



ANNUITY, CRAFT & PENSION FUNDS OF THEATRICAL STAGE EMPLOYEES LOCAL No. 4, IATSE



UNION TRUSTEES
KENNETH PURDY
TERENCE K. RYAN

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27 Roland Ave, Ste 300
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EMPLOYER TRUSTEES
ROBERT USDIN
NICOLE STIEGELBAUER

CORONAVIRUS-RELATED DISTRIBUTION REQUEST

Please complete and submit this form if you wish to request a Coronavirus-Related Distribution from the Stage Employees Local No.4 Annuity Fund (“Fund”). The completed form must be returned to the Fund Administrator at the following address:

Stage Employees Local No.4 Annuity Fund
c/o Frank M. Vaccaro & Associates, Inc.
27 Roland Avenue, Suite 300
Mt. Laurel, New Jersey 08054-1038

Your request will be processed within thirty (30) days of receipt. This is not a hardship distribution, so you are eligible to apply for this distribution even if you have taken a hardship for another purpose in this calendar year, including a COVID-19 Hardship Distribution. However, any COVID-19 Hardship Distribution you have taken will count toward the total amount available to you for a Coronavirus-Related Distribution. These distributions are only available through December 30, 2020. You may take one or more Coronavirus-Related Distributions, but such distributions, together with any COVID-19 Hardship Distribution you may have taken, cannot exceed the lesser of \$50,000 or 100% of your account balance. Your spouse must provide written consent to this distribution.

For the fastest processing, complete the application, save it to your computer and upload the saved application file [Here](#). Or, press the [Submit] at the end of the application.

STEP 3. TAX TREATMENT OF DISTRIBUTION AND WITHHOLDING OPTIONS

This Step provides a summary of the tax treatment of this distribution, and offers you several options. You are strongly encouraged to speak with your tax advisor regarding how taking this distribution will affect your personal tax situation.

This Distribution is Not Subject to the 10% Early Withdrawal Penalty. The 10% early withdrawal penalty does not apply to a Coronavirus-related Hardship Distribution regardless of your age.

This Distribution is Subject to a 10% Default Withholding, Which You Can Waive: This distribution is subject to a default federal tax withholding of 10%. This means if you request a \$10,000 distribution, we will withhold \$1,000 for taxes and pay you \$9,000. You have the option to waive this default withholding by choosing Option 1 below.

This Distribution is Subject to Income Tax Unless It Is Repaid Within Three Years: While the distribution is subject to ordinary income tax, you can choose to include one-third of the taxable amount in your income each year for three consecutive years in order to spread the tax burden over a longer period of time. You have the option, but you are not required, to repay the distribution within three years, in which case you may be eligible for a refund of any income tax paid on the distribution.

Given the above, please indicate below whether you are requesting any withholding from your distribution.

Please select one:

- Option 1: Gross Distribution – The distribution should not include amounts to pay taxes, if any, on the amount I receive.** For example, if you request \$10,000, you will receive a distribution of \$10,000 from your account and taxes on that amount, if any, will be your responsibility to be paid from sources other than your account.
- Option 2: Net Distribution – The distribution should include amounts to pay taxes on the amount I receive.** For example, if you request \$10,000, you will receive a distribution of \$10,000 from your account, but the amount distributed from your account will include additional amounts necessary to cover taxes you would like paid on your behalf by the Fund Office as specified in Step 4 below.

STEP 4. INCOME TAX WITHHOLDING

Complete this Section only if you selected “Net Distribution” in Step 3 above.

FEDERAL WITHHOLDING: Contact your tax advisor or the IRS if you have any questions concerning tax withholding.

Please select one of the following options:

- DO NOT withhold federal income taxes
- Withhold _____% for federal income taxes
- In addition to the above percentage, withhold \$_____ for federal income taxes

STATE WITHHOLDING: Contact your tax advisor or your state’s tax department if you have any questions concerning state tax withholding. Some states require withholding to cover the state income tax and the Fund record keeper will comply with those laws. If you make an election that is not in compliance with your state’s regulations, the Fund record keeper will default to your state’s requirements.

Please select one of the following options:

- DO NOT withhold state income taxes
- Withhold _____% for state income taxes
- In addition to the above percentage, withhold \$_____ for State income taxes

STEP 5. DISTRIBUTION AMOUNT REQUESTED

I understand that I can take one or more Coronavirus-Related Distributions, but that the total of all such distributions (including any COVID-19 Hardship Distributions I took this year) cannot exceed the lesser of \$50,000 or 100% of my account balance.

I hereby request a distribution of \$ _____ from my Annuity Fund Account. This total includes amounts to be paid by the Fund Office to the federal/state taxing authorities on my behalf, if any, as I have specified in Step 4). If the amount available for distribution is less than this amount, I hereby request distribution of the maximum amount available for a hardship distribution.

STEP 6. METHOD OF PAYMENT

Please select one of the following options:

- Option 1: Direct deposit to a bank account of which I am an account holder (deposited within 3 business days from date of processing).**

Please select Checking or Savings and provide a voided check or copy of a pre-printed, account-specific deposit slip or a bank specification sheet from your bank:

- Checking Savings

Bank Name

Bank Account No.

Bank ABA/Routing No. (9 digits)

Please note that we can only send funds via direct deposit to banks with a valid U.S. routing number.

I understand that if I do not fully complete this section or the bank account information I have provided is invalid, a check will be mailed. I understand that a reprocessing fee may be charged to my account if the direct deposit is declined by my financial institution. Subsequent withdrawals will be processed in the same manner (up to 180 days from the date of the original distribution) unless I notify the Fund Office in writing to distribute the money differently. I also authorize the Fund to initiate a debit to my account for any overpayment or payments made in error. I understand there may be a charge deducted from my account for each distribution processed. By signing below I certify that I am an account holder on the bank account listed above.

Participant

Date

- Option 2: Send payment to me by check (allow up to 10 business days for postal service delivery).**

STEP 7. PARTICIPANT AUTHORIZATION

I request a Coronavirus-related Hardship Distribution to be made in accordance with the Plan Document, Internal Revenue Code, and my election as outlined above.

I understand the following conditions are applicable:

- If all required items are not completed on this form, payment will be delayed.
- All withdrawals will be based on the value of my account as of the date of this application

Signature of Participant

Date

NOTARY PUBLIC

STEP 8. SPOUSAL CONSENT

I _____ [Print Spouse's Name], swear under penalty of perjury that I am the legal spouse of the Participant described herein. I have reviewed the contents of this application and hereby consent to my spouse's application for a Coronavirus-Related Distribution as set forth herein. I understand that any such distribution may affect the balance in my spouse's individual account and may therefore affect the amount of any survivor benefits payable to me.

Signature of Participant's Spouse

Date

NOTARY PUBLIC

STEP 9. RETURN FORM

Please return the completed form to:

**Stage Employees Local No4 Annuity Fund
c/o Frank M. Vaccaro & Associates, Inc.
27 Roland Avenue, Suite 300
Mt. Laurel, New Jersey 08054-1038**

FUND OFFICE APPROVAL [To be completed by Fund Administrator]

Signature of Authorized Fund Administrator

Date