



DISTRICT COUNCIL No. 21

INTERNATIONAL UNION OF PAINTERS AND ALLIED TRADES

Benefit Funds

2980 SOUTHAMPTON-BYBERRY ROAD • PHILADELPHIA, PA 19154-1297

IUPAT District Council No. 21 Annuity Fund Application

(215) 934-5130
(215) 698-0978
1 800-252-7252
FAX (215) 934-5418

MICHAEL R. PREVITERA
Fund Administrator

Dear Member:

Per your recent request, enclosed please find the DC21 Annuity Fund Application. To receive a distribution from the IUPAT District Council No. 21 Annuity Fund, this application must be completed in full and returned with the required supporting documentation listed below. Please note that incomplete applications or missing documentation may result in processing delays.

- **Benefit Application**
You must complete all requested information and return the original application to our office. Notarization is required where applicable.
- **Completed W-4R Tax Form** (if electing a monthly payment option, please contact our office for further instruction)
- **Identification (provide copies of at least (2) of the following):**
 - Official Birth Certificate
 - Social Security Card
 - Church Record of Birth
 - Photo ID (e.g., Driver's License)
 - Passport / Passport Card
 - Naturalization Certificate or Immigration Papers
- **Copy of Marriage Certificate / License** (if applicable)
- **Copy of Divorce Decree, Property Settlement, or Qualified Domestic Relations Order (QDRO)** (if applicable)
- **Copy of Certificate of Retirement from the International Office** (if applicable)
- **Signed IRA Letter of Acceptance from your financial institution** (if electing a rollover)

Should you have any questions, please feel free to contact the Benefits Office. I can be reached by email at: sregan@dc21funds.org, or by phone at: (215)934-5130.

Sincerely,
Shannon Regan

District Council No. 21 Benefits Office

Enclosure



**ANNUITY FUND
HARDSHIP WITHDRAWAL
APPLICATION**

NAME: _____
Last First Middle

ADDRESS: _____
Street City/State Zip Phone No.

BIRTH DATE: _____ **SS#** _____ **SEX** _____

BENEFICIARY: _____ **RELATIONSHIP:** _____

RETURN EVIDENCE OF CORRECT DATE OF BIRTH: Attach at least two of the following types of evidence to substantiate date of birth and photo ID. The types of evidence are listed in order of preference and the most preferred types available should be used:

If you are Married, you must return a copy of your **MARRIAGE LICENSE**

1. Official Birth Certificate
2. Social Security Card
3. Church Records of Birth
4. Photo ID (copy of Drivers License)
5. Pass Port
6. Naturalization Certificates or Immigration Papers

BENEFITS OFFICE STAFF CERTIFICATION

*Office
use
Only*

To the best of our knowledge the evidence of birth and employment records are genuine, we therefore certify the eligibility of the applicant.

AMOUNT OF ANNUITY: _____ **TAXES WITHHELD:** _____

CHECK AMOUNT: _____ **CHECK NO:** _____ **DATE:** _____

ANNUITY STAFF SIGNATURE _____ **DATE** _____

CERTIFICATION

I hereby certify that the information listed above is true and correct. I also understand all withdrawals of funds shall be subject to applicable taxes, and does not require reimbursement to the Annuity Fund.

PARTICIPANT SIGNATURE: _____ **DATE:** _____

CHECK AND INITIAL WITHDRAWAL OPTION ON BACK OF THIS APPLICATION

SPOUSE SIGNATURE: _____ **DATE:** _____

I HEREBY CONSENT TO THE OPTION CHOSEN BY MY SPOUSE AS INDICATED ON BACK

****** Marriage License Required ******

NOTARY SIGNATURE & SEAL: _____ **DATE:** _____

We hereby authorize payment of the Annuity above set forth to this applicant

_____ **DATE**

UNION TRUSTEE

_____ **DATE**

EMPLOYER TRUSTEE

(OVER)

DISTRICT COUNCIL 21 ANNUITY FUND - HARDSHIP WITHDRAWAL OPTIONS

PLEASE INITIAL YOUR HARDSHIP WITHDRAWAL:

1. () - **TUITION** – for you, your spouse or dependent child to an ***accredited educational*** institution beyond high school or to maintain your dependent child at an educational institution for ***physically or mentally handicapped*** children; (YOU MUST PROVIDE THE **ACCREDITED EDUCATIONAL INSTITUTION, TO WHOM THE CHECK WILL BE MADE PAYABLE**):

NAME OF PAYABLE:

NET AMOUNT:

2. () - **PURCHASE OF A RESIDENCE** – for the purchase of a residence; home, condominium or apartment in which the member intends to establish a legal residence. (YOU MUST PROVIDE THE **TITLE OR ABSTRACT COMPANY NAME, TO WHOM THE CHECK WILL BE MADE PAYABLE AT SETTLEMENT**):

