

Elevator Constructors Union Local No. 1 Annuity & 401(k) Fund
140 Sylvan Avenue, Suite 303, Englewood Cliffs, NJ 07632
(201) 592-6800 (855) 521-6111

**APPLICATION FOR WEEKLY ANNUITY ACCOUNT CORONAVIRUS-RELATED WITHDRAWAL
UNEMPLOYMENT OR DISABILITY ONLY**

Complete the enclosed application if you are applying for a coronavirus-related withdrawal for unemployment or disability (“Coronavirus-Related Withdrawal”). **If you are single**, you must complete, and have your signature notarized on, the enclosed *Certification of Marital Status* form. **If you are married**, you must complete the enclosed *Participant's Verification* form, and your spouse must complete, and have his/her signature notarized on, the enclosed *Spouse's Consent To Coronavirus-Related Withdrawal By Participant* form. If you are unable to arrange for notarization, you may arrange for witness by a Plan representative by calling Zenith at (551) 245-6932. Zenith will assist you in setting up an audio/visual link, and you will be asked to return your form electronically on the same day. The **original** completed forms should be returned to the following address: Elevator Constructors Union Local No. 1 Annuity and 401(k) Fund, 140 Sylvan Avenue, Suite 303, Englewood Cliffs, New Jersey 07632.

The following information must also be included with your application:

- Completed W-4P tax form (Please see website for W-4P, as you may stipulate the amount of tax to be withheld)
- Completed certification of marital status (single participant only)
- Notarized/witnessed spousal consent form (married participant only)

A Coronavirus-Related Withdrawal is available only through September 27, 2020 to a “Qualified Individual” affected by the coronavirus pandemic. Through June 30, 2020, the maximum amount of a Coronavirus-Related Withdrawal is \$1,000 per week, with no waiting requirement, and withdrawals may be taken in increments of up to four weeks. See the “FAQs” memorandum from the Board of Trustees regarding Special Annuity Fund Coronavirus-Related Distributions and Loans available on the Fund’s website. Should you have any questions or need assistance in completing the application, please call the Fund Office.

Withdrawal carefully and consult with my attorney or tax advisor before making my taxation election. Additionally, I understand that I may repay my Coronavirus-Related Withdrawal within three years of the distribution date, in which case I will not be required to pay tax on the amount repaid or may receive a credit for such tax if I have already paid it.

- I elect to have my entire withdrawal reported as taxable income for 2020 rather than in three equal amounts for tax years 2020, 2021 and 2022.

State Income Tax Withholding. You are responsible for the payment of any applicable state income taxes arising from this distribution. You may incur penalties under state tax rules if your estimated tax payments are not sufficient. If you have any questions about how taxes apply to your distribution, you should consult a qualified tax professional.

I hereby attest that each of the statements made or selected above is true and correct.

Participant's Signature: _____ Date: _____

Send this form with all supporting documentation and form(s) to: **Elevator Constructors Union Local No. 1 Annuity and 401(k) Fund, 140 Sylvan Avenue, Suite 303, Englewood Cliffs, NJ 07632.**

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CERTIFICATION OF MARITAL STATUS
APPLICATION FOR CORONAVIRUS-RELATED WITHDRAWAL
(SINGLE PARTICIPANT ONLY)

1. My name is _____

I live at _____
Number/Street City State Zip Code

2. I understand that under federal law and the rules of the Fund, a spouse of a participant in the Fund has certain rights and that a participant may not, without his or her spouse's written consent, withdraw funds from the participant's account from the Annuity Fund, or make a loan against the participant's account. I understand that the Annuity Fund will rely upon the accuracy of this certification concerning my marital status. I agree that, if any of the information set forth in this certification is inaccurate, I shall reimburse the Annuity Fund for any loss the Annuity Fund may suffer by acting in reliance upon such inaccurate information.

3. I hereby swear that I am not now married to any living person.

4. I hereby swear that [check one] there are no qualified or pending domestic relations orders that may relate to the Fund, OR I have submitted to the Fund one or more qualified or pending domestic relations order(s) that may relate to the Fund.

Signature of Participant

Date

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PARTICIPANT'S VERIFICATION
APPLICATION FOR CORONAVIRUS-RELATED WITHDRAWAL
(MARRIED PARTICIPANT ONLY)

I, _____, am a participant in the Elevator Constructors Union Local No. 1 Annuity and 401(k) Fund. I understand that under federal law and the rules of the Fund the spouse of a participant in the Fund has certain rights and that I may not withdraw any part of my Individual Annuity Account without my spouse's written consent.

I hereby certify that the signature which appears upon this Consent is the signature of _____ who is my true and lawful spouse. I agree to reimburse the Fund for any loss the Fund may suffer in the event that this verification is inaccurate in any respect.

I understand that under federal law and the rules of the Fund, the withdrawal cannot be paid to me before the end of the 30-day period which began when this Consent was provided to my spouse and me unless both my spouse and I consent to the withdrawal being paid earlier and the withdrawal is not paid until at least 7 days after this Consent was provided. I hereby consent to the payment of the withdrawal before the end of the 30-day period.

I understand that the withdrawal will be subject to federal, state and local income taxes.

Signature of Participant Date

SPOUSE'S CONSENT TO
CORONAVIRUS-RELATED WITHDRAWAL BY PARTICIPANT*
(MARRIED PARTICIPANT'S SPOUSE ONLY)

The spouse of a participant who requests a withdrawal from his or her Annuity Account must complete and sign this Consent:

I, _____, hereby swear and certify that:
Name of Spouse

My name is: _____
Last First Middle Initial

My address is: _____
Number/Street City State Zip Code

I am married to: _____ . We were married on _____ at
Name of Participant Date

Place

I understand that my spouse is a participant in the Elevator Constructors Union Local No. 1 Annuity and 401(k) Fund. I have been informed that my spouse's Individual Annuity Account under the Fund is now approximately \$_____. I understand that my spouse has applied for a Coronavirus-Related Withdrawal from his/her Individual Annuity Account in the amount of \$_____ per week for

On the _____ day of _____, 20____, before me personally appeared _____, personally known to me on the basis of satisfactory evidence, to be the person who executed the foregoing Consent as the spouse of _____ who acknowledged to me that he/she executed same, and being duly sworn by me, made oath that the statements in the foregoing Consent are true to the best of his/her knowledge and belief.

NOTARY PUBLIC

Elevator Constructors Union Local No. 1 Annuity & 401(k) Fund

DIRECT DEPOSIT FORM

Participant name: _____

Address: _____

Social Security #: _____

Bank Name & Address: _____

Routing Number (for direct deposit): _____

Account Number _____ Checking account ___ Savings account___

(Please check either checking account or savings account)

***Please call your bank to ascertain if the routing number on your check is the correct routing number for a direct deposit (ACH). If so, please attach a voided check. If the routing number for direct deposit is different, please attach a letter from your bank representative, on bank stationery, listing the correct routing number.

Participant Signature: _____

Date: _____