to the best of my knowledge and belief. I understand that a false statement or any false statements may disqualify me for ANNUITY benefits, and the Trustees have the right to recover payments made to me as a result of false statements."

DATE \_\_\_\_\_ SIGNATURE \_\_\_\_\_

<b>Applicant - Do Not Write Below This Line</b>	
The Trustees of the Carpenters Local 491 Annuity Plan approved this application for CORONAVIRUS-RELATED DISTRIBUTION.	
Date Effective: _____	Date Approved: _____
Option Chosen: <b>LUMP SUM</b>	Chairman: _____
Benefit Amount: _____	Secretary: _____

**EMPLOYEE'S STATEMENT**

I, \_\_\_\_\_, am applying to withdraw from my Individual Account pursuant to Section 7.12 ("Coronavirus-Related Distribution") of the Carpenters Local No. 491 Annuity Plan (the "Plan"). I certify that at least one of the following statements is true: (a) I was diagnosed with the virus SARS-CoV-2 or with coronavirus disease 2019 (COVID-19) by a test approved by the Centers for Disease Control and Prevention; (b) my spouse or dependent (as defined in section 152 of the Internal Revenue Code) is diagnosed with such virus or disease by such a test; or (c) I have experienced adverse financial consequences as a result of being quarantined, being furloughed or laid off or having work hours reduced due to such virus or disease, being unable to work due to lack of child care due to such virus or disease or other factors as determined by the Secretary of the Treasury (or the Secretary's delegate). I understand that I may include a Coronavirus-Related Distribution in my income ratably over a 3-year period, but it is recommended that I consult with a tax advisor.

(Must Check One)

- I hereby swear that I **have never been married.** (*Birth Certificate needed*)
- I hereby swear that I **am legally divorced and not married at this time.** (*Divorce decree needed*)
- I hereby swear that I **am legally divorced & married to the person co-signing this document.** (*Divorce decree and marriage certificate needed*)
- I hereby swear that I **am unable to locate my Spouse.** (*Additional proof is needed if you check this box.*)
- I hereby swear that **the person co-signing the document below is my current legal spouse.** (*Marriage certificate needed*)
- I hereby swear that **my spouse is deceased.** (*Death certificate needed*)

**I also submit a copy of my birth certificate, my spouse's birth certificate, marriage certificate, or divorce decree from your previous marriage, or original death certificate, or proof thereof.**

\_\_\_\_\_  
(Date) (Employee's Signature) (Notary to Witness Signature)

*(Date of Employee's Signature must coincide with date of witness by Notary)*

**(To Be Completed by Notary Public)**

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

COUNTY/CITY OF \_\_\_\_\_

I HEREBY CERTIFY THAT ON THIS \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, **before me personally appeared (Participant)** \_\_\_\_\_, to me known and known to me to be the person described from valid identification and who executed the foregoing statement and (s)he duly acknowledged to me that (s)he executed the same.

AS WITNESS my hand and Notarial Seal.

Notary Signature: \_\_\_\_\_  
My Commission Expires: \_\_\_\_\_

**SPOUSE'S STATEMENT**

I, \_\_\_\_\_, being duly sworn, state that I am the legal spouse of \_\_\_\_\_ (employee's name). I have been informed that my spouse has approximately \$ \_\_\_\_\_ in an Individual Account in the Carpenters Local No. 491 Annuity Plan ("Plan"). I have been informed that my spouse has applied for the Coronavirus-Related Distribution in the amount of \$ \_\_\_\_\_ from the Plan.

I HEREBY CONSENT to the Coronavirus-Related Distribution of my spouse's Individual Account balance. I understand this distribution of the amount involved in a form other than a Husband-and-Wife Annuity may reduce or entirely eliminate the amount of survivor benefits to which I may someday be entitled from the Plan.

\_\_\_\_\_  
(Date) (Spouse's Signature) (Notary to Witness Signature)

(Date of Signature must coincide with date witnessed)

**(To Be Completed By a Notary Public)**

STATE OF \_\_\_\_\_  
COUNTY/CITY OF \_\_\_\_\_

I HEREBY CERTIFY THAT ON THIS \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, **before me personally appeared** (Spouse) \_\_\_\_\_, to me known and known to me to be the person described from valid identification and who executed the foregoing statement and (s)he duly acknowledged to me that (s)he executed the same.

AS WITNESS my hand and Notarial Seal.

Notary Signature: \_\_\_\_\_

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