

DISTRICT COUNCIL 37 AFSCME ANNUITY FUND
55 Water Street
New York, NY 10041
Tel: (212) 815-1888 . Fax: (212) 815- 1325
Email: ahp@dc37.net

BENEFIT APPLICATION

Please read enclosed instructions carefully.
 Answer all questions, SIGN, DATE and NOTARIZE this application and return it in the enclosed envelope.
 PLEASE PRINT

Member Information:

First Name:	Last Name:	PID/SSN#:
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Number & Street

City

Apt/Suite/Floor State Zip

Home Telephone: - -

Did you Resign Retire Terminate employment (Please check one)

Your last date of employment: Month Day Year

Your Date of Birth: Month Day Year

Your Social Security Number:

Type of Disbursement (choose one) *Please read enclosed Special Tax Notice regarding Plan payments and Rollover notices

Payment to Individual
 (I understand that 20% of the taxable portion of my distribution will be withheld for federal income taxes)

Rollover/Transfer *

***To ROLLOVER or TRANSFER your account balance, submit both this BENEFIT APPLICATION and a completed ROLLOVER/TRANSFER ELECTION FORM.**

In answering questions 8 and 9, please use the code listed below for each contributing Agency:

<u>AGENCY</u>	<u>CODE</u>	<u>AGENCY</u>	<u>CODE</u>
CITY	0000	BARUCH COLL STUDENT CTR	4452
N.Y.C.E.R.S.	0009	ONE SOURCE	4528
T.R.S.	0041	BKLYN COLL STUDENT CTR	4545
N.Y.C. HOUSING AUTHORITY	1111	QUEENS COLL STUDENT CTR	4546
N.Y.C. TRANSIT AUTHORITY	2222	OFF TRACK BETTING	5555
T.B.T.A. – LOCAL 1655	3333	DEPARTMENT OF EDUCATION	7777
BKLYN EDUCATION EOC	4019	HEALTH & HOSPITAL CORP.	8888
MANHATTAN EDUC. EOC	4018	C.U.N.Y.	BBBB
BRONX EDUCATION EOC	4020		

Agency by which you were employed and dates of employment, after December 1995 (including your last employer):

Agency Code:	From: Month	Year	To: Month	Year
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Are you currently employed by any agency listed above?

Yes No If yes, which agency:

I hereby apply for a distribution 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.

IN WITNESS WHEREOF I have hereunto set my hand and seal this ____ day of _____, 20_____.

Annuitant's Signature

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

Note: You will be contacted if further information is required. You will be notified in writing of the decision of your application