

MASSACHUSETTS LABORERS' ANNUITY FUND

14 NEW ENGLAND EXECUTIVE PARK • SUITE 200
P.O. BOX 4000, BURLINGTON, MASSACHUSETTS 01803-0900
TELEPHONE (781) 272-1000 • FAX (781) 272-2226 • TOLL FREE 1(800)342-3792

REQUEST FOR ANNUITY DISTRIBUTION • SURVIVOR'S BENEFITS

INSTRUCTIONS: Please read this application carefully and PRINT all the answers. Mail the completed application to the Fund office along with a copy of the Death Certificate, the member's proof of age, and if applicable, your marriage certificate and your proof of age.

APPLICANT'S STATEMENT

1. REGARDING THE DECEASED MEMBER

- a. Name _____
 LAST FIRST MIDDLE
- b. Social Security No. _____
- c. Date of Death _____ / _____ / _____ (Attach Death Certificate)
 MONTH DAY YEAR
- d. Date of Birth _____ / _____ / _____ (Attach proof of age)
 MONTH DAY YEAR
- e. Local Union Number _____
- f. Was member receiving Pension Benefits from Massachusetts laborers' Pension Fund? _____

2. REGARDING THE APPLICANT

- a. Your name _____
- b. Your address _____
 NUMBER STREET CITY STATE ZIP CODE
- c. Your telephone number (_____) _____
- d. Your Social Security Number ____/____/____/____/____/____/____/____/____
- e. Your relationship to the deceased member _____
- f. Your date of birth _____ / _____ / _____ (including proof of age).
- g. If a widow/widower, give date of marriage _____ and attach a copy of marriage certificate.
- h. If not the widow/widower of the deceased, are you the administrator or executor of the estate?
____ Yes ____ No. If "Yes", please send us a 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 \$3500.00)
- ____(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 number of years)

I hereby apply for a Survivor's benefit from the Massachusetts Laborers' 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 upon such false statement.

SIGNATURE OF APPLICANT

_____/_____/_____
DATE

NOTE: This official form must be used when applying for survivor's benefits from the Massachusetts Laborers' Annuity Fund.



INCOME TAX WITHHOLDING • If you have elected to have your retirement benefit distributed in the form of a lump-sum or periodic payment 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 have elected to have your retirement benefit distributed in the form of an installment distribution over 10 years or more, or a direct rollover to an Individual Retirement Account (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.

You should also be aware that a 10% Federal Penalty Tax may apply for most distributions made before attainment of age 59 1/2.

- No Federal Income Tax withheld
- 10% Federal Penalty Tax Withheld
- _____% or \$_____ Federal Income Tax withheld
- No State Income Tax withheld
- _____% or \$_____ 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 income 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.