



Asbestos Workers Locals 80 and 51 Supplemental Pension Plan

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APPLICATION FOR HARDSHIP WITHDRAWAL AND AFFIDAVIT OF NEED

Participant Name:					
Address:					
City:		State:		Zip Code:	
Telephone:			Email:		
SSN (last 4 digits):			Date of Birth:		

SECTION I: This section must be completed by the Participant.

Part A: Reason for Withdrawal

I am requesting a hardship withdrawal from the Asbestos Workers Local Union No. 80 Supplemental Pension Fund for the following reason (check one):

- Unreimbursable medical expenses for Participant or dependents.
- Purchase of principal residence (not mortgage payments).
- Post-secondary educational expenses for the next 12 months (college or professional training).
- Prevent eviction from or foreclosure of principal residence.
- Unreimbursable funeral expenses for family member (provide documentation).
- Unreimbursable medical expenses for non-dependent family member (provider documentation).

Part B: Amount of Withdrawal

I am requesting a hardship withdrawal in the following amount: _____. There is an immediate and heavy financial need for this sum, and the amount of the distribution being sought is limited to the amount needed to satisfy this need.

The hardship for which I have requested a withdrawal cannot be satisfied by any of the following means:

- Reimbursement or compensation by insurance.
- Use or liquidation of personal assets.
- Ceasing all elective or voluntary contributions to any benefit plans in which I participate.
- All possible distributions from plans in which I participate.
- All non-taxable loans from plans in which I participate.
- Borrowing on commercial sources on reasonable terms.

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Part C: Marital Status/Spouse Information

Please check the appropriate box: I am not married. (Include copy of divorce decree, if divorced.)
 I am married. (Include copy of marriage certificate.)

If you are not married, you do not need to complete Part C or Section II of this application. You must, however, complete Part D of the application.

If you are married, your spouse must consent to the hardship withdrawal by completing Section II of the application unless (check applicable reason):

- My spouse cannot be located. I agree to inform the Fund Administrator if the location of my spouse becomes known.
- My spouse and I are separated and a copy of the court order to that effect is attached. (Note: If a qualified domestic relations order has been established, you will need to submit this as well.)
- My spouse has abandoned me and a copy of the court order to that effect is attached.

Part D: Certification

I certify that these representations made in this application, and any additional information or evidence supplementing this application, are true and correct. I further understand that the Trustees are relying on the accuracy and completeness of these representations in making a determination on my application for a hardship withdrawal. I agree to provide the Trustees with any information and evidence they deem necessary to determine whether to grant my application for a hardship withdrawal. In submitting this affidavit, I acknowledge that if I have made any false material statement, I will be liable to the Fund for any penalties and expenses incurred by the Fund in relying on that statement.

Participant Signature _____ Date: _____

Subscribed and sworn before me on _____ (Date).

(Signature of Notary)

Notary Public in and for the County of _____ State of _____.

My commission expires _____ (Date).

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SECTION II. This section must be completed by the Participant's spouse

I, _____, certify that I am the lawful spouse of the above-named participant. I consent to my spouse's election to take a hardship distribution. I hereby acknowledge that I am not required to consent to my spouse's election to take a hardship distribution from his/her account. I understand that without this consent, no distribution can be taken at this time and unless I consent otherwise in the future, my spouse's account would be distributed at the time of his/her retirement by the purchase of a Qualified Joint and Survivor Annuity under which I could receive lifetime survivor benefits in the event my spouse dies before me. I also acknowledge that my consent is irrevocable once given.

Spouse's Signature: _____ Date: _____

Subscribed and sworn before me on _____ (Date).

(Signature of Notary)

Notary Public in and for the County of _____ State of _____.

My commission expires _____ (Date).