

Sprinkler Industry Supplemental Pension Fund

8000 CORPORATE DRIVE • LANDOVER, MARYLAND 20785

TELEPHONE
(301) 577-1700

TOLL FREE
800-638-2603

APPLICATION MUST BE MAILED TO FUND OFFICE (DO NOT FAX OR EMAIL)

APPLICATION FOR HARDSHIP DISTRIBUTION

Damage to Principal Residence or To Prevent Eviction or Foreclosure

Name _____ S.S. No. _____
Address _____ Local _____
_____ Date of Birth _____
Phone No. (____) ____ - _____ Cell Phone No. (____) ____ - _____ Email _____

Federal law requires that the Fund provide you with important information regarding your pension in connection with your application. The amount of the distribution cannot exceed the amount needed to meet the hardship (including any amounts necessary to pay federal, state or local income taxes or tax penalties associated with the distribution). The amount of the distribution cannot exceed the amount of Employer contributions to your account for hours worked on or after January 1, 1999.

I. STATEMENT REGARDING BANKRUPTCY - Select one of the responses below regarding bankruptcy.

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

_____ I have NOT filed a bankruptcy petition.

II. REASON FOR FINANCIAL NEED

_____ For a distribution related to **Casualty Damage to Principal Residence** (e.g. Fire, Storm, etc., with date of occurrence), provide a licensed contractor's estimate of cost to repair your home. Explain why this expense is not covered by your homeowner's insurance (code section 165).

_____ For a distribution for repair of an **Uninhabitable Residence**, provide a licensed home inspector's statement that the home is uninhabitable and the costs and repairs necessary to restore the premises to habitability.

_____ For a distribution to prevent your imminent **Eviction or Foreclosure** on your principal residence, explain and document your immediate and urgent financial need. **You must attach a current eviction notice and lease agreement or a foreclosure notice with mortgage statement showing the amount required to cure the default as well as an itemization (including dates) of that amount.**

III. DOCUMENT YOUR FINANCIAL NEED – EXPLAIN BELOW why you are unable to pay your mortgage/rent and whether you have any other reasonably available financial resources (e.g. savings) that could meet your need.

Application Continues - see next page

LO4705 – 0505 (Hardship Withdrawal)

Your Right to Appeal

If you disagree with any of the determinations or opinions expressed in this letter you have the right to request a review by the Trustees. Such a request should be in writing, should explain why you disagree with the Fund Office and should include any new information or documents to support your position. You may review documents from your file in the Fund Office. Your written appeal will normally be considered at the next Trustees' meeting provided it is received at least 30 days before the meeting.

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

\$ _____.

****Since this distribution is taxable, you may request an additional amount estimated to be needed for taxes to be included in your withdrawal. Please select from the options below:**

_____ 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.

V. **FORM OF PAYMENT-** (For direct deposit to your account, please include a voided check.)

This distribution may only be made in a lump sum **payable to the member**. Therefore,

- A. You and your spouse, if any, must sign and date this form.
- B. You and your spouse, if any, 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. 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 for anyone under the age of 59 ½ . I understand that this distribution may not be rolled over to an IRA and, therefore, is not subject to 20% withholding.**

STATEMENT REGARDING FRAUD –Falsification of documents to an employee benefit plan (such as the SIS Pension Fund) is a criminal act under 18 U.S.C. 1027. Any person who knowingly and with intent to defraud the SIS Pension Fund by submitting falsified documents is committing a fraudulent act, which is a crime and subjects such person to criminal penalties.

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 never 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 _____)
County of _____) ss:

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

Certification of Accuracy of Information and Representations

I hereby apply for and consent to payment of benefits, to which I believe I am entitled, from the Sprinkler Industry Supplemental Pension Plan. I certify that the representations made in this Application Form, and any information or proof submitted with this Application Form, are true and correct. I recognize that the Plan is relying on the accuracy and completeness of such representations in making a determination on my Application for benefits, and agree to provide the Plan with any information and proof the Plan deems necessary to determine whether to grant my Application. I understand that any false statement made by me in this Application Form or any fraudulent information or proof I furnish will impede my claim. I further understand that if I have made any false statement or provided fraudulent information or proof, I will be liable to the Plan for any penalties or expenses incurred by the Plan in relying on such statement, information, or proof. I further understand that all payments are governed by the Sprinkler Industry Supplemental Pension Plan ("Plan Document"), and I agree to reimburse the Plan for any payments not provided by the Plan Document.

Right to Delay Commencement of Your Benefit

Please remember that distribution of your Accumulated Share must be made or begin by your Required Beginning Date. Currently, your Required Beginning Date is defined as April 1 of the year following the year in which you reach age 73. Please note that you have the right to defer distribution of your Accumulated Share until your Required Beginning Date. If you refrain from commencing your benefit, the value of your Accumulated Share will remain invested in the investment options chosen by you, or if none, the Plan's qualified default investment alternative. Information regarding the Plan's investment options and the fees associated with such options may be directed to the Fund Office or the Plan's recordkeeper. You may also refer to your quarterly statement, or other literature produced by the Plan's recordkeeper, for a description of the fees associated with the Plan's investment options.

Waiver of Thirty Day Consent Period

The law requires that the Plan provide you with important information about your pension as part of the application process. This information describes and compares the different ways in which you can receive your benefits from the Plan. You must receive this information no more than thirty days before the planned effective date of your benefits. Consequently, under these provisions you normally must return the completed application at least thirty days in advance of your planned pension effective date. If you wish to waive the thirty days consent period, execute the consent to distribution below. If you are married, your spouse must also agree to waive the thirty-day consent period.

Consent

I understand that I have the right to a thirty-day period to consider whether to receive my pension from the SIS Pension Plan and the form in which my benefits will be paid. Even though I have this right, I choose to waive the thirty-day period and receive my benefit as soon as possible. I understand that I may revoke this waiver of the thirty-day period at any time until the Effective Date of my benefit. I understand that I must revoke this waiver in writing.

_____ Participant's Signature	_____ Date
_____ Spouse's Signature	_____ Date