GREATER PENNSYLVANIA CARPENTERS

ANNUITY AND SAVINGSFUND

CARPENTERS' COMBINED FUNDS, INC. JAMES R. KLEIN, ADMINISTRATOR 650 RIDGE ROAD - SUITE 300 PITTSBURGH, PA 15205

ADMINISTRATIVE OFFICE

Phone: (412) 922-5330 Fax: (412) 922-3420 Toll Free (PA) 800-242-2539

MEMBER APPLICATION FOR HARDSHIP WITHDRAWAL

Section	on I: Member Information						
Name:_			Soc. Sec. No:				
Addres	s:	Birth Date:					
City: _	State:	Zip Code:	Telephone:				
Marital	Status:	ried	Local Union No:				
Section	n II: Application for Hardship Withdrawal						
as a har necessa Contribu	and/or enter the reason(s) for the hardship withdrawal and deship withdrawal can include the amount necessary to say to pay income taxes and penalties on the withdrawal tions credited for the Plan Year of the withdrawal and the ust attach evidence of your economic emergency or series	atisfy your econom awal. A hardship e first and second	nic emergency or serious economic need <i>plus</i> withdrawal from the portion of your Accoud preceding Plan Years can be made only for	the amount you estimate is nt attributable to Employer			
I hereby apply for a hardship withdrawal from my Account under the Annuity and Savings Fund on account of the following economic emergency or serious economic need(s):							
	Unreimbursed medical expenses or expenses ned	cessary to obta	in medical care	\$			
	Tuition, fees and room and board for post-second		\$				
	Purchase of principal residence (maximum of onc	nths)	\$				
	Eviction from principal residence or foreclosure on princ	ortgage (maximum of once every 24 months)	\$				
	Burial and/or funeral expenses			\$			
	Other (specify):						
				\$			
				\$			
Section	n III: Federal Income Tax Withholding Election						
I hereb	y elect the following federal income tax withholdin	ig for the Hards	hip Withdrawal:				
	0% federal income tax withholding		20% federal income tax withholding				
	10% federal income tax withholding		% federal income tax withholding				

Section IV: Member Signature and Certification

I hereby certify that:

- the information furnished above is true and correct to the best of my knowledge;
- the amount of my hardship withdrawal request is not more than the amount necessary to meet my economic emergency or serious economic need plus the amount of reasonably estimated income and penalty taxes; and
- 3. my economic emergency or serious economic need cannot be satisfied from other reasonably available financial resources.

I hereby authorize all action necessary to implement the elections made above. I understand that all payments are governed by the document for the Annuity and Savings Fund and that I must hold any payments not provided for in the document for the benefit and reimbursement of the Fund.

reimbursement of the Fu	ind.	,,,	·	
Section V: Spouse's Co	onsent			
(If you are married, your sp	ouse must consent to your applica			
	ful spouse of the above-name er Account under the Annuity a		nsent to my spouse's ap	oplication for a hardship
Spouse's Signature: (Sign in Presence of Notary	/ Public)		Date:	
State of: before me and acknowled	County of: dged that he or she signed this	On On	, 20, the at asons set forth herein.	pove-named spouse appeared
[SEAL]	Notary Pub	olic:		
	Commission	on Expires:		
Section VI: Administrati	O.C. 11 O.1			
Application and Instruction	ons sent to Member on:			mber on:
Approved by:		Amount: \$		Date:

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INSTRUCTIONS FOR MEMBER APPLICATION FOR HARDSHIP WITHDRAWAL

Application

Use the Application for Hardship Withdrawal to apply for a hardship withdrawal from your Account in the event of an economic emergency or serious economic need.

Please print or type all information (except for required signatures). File the completed Application and evidence of your financial hardship with the Administrative Office at the above address.

