

# Southern California Pipe Trades Defined Contribution Fund Hardship Withdrawal Application

LO56050505

Complete all applicable sections and return pages 1-4 to: Southern California Pipe Trades Administrative Corporation  
Defined Contribution Department  
501 Shatto Place, Suite 500  
Los Angeles, CA 90020

Save the notices provided for your records. (800) 595-7473 OR (213) 385-6161

NOTE: YOU ARE ENCOURAGED TO CONSULT WITH A TAX EXPERT BEFORE MAKING YOUR ELECTION.

## SECTION 1—PARTICIPANT INFORMATION

Participant Name \_\_\_\_\_ Participant Social Security Number \_\_\_\_\_  
Street Address (the address to which payments to you and Form 1099-R should be sent) \_\_\_\_\_ Name of Current Employer \_\_\_\_\_  
City, State, ZIP Code \_\_\_\_\_ Phone Number and/or email address \_\_\_\_\_

If this is a foreign address, additional forms are required. Contact the Southern California Pipe Trades Administrative Corporation for more information.

MARITAL STATUS:  Single  Married  Divorced (date of divorce: \_\_\_\_\_)  
If divorce date is after Plan enrollment, attach divorce settlement papers

## SECTION 2—REQUEST FOR WITHDRAWAL

I HEREBY REQUEST A WITHDRAWAL FROM MY EMPLOYEE CONTRIBUTION (401(k)) (and if applicable 401(a)) ACCOUNT IN THE ABOVE PLAN. NOTE: Please see the separate Special Hardship Notes provided for a list of the acceptable supporting documentation required for each Hardship reason listed below.

THE AMOUNT NEEDED TO RELIEVE MY HARDSHIP IS \$ \_\_\_\_\_.

(The amount of your payment will be reduced by tax withholding, if applicable. Your request may include an additional amount to cover anticipated tax liability associated with this withdrawal. You may be required to provide evidence to support this additional amount.)

If the amount available for withdrawal in my account is less than the amount I have requested, I ask for the maximum withdrawal available.

### THE REASON FOR WITHDRAWAL IS:

- to pay un-reimbursed medical expenses of myself, my Spouse, child, dependent, or named Beneficiary;
- to purchase my principal residence;
- to prevent eviction from or foreclosure on my principal residence.
- to pay for tuition/fees for the next 12 months of post-secondary education for myself, my Spouse, child, dependent or named Beneficiary; or
- to pay for expenses for repairing damage to my principal residence that would qualify for a deduction under Internal Revenue Code §165 (without regard to whether the loss exceeds 10% of my Adjusted Gross Income) (**Find enclosed an additional form required for this option.**)
- to pay for burial or funeral expenses for my deceased parent, Spouse, child, dependent or named Beneficiary.
- to pay for expenses and losses (including loss of income) incurred by me (not my spouse or dependent(s)) on account of a disaster declared by FEMA in a geographic area in which my principal residence or principal place of employment is located for which individual assistance is made available.

I direct that my hardship withdrawal be distributed from the Plan to me directly in cash.

### SECTION 3—WAIVER OF THIRTY-DAY NOTIFICATION AND WAITING PERIOD

The IRS requires a thirty-day waiting period following receipt of the tax notice. The purpose of this waiting period is to allow you sufficient time to review tax options before taking a distribution. Generally, neither a direct rollover nor a payment can be made from the Plan until at least 30 days after your receipt of the tax notice. Thus, after receiving the notice, you have at least 30 days to consider whether or not to have your withdrawal directly rolled over.

**If you do not wish to wait until this 30-day notice period ends before your election is processed**, you may waive the notice period by making an affirmative election by placing a check mark in Box [A] below and by signing the *Distribution Consent* in Section 6. Your distribution will then be processed in accordance with your election as soon as practicable after it is received by the Plan Administrator.

I received the notices on (mm/dd/yy) \_\_\_\_\_, and

*CHECK ONLY ONE:*

- A.  I understand the explanation of options and choose to waive the thirty-day waiting period.
- B.  I understand that the distribution will not be processed before thirty days have elapsed.

### SECTION 4—TAX ISSUES & WITHHOLDING

**NOTE: Your withdrawal is subject to ordinary income tax. In addition, if you are under age 59 ½, your withdrawal may be subject to an additional 10% federal tax penalty on early withdrawals. Please complete the following:**

#### FEDERAL TAX WITHHOLDING

- I do not want to have federal income tax withheld from my benefit payments.
- Withhold 10% (standard amount) for federal income tax
- Withhold \_\_\_\_\_% (must greater than 10%) for federal income tax

#### STATE TAX WITHHOLDING

State tax will be withheld according to the rules and rates in effect at the time of distribution. If you reside in a state that requires mandatory withholding, an election to not have taxes withheld will be disregarded and your distribution will be subject to the statutory minimum required withholding.

