

**APPLICATION PACKAGE FOR TEMPORARY AND
EMERGENCY COVID-19 RELATED HARDSHIP DISTRIBUTION**

IATSE LOCAL 38 AND LOCAL 812 PENSION PLAN

Instructions:

1. Refer to the Checklist and the *Application for Temporary and Emergency Hardship Distribution* for specific instructions regarding required documentation.
2. Incomplete forms will be returned to you and will delay processing of your request.
3. Submit the completed form and documentation to the Fund Office for approval.

Application Checklist

Please submit copies of the following documents with your application for benefits:

- Birth Certificate for you and your spouse
- Marriage Certificate (not License)
- Copy of current driver's license or current state I.D. (with photo) for you and your spouse
If you have ever been divorced, please submit a complete copy of your divorce decree(s)
and any accompanying orders.

CHECKLIST OF ITEMS TO SUBMIT WITH YOUR HARDSHIP APPLICATION:

Please use the checklist below to ensure that you have completed your application fully. This will expedite the application process. Missing documents and incomplete application forms will delay the processing of your application.

- Hardship Application Form
- Certification of Marital/Single Status
- Spousal Consent form
- Copy of your birth certificate
- Copy of your spouse's birth certificate
- Copy of your marriage license
- Copy of your photo ID
- Copy of your spouse's photo ID
- Copy of any and all previous divorce decrees, Qualified Domestic Relations Orders, Separation Agreements, etc.

Please review the forms you are submitting to make sure that you have completed the checklist, signed where necessary, including the signature of a notary public where applicable, and answered the questions accurately and completely. Failure to complete these items, especially the lack of a notary signature where necessary, will delay the processing of your application.

ALTERNATIVES TO BIRTH CERTIFICATE

~Accepted when birth certificate is unavailable~

In order to be eligible for any benefit from this Fund, you are required to produce proof of your age and identification. The following is a list of the documents that may serve as proof. Some of these documents are better proof than others. The list starts with the best type of proof and, in descending order, lists other acceptable alternative documents that you may submit. But, *you are required to furnish the best type of proof that is available.*

You do not have to furnish the original of any of these documents; you may submit a photocopy.

1. A birth certificate.
2. A baptismal certificate or a statement as to the date of birth shown by a church record, certified by the custodian of such record.
3. Notification of registration of birth in a public registry of vital statistics.
4. Hospital birth record, certified by a custodian of such record.
5. A foreign church or government record.
6. A signed statement by the physician or midwife who was in attendance at birth, as to the date of birth shown on their records.
7. Naturalization record.
8. Immigration papers.
9. Military record.
10. Passport.
11. School record, certified by the custodian of such record.
12. Vaccination record, certified by the custodian of such record.
13. An insurance policy, which shows the age or date of birth.
14. Marriage records showing date of birth or age (applications for marriage license or church record, certified by the custodian of such record; or marriage certificate).
15. Document showing approval of Social Security.
16. Other evidence, such as signed statements from persons who have knowledge of the date of birth, voting records, poll-tax receipts, driver's license, etc.

IATSE LOCAL 38 AND LOCAL 812 PENSION PLAN
COVID-19 Hardship Distribution Application

Effective September 1, 2020, to December 31, 2020

I am applying for a COVID-19 related hardship distribution from the IATSE Local 38 and Local 812 Pension Plan (Plan or Fund), which is a temporary and emergency form of hardship distribution.

I understand that the *minimum distribution available* to me is **\$2,500**.

I also understand that to qualify for a COVID-19 hardship distribution, I must have a *minimum vested Fund account balance* of **\$12,500**.

I know too that there is a cap on how much the Pension Plan will distribute to me under this temporary and emergency COVID-19 related hardship distribution. The cap, I understand, is the *lesser* of **\$20,000** or thirty percent (30%) of my vested Fund account balance.

I also understand that this hardship distribution will constitute taxable income to me and may be subject to additional taxes.

I understand too that, in this limited COVID-19 circumstance, I may apply for more than one (1) hardship distribution in a 12-month rolling period. But, I also understand that this temporary and emergency COVID-19 related hardship distribution does not change the Pension Plan's Hardship Distribution Program lifetime maximum hardship distribution(s) rules.

I understand that a \$100 administrative processing fee will be deducted from my Fund account. I agree to provide any additional documentation that is requested by the Fund.

The COVID-19 hardship distribution amount that I request is \$_____.

(initial here) I certify that the reason for my request is that I have lost work, been laid off, or have had other losses or expenses due to the COVID-19 virus. I certify that the distribution requested does not exceed the amount of my immediate and heavy financial need and that I have insufficient cash or liquid assets to satisfy my financial need.

Your COVID-19 hardship distribution will be paid **directly to you**. Please provide your name, current address and phone number.

Name

Phone Number (cell or home)

Address

I certify that the statements set forth in this application are true and complete.

Participant's Signature

Date

Please return your completed application to: IATSE Local 38 and Local 812 Pension Plan, 30700 Telegraph Road, Suite 2400, Bingham Farms, Michigan 48025. Or you may email your completed application to Kelly Mobley at the Fund Office at kmobley@tici.com.

