

# MASSACHUSETTS LABORERS' ANNUITY FUND

P.O. BOX 1501 • 1400 DISTRICT AVENUE • SUITE 200  
BURLINGTON, MASSACHUSETTS 01803  
TELEPHONE (781) 272-1000 • TOLL FREE (800) 342-3792 • 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, your Birth Certificate, Driver's License, Social Security card copy, and other documentation required as listed in the cover letter enclosed.

### REGARDING THE DECEASED MEMBER

FIRST NAME \_\_\_\_\_ MIDDLE \_\_\_\_\_ LAST \_\_\_\_\_ SS# \_\_\_\_\_  
DATE OF DEATH \_\_\_\_\_ (Include Original Death Certificate)  
DATE OF BIRTH \_\_\_\_\_ LOCAL UNION #: \_\_\_\_\_

### REGARDING THE APPLICANT

FIRST NAME \_\_\_\_\_ MIDDLE \_\_\_\_\_ LAST \_\_\_\_\_ SS# (Include copy of SS card)  
STREET ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
TELEPHONE # \_\_\_\_\_ (Include copy of your drivers license)

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

YOUR DATE OF BIRTH \_\_\_ / \_\_\_ / \_\_\_ (Include copy of 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 **OR**

If not the widow/widower or named beneficiary, are you the personal representative of the late member?  
\_\_\_ yes \_\_\_ no. If "Yes", (Include a copy of the legal document to this effect).

### METHOD OF DISTRIBUTION

\_\_\_ (A) One Lump Sum Payment (must be paid in this form if balance does not exceed \$5,000.00)  
Choose any amount you wish to receive (before taxes), up to the total account balance:  
\$ \_\_\_\_\_ or, if electing the full account balance, just check this box

**OPTION B IS ONLY AVAILABLE IF YOU ARE THE SURVIVING SPOUSE OR NAMED BENEFICIARY**

\_\_\_ (B) Rollover/Partial Rollover (see Rollover form enclosed)

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\_\_\_ (C) 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 \_\_\_\_\_. (Minimum 1 year) (Remaining balances continue to be effected by positive or negative earnings).

\_\_\_ (D) A Combination Lump Sum Payment and Monthly Installments. You may elect to receive a portion of the benefit in a lump sum, with the balance paid out in approximately equal monthly installments not to exceed 15 years. If you choose this method, indicate the lump sum amount you wish to receive at this time \$ \_\_\_\_\_, and the number of years for the balance of the account to be spread over \_\_\_\_\_. (Minimum 12 months) (Remaining balances continue to be effected by positive or negative earnings).

### 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.

No Federal Income Tax withheld

No State Income Tax withheld

\_\_\_\_\_ % or \$ \_\_\_\_\_  
Federal Income Tax Withheld

\_\_\_\_\_ % or \$ \_\_\_\_\_  
MA 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.*

Massachusetts State Tax is calculated at approximately 6%. **Members who work in Mass., but reside in another state may still be liable for Mass. State Income Tax.** Applicants may elect to pay Mass. State Tax at the time of withdrawal, or upon filing their income taxes.

### 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

**COMPLETE ONLY ONE SIDE AND RETURN THIS FORM ALONG WITH  
THE APPLICATION**

**MASSACHUSETTS LABORERS' ANNUITY FUND  
ROLLOVER ELECTION FORM**

Check below for a full or partial rollover. Optional for any participant with a balance of \$200 or more.

I want to rollover my full payment directly to an IRA or other qualified retirement plan that accepts rollovers. The IRA or other retirement plan is named below.

*You may choose to have only part of the payment directly rolled over, and the rest paid directly to you. 20% Federal Income Tax Withholding will be taken out of any portion that is not directly rolled over.*

I would like to have only part of my payment directly rolled over. Please rollover (at least \$200) \$ \_\_\_\_\_ to the IRA or qualified plan named below, and pay the remainder of my benefit to me, after withholding 20% for federal income taxes as required by law.

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**Make Check Payable to:** Name of IRA Trustee or Qualified Retirement Plan      Account #

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Mail check to (PLEASE PRINT)      Attn:

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Street Address      City      State      Zip Code

**CERTIFICATION**

*I certify that the recipient of a direct rollover that I have named above is an Individual Retirement Account, an Individual Retirement Annuity, or a qualified retirement plan that accepts rollovers. I understand that payment of my benefits to the trustee of the IRA or qualified retirement plan will release the Trustees of the Massachusetts Laborers' Annuity Fund from any further obligations or responsibilities with respect to the benefits so paid.*

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Signature      Date

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Social Security Number

**PLEASE SEE OTHER SIDE FOR REJECTION OF DIRECT ROLLOVER FORM**

**COMPLETE ONLY ONE SIDE AND RETURN THIS FORM ALONG WITH  
THE APPLICATION**

**MASSACHUSETTS LABORERS' ANNUITY FUND  
REJECTION OF DIRECT ROLLOVER**

**ATTENTION:** *Before completing this form, you should read the special tax notice regarding plan payments carefully. You also may wish to consult your tax advisor before making this election.*

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PRINT NAME

SOCIAL SECURITY NUMBER

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STREET ADDRESS

APARTMENT NUMBER

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CITY

STATE

ZIP CODE

If you choose NOT to have an eligible rollover distribution transferred directly to an IRA or other retirement plan, the Plan is required to withhold 20% of the payment for federal income taxes. In addition, the Plan is required to withhold state income taxes. This withholding does not increase your taxes, but will be credited against any income tax you may owe. For further information on direct rollovers and withholding, please read the special notice regarding plan payments that the Plan has given you.

**Check below if you do not want to elect a direct rollover of your Annuity account balance:**

\_\_\_\_\_ I do not want to roll over any of my payment to an IRA or other qualified retirement plan.

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PARTICIPANT'S SIGNATURE

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DATE

**PLEASE SEE OTHER SIDE FOR ROLLOVER ELECTION FORM**