



**CARPENTER FUNDS ADMINISTRATIVE OFFICE  
OF NORTHERN CALIFORNIA, INC**     **carpenterfunds.com**

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265 Hegenberger Road, Suite 100  
Oakland, California 94621-1480  
Toll-Free: 1 (888) 547-2054  
Phone: (510) 633-0333

**APPLICATION FOR WITHDRAWAL  
OF ACCUMULATED SHARE FOR  
ACCOUNTS LESS THAN \$5,000**

Mail back this entire Application after completing it. **This completed Application must be submitted to the Board of Trustees—no other type of Application is acceptable.**

- **Make sure information is completed, signed and dated where applicable.**
- **An incomplete application will create delay or result in a denial.**

Refer to your last quarterly statement or visit the Carpenter Fund's Participant Portal at [www.carpenterfunds.com](http://www.carpenterfunds.com) for your Accumulated Share balance.

- **Your Application will take approximately 60 to 90 days to process.**
- **The Trust Fund does not provide for hardship withdrawals, nor can the Trust Fund “rush” the processing of your Application due to a hardship.**

If your Application is denied, you will receive a Notice of Denial from the Board of Trustees explaining the reason(s) for the denial. Note that you have the right to appeal a denial of your Application. The procedures are explained in the Notice of Denial.

If you have any questions or need assistance completing your Application, please contact the Trust Fund Office at (510) 633-0333, (888) 547-2054 (Toll Free) or email [benefitservices@carpenterfunds.com](mailto:benefitservices@carpenterfunds.com).

<b>PARTICIPANT NAME</b> (Last, First, Middle)		<b>SOCIAL SECURITY NUMBER OR UBC#</b>	
<b>ADDRESS</b>	<b>CITY</b>	<b>STATE</b>	<b>ZIP</b>
<b>PHONE NUMBER</b>		<b>EMAIL*</b>	

**YOUR ACKNOWLEDGEMENT OF TAX LIABILITY AND  
REQUEST TO APPLY FOR WITHDRAWAL OF YOUR ACCUMULATED SHARE**

As part of your application, you must acknowledge that there may be tax consequences involved with your withdrawal. The Fund Office must receive this completed Form before you receive your withdrawal from the Fund.

Your signature below acknowledges that you have read the following statements and understand the following:

- The Carpenters Annuity Fund for Northern California (“Fund”) is a defined contribution pension plan.
- I understand there may be tax consequences involved when I withdraw money from my Accumulated Share.
- I understand that I am solely responsible for the payment of all taxes and/or tax penalties associated with my withdrawal from my Accumulated Share.
- I agree to hold the Fund harmless for any taxes and/or tax penalties that I may owe as a result of the withdrawal of money from my Accumulated Share.
- I understand that the Fund will withhold Federal Income Tax of 20%, plus California State Income Tax (California Residents only) of 10% of Federal withholding of my withdrawal from the Fund.
- I understand that, when the Fund withholds taxes, such tax withholding may not satisfy my entire tax liability and that I may owe additional Federal, State, and/or Local taxes and/or possible tax penalties.
- I understand that it is solely my responsibility to satisfy my tax and tax penalty obligations associated with my withdrawal from my Accumulated Share.
- I understand that it is also my responsibility to seek appropriate advice from a qualified tax advisor.

**I hereby request withdrawal of my Accumulated Share in the Carpenters Annuity Trust Fund for Northern California** because I have had contributions for less than 300 hours of work made on my behalf to the Fund in the 24 months immediately preceding the date of this application, **and** the balance in my Individual Account is less than \$5,000, **and** I have not previously received a distribution from this Fund.

I hereby acknowledge that I have provided correct information in this application and wish to apply for Withdrawal of my Individual Account at this time. I have read and understand this application for withdrawal, including the “Notice of the Right to Defer Distribution of your Individual Account” and “Your Acknowledgement of Tax Liability”.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Full Name

\_\_\_\_\_  
Social Security Number or UBC#

## ANNUITY DIRECT DEPOSIT FORM

The undersigned hereby authorizes the Carpenters Annuity Trust Fund for Northern California to make credit entries, and *if necessary, to make debit entries as adjustments for any credit in error*, to my bank account indicated below. I also authorize accordingly my financial institution indicated below to credit and/or debit the same to such account.

**Authorization Information:** I hereby authorize Carpenters Annuity Trust Fund for Northern California to directly deposit my benefit payment(s) via electronic funds transfer into my:

- Checking Account (You must attach below a voided check from your checking account.)
- Savings Account (You must attach below a deposit slip with routing number from your savings account.)

PLEASE NOTE: If you do not have the required documents to attach below, you can provide a bank stamp from your financial institution indicating your name, account number, routing number and the type of account (checking or savings).

This authority is to remain in full force and effect until the Carpenters Annuity Trust Fund for Northern California has received written notification from me of its termination in such time and in such manner as to afford the Trust Fund Office and my Financial Institution a reasonable opportunity to act on it.