- I do not want to have state income tax withheld from the taxable portion of my benefit payments.
- I want to have \_\_\_\_\_ state income tax withheld from the Taxable portion of my benefit payments.  
(name of State)

If you opted for state tax withholding above, please specify the state tax amount you would like withheld. I want: \_\_\_\_\_% or \$\_\_\_\_\_ withheld for state tax.

**PLEASE NOTE:** Even if you elect not to have income taxes withheld, you are liable for the payment of taxes due on the taxable portion of your payment. You may also be subject to tax penalties under the Estimated Tax Payment rules if your payment of estimated tax and withholding are not adequate. If you elect to have State tax withheld, Federal tax must also be withheld.

### SECTION 5—ELECTRONIC PAYMENT OPTION

I elect to have my distribution deposited to my personal account via ACH electronic transfer. Send my distribution to my

checking  savings account at:

Financial Institution Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
ABA Number: \_\_\_\_\_  
Account Number: \_\_\_\_\_

You must attach a copy of your financial institution's ACH instructions or a voided check. If the transfer information provided is incorrect or incomplete, a check will be issued and mailed to you.

## SECTION 6—PARTICIPANT’S DISTRIBUTION CONSENT

### I UNDERSTAND THAT:

1. the withdrawal, if approved, will equal the lesser of the amount required to meet the need created by the hardship, or the amount available for hardship distribution under the law and the terms of the Plan;
2. the withdrawal will be based on the value of my account as of the last valuation date and may be limited by certain trading restrictions;
3. this withdrawal request is irrevocable once processed;
4. the amount I may withdraw may be limited by the terms of the Plan and/or by law;
5. **taking this withdrawal will have the effect of reducing my future retirement benefit;** and
6. I acknowledge that I have been advised to consult a tax advisor regarding any tax consequences this distribution may have.

### I CERTIFY THAT:

1. I have taken all other withdrawals and any loans available to me under programs sponsored by my employer (except that I am not required to take a loan that would increase my hardship);
2. the funds for this need are not otherwise available from reasonable liquidation of personal assets, or by suspending contributions to this or any plan in which I am a participant;
3. my withdrawal request is for an immediate and heavy financial need for the reason specified; and the information provided is true and accurate; and
4. I have read and understand the notices.

If my request is for the purpose of paying for un-reimbursed medical expenses for myself or my minor children, I understand that the Fund may be required to review my records in the Southern California Pipe Trades Health & Welfare Fund (Active Plan) and/or in the Southern California Pipe Trades Pensioners & Surviving Spouses Health Fund. If so, I hereby authorize the Southern California Pipe Trades Defined Contribution Fund to access my Protected Health Information (“PHI”) or that of my minor children. If my request is for the purpose of paying for un-reimbursed medical expenses of my Spouse and/or adult dependents, and their PHI is required to consider my request, and they do not consent to the release of their PHI (on a separate form available from the Trust Fund Office) then those expenses will not be considered as part of my hardship request.

X

\_\_\_\_\_  
*Signature of Participant*

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

- **ATTACH SUPPORTING DOCUMENTS (such as medical or tuition bills, or home purchase contract).**
- **RETURN pages 1-4 to the Southern California Pipe Trades Administrative Corporation (address on page 1).**
- **SAVE the provided notices for your records.**

**SECTION 7—CERTIFICATION OF SIGNATURE**

The signature of the Participant must be witnessed by the Southern California Pipe Trades Administrative Corporation, a DC#16 Local Union Business Manager OR notarized by a certified Notary Public.

**EITHER**

Witness by a representative of the Southern California Pipe Trades Administrative Corporation or a DC#16 Local Union Business Manager:

\_\_\_\_\_ ID Provided by Participant

X \_\_\_\_\_  
(Signature of SCPTAC Representative **or** Local Union Business Manager) Date

**OR**

**NOTARY CERTIFICATION**

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

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

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

On \_\_\_\_\_ before me \_\_\_\_\_, personally  
(Date) (Here Insert Name and Title of Officer)

appeared \_\_\_\_\_, who proved to me the basis of satisfactory evidence to  
(Name(s) of Signer(s))

be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies) and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the state of \_\_\_\_\_ that the foregoing paragraph is true and correct.

WITNESS my hand and official seal: \_\_\_\_\_  
(Signature of Notary Public)

[Notary's Seal Below]