NAME OF PAYABLE:

NET AMOUNT:

3. () - **FUNERAL EXPENSES** – due to the death of your spouse, child, dependent, grandchild or parent, or designated beneficiary, or the parent of your spouse. (YOU MUST PROVIDE THE **FUNERAL PARLOR NAME, TO WHOM THE CHECK WILL BE MADE PAYABLE**):

NAME OF PAYABLE:

NET AMOUNT:

4. () - **EVICTION, FORECLOSURE AND TAX LIEN** – expenses incurred to prevent eviction, foreclosure or the imposition of a tax lien on your residence (you may not receive more than one hardship withdrawal during any **twelve (12) monthly period for such expenses**). (YOU MUST PROVIDE THE **LANDLORD/APARTMENT NAME, MORTGAGE COMPANY OR TOWNSHIP NAME, TO WHOM THE CHECK WILL BE MADE PAYABLE**):

NAME OF PAYABLE:

NET AMOUNT:

5. () - **MEDICAL EXPENSES** – certain medical expenses of you, your spouse, dependents or designated beneficiary that are not otherwise reimbursable under a group health plan covering you, your spouse, dependents, or designated beneficiary. (YOU MUST PROVIDE THE **CREDITOR NAME, TO WHOM THE CHECK WILL BE MADE PAYABLE**):

NAME OF PAYABLE:

NET AMOUNT:

6. () - **DAMAGE REPAIR** – expenses for the repair of damage to your principal residence that would qualify you for a casualty loss deduction under the Internal Revenue Code. (YOU MUST PROVIDE THE **CREDITOR NAME, TO WHOM THE CHECK WILL BE MADE PAYABLE**):

NAME OF PAYABLE:

NET AMOUNT:

PLEASE SIGN THE STATEMENT BELOW:

I acknowledge and agree that by signing this application I am hereby representing that (i) I have incurred the expenses identified herein, (ii) I do not have sufficient cash or other assets reasonably available to satisfy such expenses, (iii) the amount I am requesting to withdraw does not exceed the amount necessary to satisfy such expenses, including applicable taxes on the amount to be distributed, and (iv) I have obtained all other distributions available to me from the IUPAT District Council No. 21 Annuity Fund.

PARTICIPANT SIGNATURE: _____

DATE: _____

Please return to:

**District Council 21 Benefits Office
2980 Southampton Road
Philadelphia, PA 19154**

Participant Consent:

I have read the annuity application and under penalty of perjury, I confirm all information provided and choose to receive a Withdrawal Distribution.

Participant Signature

SWORN TO AND SUBSCRIBED BEFORE ME THIS _____ DAY

OF _____ 20 _____

NOTARY PUBLIC

Spousal Consent :

I state under penalty of perjury that I am the spouse of the above named Participant, I have read the Withdrawal Application form and I understand that by signing this agreement, I may receive less money in the event of my spouses' death before a full distribution of the Annuity Plan Account and that I do not have to sign this agreement. I am signing this agreement voluntarily.

Spouse Signature

SWORN TO AND SUBSCRIBED BEFORE ME THIS _____ DAY OF

_____ 20 _____.

NOTARY PUBLIC



DISTRICT COUNCIL No. 21
INTERNATIONAL UNION OF PAINTERS AND ALLIED TRADES

Benefit Funds

2980 SOUTHAMPTON-BYBERRY ROAD • PHILADELPHIA, PA 19154-1297

(215) 934-5130
(215) 698-0978
1 800-252-7252
FAX (215) 934-5418

MICHAEL R. PREVITERA
Fund Administrator

TO THE ANNUITY TRUSTEE:

I, _____ HEREBY CERTIFY THAT I AM NOT MARRIED, AND
(Please Print)

WAS NOT MARRIED DURING THE TIME OF CONTRIBUTIONS TO THIS
ANNUITY PLAN.

(Please Sign and have Notarized)

I WAS MARRIED DURING THE TIME OF CONTRIBUTIONS HOWEVER, I HAVE
SINCE BEEN DIVORCED.

A COPY OF DIVORCE DEGREE AND PROPERTY SETTLEMENT RELATED DOCUMENTS MUST BE
SUBMITTED

(Please Sign and have Notarized)

SWORN TO AND SUBSCRIBED BEFORE ME THIS _____ DAY OF
20_____.

NOTARY PUBLIC

THIS DOCUMENT MUST BE NOTARIZED



Withholding Certificate for Nonperiodic Payments and Eligible Rollover Distributions

2026

Give Form W-4R to the payer of your retirement payments.

1a First name and middle initial	Last name	1b Social security number
---	-----------	----------------------------------

Address

City or town, state, and ZIP code

Your withholding rate is determined by the type of payment you will receive.