### Account Information

Attach a voided check or deposit slip from your financial institution indicating your account number, routing number and the type of account (checking or savings).

NAME \_\_\_\_\_ 0123  
ADDRESS \_\_\_\_\_  
CITY, STATE, ZIP \_\_\_\_\_ 01-23456789

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

PAY TO THE ORDER OF \_\_\_\_\_ \$ \_\_\_\_\_

BANK NAME \_\_\_\_\_ DOLLARS  
ADDRESS \_\_\_\_\_  
CITY, STATE, ZIP \_\_\_\_\_

FOR \_\_\_\_\_

⑆0⑆2345678⑆ ⑆0⑆234567890⑆23⑆ ⑆0⑆23

Bank Routing Number      Bank Account Number      Check Number

NAME \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
CITY, STATE, ZIP \_\_\_\_\_

DATE \_\_\_\_\_  
DEPOSITS MAY NOT BE AVAILABLE FOR IMMEDIATE WITHDRAWAL

SIGN HERE FOR CASH RECEIVED IF REQUIRED.

BANK NAME \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
CITY, STATE, ZIP \_\_\_\_\_

⑆0⑆2345678⑆ ⑆0⑆234567890⑆23⑆

Bank Routing Number      Bank Account Number

**DIRECT DEPOSIT INFORMATION CONTINUED**  
**PLEASE READ THIS CAREFULLY**

All information on this form is required. The information is confidential, needed to prove entitlement to payment and will be used to process payment data from the Carpenters Annuity Trust Fund to the financial institution and/or its agent. Failure to provide the requested information may affect the processing of this form and may delay or prevent the receipt of payments through the Direct Deposit/Electronic Funds Transfer Program.

**SPECIAL NOTICE TO JOINT ACCOUNT HOLDERS:**

Joint account holders should immediately advise both the Carpenters Annuity Trust Fund and the financial institution of the death of a retiree. Funds deposited after the date of death or ineligibility are to be returned to the Annuity Fund. The Carpenters Annuity Fund will then make a determination regarding the survivor rights, calculate survivor benefit payments, if any, and begin payments. Under the terms of the Annuity Plan and the Trust Agreement establishing the Annuity Fund, the Trustees are entitled to recover any and all overpayments of Annuity benefits from the retiree, the beneficiary and/or the estate of the retiree. In the event that the Annuity Fund is not timely notified of the retiree's death, the Annuity Fund will have no alternative but to recover any amounts overpaid from the retiree's estate or beneficiaries.

**CANCELLATION:** The agreement represented by this authorization remains in effect until cancelled by the recipient by written notice to the Carpenters Annuity Trust Fund or by death or legal incapacity of the recipient.

**CHANGING RECEIVING FINANCIAL INSTITUTIONS:**

The payee's Direct Deposit will continue to be received by the selected financial institution until the Carpenters Annuity Trust Fund is notified by the payee that the payee wishes to change the financial institution receiving the Direct Deposit. To effect this change, the payee will complete a new Direct Deposit Form for the newly selected financial institution. It is recommended that the payee maintain accounts at both financial institutions until the transition is complete, i.e. after the new financial institution receives the payee's Direct Deposit payment.

**FALSE STATEMENTS OR FRAUDULENT CLAIMS:**

Federal law provides a fine of not more than \$10,000 or imprisonment for not more than five (5) years or both for presenting a false statement or making a fraudulent claim.\*\* **Electronic Delivery of Plan Correspondence:** Electronic materials are emailed, typically in Portable Document Format (PDF), and are identical to the paper versions you've been receiving. There is no charge for accepting materials online. You will need an internet connection and a computer with an operating system capable of receiving, accessing and displaying and either printing or storing the electronic documents received.

**\*ELECTRONIC DELIVERY**

You should have Adobe Reader to access PDF files. Learn more and download Adobe Reader directly from Adobe's website, [www.adobe.com](http://www.adobe.com). Change your email address at any time by contacting the Fund Office at [benefitservices@carpenterfunds.com](mailto:benefitservices@carpenterfunds.com), (510) 633-0333, or Toll-Free (888) 547-2054. The change must be in writing, with your signature.

Some example documents that may be sent electronically include: Summary Plan Descriptions, Notice of Plan changes, Explanation of Benefits, Benefit and Claim Department letters, Prohibited Employment Committee letters, and Fund Trustee memos.

Your consent to electronic delivery of Plan documents is valid unless and until you withdraw your consent. You can withdraw your consent and reset your preference to mail at any time by contacting the Fund Office at [benefitservices@carpenterfunds.com](mailto:benefitservices@carpenterfunds.com), (510) 633-0333, or Toll-Free (888) 547-2054. The change must be in writing, with your signature. While e-delivery may significantly reduce the amount of mail we send you, certain documents and service-related correspondence will continue to be sent via U.S. Mail. Additionally, you may request a paper copy of any documents received electronically. Unless otherwise instructed, your email address will be shared with the Carpenters Union, Apprenticeship Training Committee and the Carpenters Trust Funds.