Application for Hardship Withdrawal - Section II of the Application

A hardship withdrawal from the portion of your Account attributable to Employer Contributions credited to your Account in the Plan Year of the withdrawal and the two preceding Plan Years can be made only for the following five reasons and only if your economic emergency or serious economic need cannot be satisfied by other financial resources reasonably available to you:

Medical Expenses. The amount must be for medical care provided to you or your spouse or dependent or must be necessary to obtain medical care for you or your spouse or dependent. The medical expenses cannot be reimbursable by insurance or under a medical plan. Medical expenses for this purpose are medical expenses deductible on your federal income tax return under Internal Revenue Code § 213(d) (without regard to the 10% of adjusted gross income limitation). Educational Expenses. The amount must be necessary to pay tuition and related educational fees and room and board for the next twelve months of post-secondary education for the Participant or the Participant's Spouse, children or dependents from an institution accredited by a national or regional accrediting agency recognized by the U.S. Department of Education. http://ope.ed.gov/accreditation

<u>Purchase of Principal Residence</u>. The amount must be necessary for and directly related to the purchase of your principal residence, excluding mortgage payments. An application for withdraw cannot be more than once every twenty-four months.

<u>Eviction or Foreclosure</u>. The amount must be necessary to prevent an eviction from your principal residence or a foreclosure on the mortgage on your principal residence. An application for withdraw cannot be more than once every twenty-four months.

<u>Burial Expenses</u>. The amount must be necessary to pay for the burial or funeral expenses for your deceased parent (including your father or mother in-law), spouse, child or dependent.

A hardship withdrawal can be made from the remaining balance of your Account (i.e., the portion attributable to Employer Contributions credited to your Account before the Plan Year of the withdrawal and the two preceding Plan Years) for any documented economic emergency or serious economic need. If you are applying for a hardship withdrawal for a reason other than one of the above five reasons, the reason for the hardship withdrawal should be specified on the lines next to the "Other" box. You may attach additional sheets of paper as necessary.

In addition to the amount necessary to satisfy your economic emergency or serious economic need, the amount you request as a hardship withdrawal can include the amount you estimate is necessary to pay income taxes and penalties on the withdrawal.

You may elect to include or not to include the portion of your Account attributable to Employer Contributions credited to your Account in the Plan Year of the withdrawal and the two preceding Plan Years from your hardship application. You may include this portion of your Account only if your economic emergency or serious economic need cannot be satisfied

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from other financial resources reasonably available to you. If you make no election, this portion of your Account will not be included.

You must submit evidence of your financial hardship, such as copies of bills, estimates and receipts. You may contact the Administrative Office for more information.

Federal Income Tax and Withholding Election - Section III of the Application

Your hardship withdrawal will be subject to federal income tax. Also, if you are younger than age 59½ at the time of the withdrawal, the withdrawal will be subject to an additional 10% federal income tax, unless an exception applies. Information on the additional 10% federal income tax can be found in IRS Form 5329 and IRS Publication 575.

You can elect to have any percentage withheld from the hardship withdrawal as your federal income tax withholding or to have no amount withheld.

If you elect no withholding, or if you do not have enough withheld from the withdrawal, you may be responsible for the payment of quarterly estimated tax payments. You may be subject to tax penalties if your withholding and estimated tax payments for your income for a year are insufficient. Information on the withholding of federal income tax can be found in the instructions to IRS Form W-4P.

Spouse's Consent - Section V of the Application

If you are married, your spouse must consent to your Application for Hardship Withdrawal by completing Section V.

Once given, your spouse's consent is irrevocable. However, your spouse's consent applies only to this Application.

IRS Required Information

Under current IRS rules:

- You have the right to a 30-day period after you are provided with these Instructions to consider your application for a hardship withdrawal. You may waive that right by filing the Application within this 30-day period.
- You must be provided with these Instructions no earlier than 180 days before the date the withdrawal is made. Accordingly, if, when you return the Application, the withdrawal cannot be made within 180 days of the date you were provided with these Instructions, the withdrawal will not be made, and you will have to obtain another set of Instructions before you can apply for the hardship withdrawal.

You have the right to defer the distribution of your Account, which includes the right not to take a withdrawal from your Account.

If you do not take a withdrawal, your Account will continue to be invested (as you direct) on a tax-deferred basis in the available Investment Funds under the Annuity and Savings Fund and will continue to be credited and charged with earnings, gains, losses and expenses accordingly. Information on the Investment Funds is available on the PNC Vested Interest WEB site at www.retirementdirections.com or from the Administrative Office.

If you apply for and receive a withdrawal now, the withdrawal will cease to be so invested in the available Investment Funds, and will be subject to federal income tax, including potentially the additional 10% federal income tax noted above. The withdrawal cannot be rolled over to an IRA or another plan.

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