



International Painters and Allied Trades Industry Pension Fund

7234 Parkway Drive · Hanover, MD 21076
Telephone: (410) 564 -5500 · Toll Free: (800) 554-2479 · Fax: (866) 656-4160
pension@iupat.org · www.iupat.org

Annuity Account Withdrawal Application

Complete and submit this form to the Fund office.

Section 1: Applicant Information *(The person to be paid – all fields must be completed.)*

Name: _____ SSN: _____
First Middle Last

Address: _____
Street City State Zip Code

Phone Number: (____) _____ Email: _____

Relationship to Participant with an Annuity Plan Account:

- Self/Participant – *(Complete Sections 2, 3, 4, 5, and 6.)*
- Surviving Spouse – *(Complete Sections 2, 3, and 4.)*
- Alternate Payee (spouse or child with a right to payment under a court order) – *(Complete Sections 2, 3, and 4.)*
- Beneficiary (other than a surviving spouse) – *(Complete Sections 2, 3, and 4.)*
- Other (guardian, Power of Attorney, etc. – please attach an explanation and documents to show your legal authority) – *(Complete Sections 2, 3, and 4.)*

Section 2: Participant Information *(The person who worked and has an Annuity Plan Account.)*

Name: _____ SSN: _____
First Middle Last

Phone Number: (____) _____ Date of Birth: _____

Current or Last IUPAT Plan Work (or intended last date): Month: _____ Year: _____

Employer: _____ City & State: _____

Last Affiliated District Council or Local Union: _____

Marital Status: Single Married Divorced Widowed Legally Separated
 Married – Common Law

Spouse Name (current or former, if applicable): _____
First Middle Last

Spouse Address: _____
Street City State Zip Code

Spouse SSN: _____ Spouse Date of Birth: _____

Continued Back Page →

Section 3: Reason for Withdrawal (Check only one.)

Participants (or their representatives)

- Normal Retirement Age (age 65 or older)
- Early Retirement (age 55 and retired from IUPAT- type work)
- Separation of Service (generally at least 12 months with no contributions or work in IUPAT industries)
- Disability (requires an award of SSA Disability Benefits)
- Hardship (Hardship applicants must also complete a Hardship Withdrawal Application)

Other Applicants

- Domestic Relations Order [Divorce/Child Support] (attach the Order and any Plan ruling on the Order)
- Death of Participant (attach copy of death certificate)

Section 4: Applicant Authorization

Pursuant to Federal Law, I state under penalty of perjury that the foregoing is true to the best of my knowledge, information, and belief. I have read and understand the previous statements and all answers and information provided on this application. I understand that a false statement may disqualify me for annuity benefits and/or subject me to sanctions under Federal or State Law. I also understand that the Fund has the right to adjust my benefits and recover any payment made to me because of a false or inaccurate statement, even if I did not know it was untrue.

Applicant's Signature: _____ Date: _____

Section 5: Marital Status – Participant Only

If you are a participant seeking to withdraw money from your Annuity Plan Account, you must complete this Section. Your signature must be notarized. A Notary Public must be a non-family member.

I state under penalty of perjury that I am married. (For a common law marriage, the following information may be needed.) I was married on the following date and place:

Date: _____ City: _____ County: _____ State: _____

I state under penalty of perjury that I was married, but I am now widowed. (You must attach a copy of your spouse's death certificate.)

I state under penalty of perjury that I have never been married and am not married at this time.

I state under penalty of perjury that I am married but cannot locate my spouse. (You must include the name, Social Security number and last known address of your spouse.)

I state under penalty of perjury that I was previously married but am divorced and there is no Order or Agreement that requires payment of pension benefits to my former spouse. (You must attach a complete copy of your divorce decree and a copy of any property settlement agreement. This will be treated as confidential personal information. Failure to provide these documents will result in a delay in the processing of your application.)

I state under penalty of perjury that I was previously married and have attached all Orders or Agreements that require payment of pension benefits to my former spouse or my children (for child support) that have not previously been filed with the Fund office. (You must attach all Orders or Agreements on annuity and/or pension benefits. This will be treated as confidential personal information. Failure to provide these documents will result in a delay in the processing of your application.)

Participant's Signature: _____ Date: _____

Must be signed in the presence of a Notary Public.

Section 6: Notary Public

PARTICIPANT'S PHOTO ID #: _____

STATE OF _____ COUNTY OF _____

Before me, a Notary Public, on this day personally appeared _____ known to me to be the person whose name is subscribed to the foregoing instrument and acknowledged to me that he/she executed the same for purposes and consideration therein expressed.

Given under my hand and seal of office this _____ day of _____, 20 ____.

Signature of Notary Public

Commission Expires

(SEAL)