

Sprinkler Industry Supplemental Pension Fund

8000 CORPORATE DRIVE • LANDOVER, MARYLAND 20785

TELEPHONE
(301) 577-1700

TOLL FREE
(800) 638-260

APPLICATION FOR HARDSHIP DISTRIBUTION Damage to Principal Residence Or to Prevent Eviction or Foreclosure

Name _____ S.S. No. _____

Address _____ Local _____

_____ Phone No.(____) ____-_____

Date of Birth _____

Federal law requires that the Fund provide you with important information regarding your pension in connection with your application. Since you must receive this information **no less than 30 days and no more than 180 days prior to the effective date** of your pension, you must file the application to establish an effective date that is within 180 days of the date this information is sent to you. The effective date of benefits is the first day of the month following the Fund office's receipt of an application or later if that is necessary to meet the above 30 day requirement of the law. However, you may waive this 30 day requirement. If you are applying to receive your pension prior to Normal Retirement Age or if you choose to waive the 50% Joint and Survivor Annuity, or if you waive the 30 day waiting period, you and your spouse must provide the appropriate consent.

I. STATEMENT REGARDING BANKRUPTCY – Select one of the responses below regarding bankruptcy. As an alternative, you may choose to provide a written statement regarding your status in bankruptcy.

_____ I have filed a petition in bankruptcy and am currently protected.

_____ I have NOT filed a bankruptcy petition.

II. DOCUMENT YOUR FINANCIAL NEED – For a distribution related to Damage to Principal Residence, provide an estimate of cost to repair your home. Explain why this expense is not covered by your homeowner's insurance. Do you have other financial resources (savings) that could pay for some or all of the cost of the repairs? Attach additional pages if necessary: For a distribution related to your imminent eviction or foreclosure on your principal residence, explain and document your immediate and urgent financial need. Explain whether you have other reasonably available financial resources (e.g. savings) that could meet your need. Attach additional pages if necessary (e.g. eviction or foreclosure notice):

Application Continues – see next page

III. AMOUNT OF WITHDRAWAL - I represent that the amount needed to satisfy the hardship described above is as follows (indicate amount):

_____.

_____ Above amount includes amount I estimate will be needed for taxes and tax penalty

_____ Above amount does not include any additional amount for taxes and tax penalty. Please increase my withdrawal to include taxes and tax penalty. I expect my income to be taxed at the 15% marginal federal rate.

_____ Above amount does not include any additional amount for taxes and tax penalty. Please increase my withdrawal to include taxes and tax penalty. I expect my income to be taxed at the 28% marginal federal rate.

_____ Above amount does not include any additional amount for taxes and tax penalty. Please do not increase my withdrawal to include taxes and tax penalty.

IV. Important – Form of Payment

This distribution may only be made in a lump sum. Therefore,

- A. You and your spouse, if any, must sign and date this form.
- B. If you are married, you and your spouse must complete the attached Spousal Consent in the presence of a Notary Public. If you are not married, you must instead submit the statement by unmarried participants.

If you and your spouse, if applicable, do not consent to the payment of this Distribution in a lump sum, the Distribution cannot be made.

Read the following statement and if you agree with its terms, sign the statement to complete the application.

I hereby apply for payment of a Hardship distribution from the SIS Pension Plan and consent to the payment of the amount I have requested in a lump sum. By this application, I assert that I do not have other reasonably available financial resources that could meet this need. I understand that if I am married, it means that no pension benefits will be paid to my spouse under the SIS Pension Plan after my death based on this distributed amount. I understand that this Distribution is taxable and is also subject to a 10% early distribution tax penalty. I understand that this distribution may not be rolled over to an IRA and, therefore, is not subject to 20% withholding.

Signature of Member _____ Date _____

Signature of Spouse _____ Date _____

SPRINKLER INDUSTRY SUPPLEMENTAL PENSION FUND

Spousal Consent For Hardship Distribution

I, _____ (Name of Spouse), being duly sworn, state that I am the spouse of the Participant described in the Application for Accumulated Share Hardship Distribution, which accompanies this form. I have been informed that my spouse now has approximately \$_____ credited to his/her Accumulated Share in the Sprinkler Industry Supplemental Pension Fund. I have been informed that my spouse has applied for a Hardship Distribution in the amount of \$_____ from the Sprinkler Industry Supplemental Pension Fund.

I HEREBY CONSENT to my spouse's application for a Hardship Distribution in the amount stated above which, if approved by the Fund's Board of Trustees, will be distributed directly to him/her by the Sprinkler Industry Supplemental Pension Fund in the form of a single lump sum. My consent is willingly made with the understanding that this Hardship Distribution will be made in a form other than a 50% Husband and Wife Pension and will reduce or entirely eliminate the amount of benefits to which I could someday be entitled from the Sprinkler Industry Supplemental Pension Fund.

Date _____ Spouse's Signature _____

State of _____)

§§:

County of _____)

On the ____ day of _____, 20____, before me came _____
_____ to me known and known to me to be the person described in and who executed the foregoing statement and (s)he duly acknowledged to me that (s)he executed the same.

Notary Public

Plan Representative

STATEMENT BY APPLICANTS WHO ARE NOT MARRIED

I, _____, hereby state that I am not legally married at this time. I also state that I have not lived with anyone under circumstances constituting a common law marriage in a state that recognized common law marriage.

_____ I hereby state that I have not been married.

_____ I hereby state that I have been married and that the marriage ended by death on _____.
(attach a copy of the Death Certificate)

_____ I hereby state that I have been married and that the marriage ended by divorce on _____.
(attach a copy of the divorce decree and property settlement)

I recognize that the Fund may make inquiries about my marital status with various organizations and individuals and I consent to the release of any information about my marital status from my employers, my local and international union, and any fringe benefit fund in which I have participated, and any other organization or individual.

_____)
(Date) (Employee's Signature)

State of _____)
) ss:
County of _____)

On the _____ day of _____, 20____, before me came

_____ to me known and known to me to be the person described in and who executed the foregoing statement and (s)he duly acknowledged to me that (s)he executed the same.

Notary Public or Plan Official