

**MASSACHUSETTS LABORERS' ANNUITY FUND**  
14 NEW ENGLAND EXECUTIVE PARK • SUITE 200  
BURLINGTON, MA 01803 • Tel: 781-272-1000 • Fax: 781-272-2226

**REQUEST FOR ANNUITY DISTRIBUTION • SURVIVOR'S BENEFITS**

**INSTRUCTIONS:** Please read this application carefully and **PRINT** all the answers. Mail the completed application to the address above along with a copy of the Death Certificate, and other documentation required as listed in the cover letter enclosed.

**1. REGARDING THE DECEASED MEMBER**

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FIRST NAME            MIDDLE            LAST            SS#

DATE OF DEATH \_\_\_\_\_ (Include copy of Death Certificate)

DATE OF BIRTH \_\_\_\_\_ LOCAL UNION #: \_\_\_\_\_

**2. REGARDING THE APPLICANT**

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FIRST NAME            MIDDLE            LAST            SS# (include copy of ss card)

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STREET ADDRESS            CITY            STATE            ZIP

TELEPHONE # \_\_\_\_\_

RELATIONSHIP TO DECEASED MEMBER \_\_\_\_\_

YOUR DATE OF BIRTH \_\_\_/\_\_\_/\_\_\_ (Include proof of Age)

DATE OF MARRIAGE (if widow/widower) \_\_\_\_\_ (Include copy of marriage certificate)

If not the widow/widower of the deceased, are you the named beneficiary? \_\_\_yes \_\_\_no  
(Please call the fund office for verification)

If not the widow/widower or named beneficiary, are you the administrator or executor of the Estate?  
\_\_\_yes \_\_\_no. If "Yes", please send us a copy of the legal document to this effect.

**3.METHOD OF DISTRIBUTION**

\_\_\_ (A) One Lump Sum Payment (must be paid in this form if balance does not exceed \$5,000.00)

\_\_\_ (B) Monthly Installments. You may elect to receive benefits in approximately equal monthly installments over a period not to exceed 15 years. If you choose this method, indicate the number of years \_\_\_\_\_. (Remaining balances continue to be effected by positive or negative earnings).

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**4. INCOME TAX WITHHOLDING**

If you have elected to have your Survivor's Benefit distributed in the form of a lump-sum or periodic payments for a period of less than 10 years, a 20% mandatory Federal Income Tax withholding rule will apply. You may elect to have additional taxes withheld below.

If you are eligible and have elected to have your Survivor's Benefit distributed in the form of periodic payments over 10 years or more, or a direct rollover to an IRA or another qualified retirement plan, the 20% mandatory Federal Income Tax withholding does not apply. You may elect to have other applicable taxes withheld below.

- |  |  |
|--|--|
| <input type="checkbox"/> No Federal Income Tax withheld                    | <input type="checkbox"/> No State Income Tax withheld                    |
| <input type="checkbox"/> _____% or \$ _____<br>Federal Income Tax Withheld | <input type="checkbox"/> _____% or \$ _____<br>State Income Tax Withheld |

*Even if you elect not to have Federal Income Tax withheld, you are liable for payment of Federal Income Tax on the taxable portion of your distribution or withdrawal. You may also be subject to tax penalties under the estimated tax payment rates if your payments or estimated tax and withholding, if any, are not adequate.*

- I am exempt from Massachusetts tax withholding because my legal residence (domicile) is elsewhere and the income being paid was not derived or connected with an occupation, profession, trade or business carried on in Massachusetts.

**5. Signature**

I hereby apply for a Survivor's benefit from the Massachusetts Laborer's Annuity Fund and certify that the statements made in this application are true to the best of my knowledge and belief. I understand that a false statement shall be sufficient reason for the denial, suspension, or discontinuance of benefits and that the Trustees shall have the right to recover any payments made to me in reliance of such false statement.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date