

**BLASTERS, DRILLRUNNERS & MINERS UNION LOCAL #29**  
**43-12 DITMARS BLVD. ASTORIA, NY 11105**  
**(718) 278-5800**

**APPLICATION FOR ANNUITY BENEFIT**

I hereby acknowledge receipt of a copy of the Blasters, Drillrunners and Miners Union Local #29 Annuity Plan and apply for Annuity Benefit.

**Name (Print)** \_\_\_\_\_ **Date of Birth** \_\_\_\_\_

**Address (Print)** \_\_\_\_\_

**Telephone Number** \_\_\_\_\_ **S. S. Number** \_\_\_\_\_

**Name of Deceased Member** \_\_\_\_\_  
(Applicable only if you are the beneficiary of the deceased member)

**I hereby certify that: (check box that applies to you)**

1. I have been approved for a pension from the Blasters, Drillrunners and Miners Union Local #29 Pension Fund.
2. I have ceased to be employed in the Industry for six (6) months.
3. \*I am the designated beneficiary of the above named member who died on \_\_\_\_\_.  
(Date)

I hereby apply for my Annuity Benefit with the full knowledge and understanding that I am terminating my participation in the Blasters, Drillrunners and Miners Union Local #29 Annuity Fund; that I am forfeiting all my rights to any other benefits provided by the Annuity Fund. I am aware, however, that an unpaid balance might accrue due to allocation of interest for the prior calendar year and possible collection of unpaid contributions. I expect, therefore, that such unpaid balance will be forwarded to me as soon as possible after my termination.

\*\*\*\*I am also aware that no interest can or will be paid for the year in which money is withdrawn.\*\*\*\*

**I want to withdraw the following amount of money from my Annuity Fund:**

**Please check one box:**       25%       50%       75%       100%

I agree that Annuity Benefits are to be governed in all respects by the provisions of the Annuity Plan, or as the same may hereafter be amended; and that the payment of any Annuity Benefit and its acceptance by me shall not prevent the Board of Trustees from recovering or otherwise affect their rights to recover any payment to me in excess of the amount to which I am entitled under the provisions of the Plan, nor shall the payment of any Annuity Benefit to me obligate the Board of Trustees in any way to make any further payments in any amount whatsoever, except as the same may be provided for by the Plan or as it may from time to time be amended.

I further agree to fully indemnify the Blasters, Drillrunners & Miners Union Local #29 Annuity Fund (the "Fund") and all of its Trustees, and to hold the Fund and its Trustees harmless, if any claim to this Annuity Benefit is asserted by any other person or persons after such Annuity Benefit has been paid to the undersigned applicant."

**Signature of Applicant** \_\_\_\_\_ **Date** \_\_\_\_\_

State of \_\_\_\_\_ County of \_\_\_\_\_

On the \_\_\_\_\_ day of \_\_\_\_\_ 19 \_\_\_\_\_ 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** \_\_\_\_\_ **Name** \_\_\_\_\_

**\*If application is for payment by reason of death, a death certificate or other proof of death must accompany this application.**

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**MARITAL STATUS STATEMENTS**

**Applicant's Statement**

You **MUST** check one box that applies to you:

I, \_\_\_\_\_ (Please print Applicant's Name)

- I hereby swear that I have never been married.
- I hereby swear that I am married; the person co-signing this document below is my current legal spouse. I understand that by withdrawing my annuity account balance in the lump sum payment form before my retirement, that means no annuity benefits will be paid to my spouse by the Annuity Fund.
- I hereby swear that I am divorced. (Judgment of Divorce and Stipulation of Settlement are required)
- I hereby swear that my spouse had past away. (A copy of Death Certificate is required)

**Applicant's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

State of \_\_\_\_\_ County of \_\_\_\_\_

On the \_\_\_\_\_ day of \_\_\_\_\_ 19 \_\_\_\_\_ 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** \_\_\_\_\_

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**Spouse's Statement**

I, \_\_\_\_\_, swear that I am the legal spouse of the participant  
(Spouse's Name)

described above. I understand that as a result, I will not be paid benefits under the Annuity Fund after my spouse's death unless death benefits are payable to me under another pay out option that my spouse selects if it applies.

**Spouse's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_ **S.S. #** \_\_\_\_\_

State of \_\_\_\_\_ County of \_\_\_\_\_

On the \_\_\_\_\_ day of \_\_\_\_\_ 19 \_\_\_\_\_ 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** \_\_\_\_\_

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**DIRECT ROLLOVER ELECTION FORM**

Name (Print) \_\_\_\_\_

Social Security Number \_\_\_\_\_

Address \_\_\_\_\_

**If you check "Yes", \*A COPY OF ACCOUNT INFORMATION FROM BANK REQUIRED.**

- Yes, I do want a "Direct Rollover" to another plan.
- Yes, I do want a **PORTION** "Direct Rollover" to another plan – Amount \$ \_\_\_\_\_ and the balance to me.
- No, I do **NOT** want a "Direct Rollover".
- By checking "No", I understand that **20% will be withheld** from the total distribution amount as payment against Federal Income Tax, and such amount forwarded to the Internal Revenue Service (IRS) unless I choose a direct rollover to an IRA or another qualified retirement plan. I also understand that if I am under 59 ½, **I may also have to pay an additional 10% penalty.** (Please consult an accountant or other tax professional for the full tax implications of this distribution).

I have read and understand the above.

**Signature of Applicant:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Information about Plan to Receive Direct Rollover**

**Complete only if you checked "yes" above.\*A copy of account information from bank required**

Name of Plan \_\_\_\_\_

Address of Plan \_\_\_\_\_

Name of Plan Trustee \_\_\_\_\_

(or Custodian of Individual Retirement Arrangement)

Check which applies to the plan to receive rollover

- The Individual Retirement Arrangement (IRA)
- The Defined Contribution Plan (Annuity Plan)

I HEREBY CERTIFY THAT THE INFORMATION I HAVE ENTERED ON THIS FORM IS TRUE, CORRECT, AND COMPLETE.

**Signature of Applicant** \_\_\_\_\_