- For nonperiodic payments, the default withholding rate is 10%. You can choose to have a different rate by entering a rate between 0% and 100% on line 2. Generally, you can't choose less than 10% for payments to be delivered outside the United States and its territories.
- For an eligible rollover distribution, the default withholding rate is 20%. You can choose a rate greater than 20% by entering the rate on line 2. You may not choose a rate less than 20%.

See page 2 for more information.

2 Complete this line if you would like a rate of withholding that is different from the default withholding rate. See the instructions on page 2 and the Marginal Rate Tables below for additional information. Enter the rate as a whole number (no decimals)	2	%
---	----------	---

Sign Here

Your signature (This form is not valid unless you sign it.)

Date

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about any future developments related to Form W-4R, such as legislation enacted after it was published, go to www.irs.gov/FormW4R.

Purpose of form. Complete Form W-4R to have payers withhold the correct amount of federal income tax from your nonperiodic payment or eligible rollover distribution from an employer retirement plan, annuity (including a commercial annuity), or individual retirement arrangement (IRA). See page 2 for the rules and options that are available for each type of payment. Don't use Form W-4R for periodic

payments (payments made in installments at regular intervals over a period of more than 1 year) from these plans or arrangements. Instead, use Form W-4P, Withholding Certificate for Periodic Pension or Annuity Payments. For more information on withholding, see Pub. 505, Tax Withholding and Estimated Tax.

Caution: If you have too little tax withheld, you will generally owe tax when you file your tax return and may owe a penalty unless you make timely payments of estimated tax. If too much tax is withheld, you will generally be due a refund when you file your tax return. Your withholding choice (or an election not to have withholding on a nonperiodic payment) will generally apply to any future payment from the same plan or IRA. Submit a new Form W-4R if you want to change your election.

2026 Marginal Rate Tables

You may use these tables to help you select the appropriate withholding rate for this payment or distribution. Add your income from all sources and use the column that matches your filing status to find the corresponding rate of withholding. See page 2 for more information on how to use this table.

Single or Married filing separately		Married filing jointly or Qualifying surviving spouse		Head of household	
Total income over—	Tax rate for every dollar more	Total income over—	Tax rate for every dollar more	Total income over—	Tax rate for every dollar more
\$0	0%	\$0	0%	\$0	0%
16,100	10%	32,200	10%	24,150	10%
28,500	12%	57,000	12%	41,850	12%
66,500	22%	133,000	22%	91,600	22%
121,800	24%	243,600	24%	129,850	24%
217,875	32%	435,750	32%	225,900	32%
272,325	35%	544,650	35%	280,350	35%
656,700*	37%	800,900	37%	664,750	37%

* If married filing separately, use \$400,450 instead for this 37% rate.

General Instructions (continued)

Nonperiodic payments—10% withholding. Your payer must withhold at a default 10% rate from the taxable amount of nonperiodic payments **unless** you enter a different rate on line 2. Distributions from an IRA that are payable on demand are treated as nonperiodic payments. Note that the default rate of withholding may not be appropriate for your tax situation. You may choose to have no federal income tax withheld by entering “-0-” on line 2. See the specific instructions below for more information. Generally, you are not permitted to elect to have federal income tax withheld at a rate of less than 10% (including “-0-”) on any payments to be delivered outside the United States and its territories.

Note: If you don’t give Form W-4R to your payer, you don’t provide an SSN, or the IRS notifies the payer that you gave an incorrect SSN, then the payer must withhold 10% of the payment for federal income tax and can’t honor requests to have a lower (or no) amount withheld. Generally, for payments that began before 2026, your current withholding election (or your default rate) remains in effect unless you submit a Form W-4R.

Eligible rollover distributions—20% withholding. Distributions you receive from qualified retirement plans (for example, 401(k) plans and section 457(b) plans maintained by a governmental employer) or tax-sheltered annuities that are eligible to be rolled over to an IRA or qualified plan are subject to a 20% default rate of withholding on the taxable amount of the distribution. You can’t choose withholding at a rate of less than 20% (including “-0-”). Note that the default rate of withholding may be too low for your tax situation. You may choose to enter a rate higher than 20% on line 2. Don’t give Form W-4R to your payer unless you want more than 20% withheld.

Note that the following payments are **not** eligible rollover distributions for purposes of these withholding rules:

- Qualifying “hardship” distributions;
- Distributions required by federal law, such as required minimum distributions;
- Distributions from a pension-linked emergency savings account;
- Eligible distributions to a domestic abuse victim;
- Qualified disaster recovery distributions;
- Qualified birth or adoption distributions;
- Qualified long-term care distributions; and
- Emergency personal expense distributions.

See Pub. 505 for details. See also *Nonperiodic payments—10% withholding* above.

Payments to nonresident aliens and foreign estates. Do not use Form W-4R. See Pub. 515, Withholding of Tax on Nonresident Aliens and Foreign Entities, and Pub. 519, U.S. Tax Guide for Aliens, for more information.

