

**AFSCME DC 37 ANNUITY FUND**  
**125 Barclay Street, New York, NY 10007**  
**Tel. (212) 815-1888 - Fax(212) 815-1325- Email:AHP@dc37.net**

**ANNUITY BENEFIT DISTRIBUTION APPLICATION**

**PART 1 – PARTICIPANT INFORMATION (Print or Type)**

<b>First Name:</b>	<b>Last Name:</b>	<b>PID/SS#:</b>	<b>Date of Birth</b> / /
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**Address:**

Number & Street

City

Apt/Floor  State  Zip

Telephone:  -  -

Email: \_\_\_\_\_@\_\_\_\_\_ Last Day on Payroll: \_\_\_\_\_

**PART II – DISTRIBUTION ELECTION OPTIONS FOR ANNUITANT**

Please review the Special Tax Notice Regarding Plan Payments before completing. Indicate below your selection of direct distribution or rollover. A beneficiary is only eligible for a rollover transfer if the beneficiary is the surviving spouse of the participant.

I wish to have my Annuity Account payable to me. I understand that 20% of my direct **distribution** is withheld for Federal Income Tax Withholding.

I wish for a **rollover** to be made to an eligible retirement plan (e.g., IRA) and will avoid 20% Federal Income Tax Withholding on the amount directly transferred to:

Financial Institution Name: \_\_\_\_\_

Account Number: \_\_\_\_\_

**Note:** You must attach a Verification and Acceptance Letter from your named Financial Institution. Upon receipt of the above, a DC 37 Annuity Fund check will be sent directly to you at the above-address to be deposited into your qualified rollover account. **I hereby certify that the above Financial Institution has an eligible retirement plan.** \_\_\_\_\_ (initial here)

**PART III – ACKNOWLEDGEMENT AND VERIFICATION**

I hereby apply for a distribution or rollover of my account balance from the District Council 37 AFSCME Annuity Fund Plan.

Under penalty of perjury, I declare the above statements are true. I hereby agree to be bound by the rules and regulations of the District Council 37 AFSCME Annuity Fund Plan, and I understand that making a false statement may disqualify me from receiving a distribution.

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

STATE of \_\_\_\_\_ :

**ss.:**

COUNTY of \_\_\_\_\_ :

On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, before me personally appeared \_\_\_\_\_, to me known and known to me to be the individual described in and who executed the foregoing instrument and duly acknowledged to me that he/she executed the same.

\_\_\_\_\_  
Notary Public

\*\*Please keep a copy of this completed DC 37 Annuity Benefit Application as well as all attachment for your records. We will contact you if further information is needed.

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**Re: Important Steps for Your Annuity Benefit Application & Disbursement Options**

Dear Annuitant:

Enclosed is the Benefit Application for your Annuity account. You have two options for receiving the distribution of your DC 37 AFSCME Annuity Fund account:

Option 1: A distribution check payable to you; or

Option 2: Direct rollover of the distribution to another qualified plan or IRA.

Please be aware that if you select Option 1, current tax law requires a 20% withholding from your distribution for federal income tax. If you selection Option 2 and instead rollover to another qualified plan or IRA, there are no tax withholdings. Before deciding on an option, we strongly recommend reviewing the Tax Rollover Notice Form (enclosed). Once you have chosen the option that suits you, please complete the Application Form.

For cash disbursements (subject to the 20% withholding), please complete Sections I, II and III of the Benefit Application Form. Your account balance will be paid in a lump sum as soon as administratively feasible after completing the Benefit Application process. For rollover disbursements, please complete Sections I, II, and III of the Benefit Application. For either option please ensure the Application Form is notarized.

Additionally, we will need proof that you have terminated your employment. Please have your agency complete the Confirmation of Termination form (enclosed) and submit it to us. We will contact your agency directly if you do not submit the form.

We will accept alternative documentation, such as a Pension Statement, Health Benefit Retired Form, or an Employment Verification Letter from your agency (signed and on the agency's letterhead).

Thank you for your attention to the details in this process.

Sincerely,

***Stanley Reed***

DC37 Annuity Fund