If your hardship distribution request is denied, the denial is based upon your failure to meet the Plan's hardship distribution eligibility requirements. If you wish to appeal the determination of the Plan Administrator, you may file a Notice of Appeal with the Plan Administrator in accordance with the claim procedure set forth in the Summary Plan Description.

[Participant's name] request for a hardship distribution is: [Granted] [Denied]

Administrator

Date

CERTIFICATION OF MARITAL/SINGLE STATUS

Federal Law requires the Fund to confirm whether a previous spouse is entitled to any portion of your pension benefits. As such, it is necessary that we request the following certification and supporting documentation. **Failure to complete this form fully, including signing it in front of a notary public, and providing ALL documentation requested, will result in a delay of the processing of your application.**

Your Name: _____ SSN: _____

- Current marital status:
- SINGLE, NEVER MARRIED
 - SINGLE, PREVIOUSLY MARRIED*
 - MARRIED, NO PREVIOUS MARRIAGES
 - MARRIED, WITH PREVIOUS MARRIAGE(S)*
 - LEGALLY SEPARATED*

*If you have had previous marriages, please list the names of your ex-spouses, the date(s) of marriage and date(s) of divorce (if any of your previous marriages ended due to the death of your spouse at the time, please list the date of death):

<u>Ex-spouse's Name</u>	<u>Date of Marriage</u>	<u>Date of Divorce/Death</u>
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Please provide complete copies of ALL marriage certificates, divorce decrees, separation agreements, Qualified Domestic Relations Orders and any other accompanying documents related to the termination of your previous marriage(s). If any previous spouses have passed away, please provide a copy of the death certificate(s). If you do not have these documents, you should contact the appropriate court through which the proceedings occurred in order to obtain certified copies.

I hereby certify, subject to the penalty of perjury, that the above information is, to the best of my belief and knowledge, true and complete. ANY PERSON WHO SUPPLIES A FALSE CERTIFICATION IN CLAIMING A BENEFIT FORFEITS ANY RIGHT HE OR SHE MAY HAVE TO THE BENEFIT AND, UPON DISCOVERY, BECOMES LIABLE FOR FULL REPAYMENT OF ANY MONEY RECEIVED AS A CONSEQUENCE, , AS WELL AS ANY COSTS AND LEGAL FEES INCURRED BY THE FUND.

Your Signature

Today's Date

Place Notary Stamp Here

Subscribed to and sworn to before me,
This _____ day of _____, 20____.

Signature of Notary

Notary Public, _____ County

State of _____

My Commission expires _____

Seal

SPOUSAL CONSENT

I am the legal spouse of _____. I understand that my spouse wishes to receive a COVID-19 related hardship distribution from his Accrued Benefit Account in a lump sum cash payment. I understand that this payment will permanently reduce the amount, if any, payable to me from the Plan in the event that I survive my spouse. I understand that I do not have to sign this consent, and certify that I am doing so voluntarily. I understand that my spouse's election to take a hardship distribution requires my consent and that my consent, once given, cannot be revoked by me. With full knowledge of the foregoing, I hereby consent to my spouse's election to take a COVID-19 related hardship distribution from the Fund.

Participant's Spouse's Signature

Date

Witnessed by:

Authorized Plan Representative Date or _____
Notary Public* Date

NOTARY PUBLIC:

Place Notary Stamp Here

Subscribed to and sworn to before me,

This _____ day of _____, 20____

Signature of Notary

Notary Public, _____ County

State of _____

My Commission expires _____

Seal

***Notice to Notaries:** Federal Law (i.e., the Retirement Equity Act of 1984) requires that the above Form must be executed in the presence of an authorized Plan representative or a Notary Public. Accordingly, it is most important that you not only witness the actual signatures identified above, but also examine their credentials to satisfy yourself that they are, in fact, the same persons as the ones identified."

IATSE LOCAL 38 AND LOCAL 812 PENSION PLAN

30700 Telegraph Road, Suite 2400
Bingham Farms, MI 48025 (248)645-6550

IATSE LOCAL 38 AND LOCAL 812 PENSION PLAN Electronic and Remote Notarization-- Applicable Only During the Governor's COVID-19 Related "Stay at Home" Orders

Dear Participant:

As an applicant for a distribution from the Fund, you are required to complete and submit certain documents that *require* notarization. These documents include:

- Certification of Single/Married Status Form; and
- Spousal Consent Form (if you are married).

Below is a list of electronic and remote notary services, approved by Michigan's Office of the Secretary of State, to assist you with getting the above-mentioned documents notarized without leaving your home.

The services are:

- Pavaso - <https://pavaso.com/ron/>
- NotaryCam - <https://www.notarycam.com/pricing/>
- Notarize - <https://www.notarize.com/pricing>

Please Note: *IATSE Local 38 and Local 812 Pension Plan will accept electronic and remote notarization from the above services only during the Governor's COVID-19 related "Stayat Home" Orders.*

You are responsible for the costs you incur for using any of these electronic and remote notary services.

If you have any questions, please contact the Fund Office.