Tax relief for victims of terrorist attacks. If your disability payments for injuries incurred as a direct result of a terrorist attack are not taxable, enter “-0-” on line 2. See Pub. 3920, Tax Relief for Victims of Terrorist Attacks, for more details.

Specific Instructions

Line 1b

For an estate, enter the estate’s employer identification number (EIN) in the area reserved for “Social security number.”

Line 2

More withholding. If you want more than the default rate withheld from your payment, you may enter a higher rate on line 2.

Less withholding (nonperiodic payments only). If permitted, you may enter a lower rate on line 2 (including “-0-”) if you want less than the 10% default rate withheld from your payment. If you have already paid, or plan to pay, your tax on this payment through other withholding or estimated tax payments, you may want to enter “-0-”.

Suggestion for determining withholding. Consider using the Marginal Rate Tables on page 1 to help you select the appropriate withholding rate for this payment or distribution. The tables are most accurate if the appropriate amount of tax on all other sources of income, deductions, and credits has been paid through other withholding or estimated tax payments. If the appropriate amount of tax on those sources of income has not been paid through other withholding or estimated tax payments, you can pay that tax through withholding on this payment by entering a rate that is greater than the rate in the Marginal Rate Tables.

The marginal tax rate is the rate of tax on each additional dollar of income you receive above a particular amount of income. You can use the table for your filing status as a guide to find a rate of withholding for amounts above the total income level in the table.

To determine the appropriate rate of withholding from the table, do the following. Step 1: Find the rate that corresponds with your total income not including the payment. Step 2: Add your total income and the taxable amount of the payment and find the corresponding rate.

If these two rates are the same, enter that rate on line 2. (See *Example 1* below.)

If the two rates differ, multiply (a) the amount in the lower rate bracket by the rate for that bracket, and (b) the amount in the higher rate bracket by the rate for that bracket. Add these two numbers; this is the expected tax for this payment. To get the rate to have withheld, divide this amount by the taxable amount of the payment. Round up to the next whole number and enter that rate on line 2. (See *Example 2* below.)

If you prefer a simpler approach (but one that may lead to overwithholding), find the rate that corresponds to your total income including the payment and enter that rate on line 2.

Examples. Assume the following facts for *Examples 1* and *2*. Your filing status is single. You expect the taxable amount of your payment to be \$20,000. Appropriate amounts have been withheld for all other sources of income and any deductions or credits.

Example 1. You expect your total income to be \$70,000 without the payment. Step 1: Because your total income without the payment, \$70,000, is greater than \$66,500 but less than \$121,800, the corresponding rate is 22%. Step 2: Because your total income with the payment, \$90,000, is greater than \$66,500 but less than \$121,800, the corresponding rate is 22%. Because these two rates are the same, enter “22” on line 2.

Example 2. You expect your total income to be \$60,000 without the payment. Step 1: Because your total income without the payment, \$60,000, is greater than \$28,500 but less than \$66,500, the corresponding rate is 12%. Step 2: Because your total income with the payment, \$80,000, is greater than \$66,500 but less than \$121,800, the

corresponding rate is 22%. The two rates differ. \$6,500 of the \$20,000 payment is in the lower bracket (\$66,500 less your total income of \$60,000 without the payment), and \$13,500 is in the higher bracket (\$20,000 less the \$6,500 that is in the lower bracket). Multiply \$6,500 by 12% to get \$780. Multiply \$13,500 by 22% to get \$2,970. The sum of these two amounts is \$3,750. This is the estimated tax on your payment. This amount corresponds to 19% of the \$20,000 payment (\$3,750 divided by \$20,000). Enter "19" on line 2.

Privacy Act and Paperwork Reduction Act Notice. We ask for the information on this form to carry out the Internal Revenue laws of the United States. You are required to provide this information only if you want to (a) request additional federal income tax withholding from your nonperiodic payment(s) or eligible rollover distribution(s); (b) choose not to have federal income tax withheld from your nonperiodic payment(s), when permitted; or (c) change a previous Form W-4R (or a previous Form W-4P that you completed with respect to your nonperiodic payments or eligible rollover distributions). To do any of the aforementioned, you are required by sections 3405(e) and 6109 and their regulations to provide the information requested on this form. Failure to provide this information may result in inaccurate withholding on your payment(s).

Failure to provide a properly completed form will result in your payment(s) being subject to the default rate; providing fraudulent information may subject you to penalties.

Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation, and to cities, states, the District of Columbia, and U.S. commonwealths and territories for use in administering their tax laws. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by section 6103.

The average time and expenses required to complete and file this form will vary depending on individual circumstances. For estimated averages, see the instructions for your income tax return.

If you have suggestions for making this form simpler, we would be happy to hear from you. See the instructions for your income tax return.