

Painters and Allied Trades District Council 82

Defined Contribution Pension Plan

Return completed forms to the Fund Office:

Wilson-McShane Corporation

Mailing Address: 3001 Metro Drive – Suite 500, Bloomington, MN 55425

(952) 854-0795 OR (800) 535-6373

****THIS FORM IS FOR A FORECLOSURE OF EVICTION WITHDRAWAL ON CONTRIBUTIONS MADE TO YOUR ACCOUNT BEFORE OCTOBER 1, 2016. THERE IS A SEPARATE FORM FOR HARDSHIP WITHDRAWAL REQUESTS FOR CONTRIBUTIONS MADE TO YOUR ACCOUNT AFTER OCTOBER 1, 2016. PLEASE CONTACT WILSON-McSHANE AT THE NUMBER ABOVE IF YOU HAVE ANY QUESTIONS.****

Foreclosure or Eviction Distribution

This distribution is not in addition to your other benefits and will therefore reduce the value of the benefits you will receive upon termination of employment or other event entitling you to distribution of your account balance. This hardship distribution request will be reviewed by the Trustees to ensure it meets the Plan's requirements. Please consult with a tax advisor on the financial implications of your distribution and withholding elections.

Qualifying expense

A special distribution may be made to satisfy certain immediate and heavy financial needs that you have. This distribution may only be made for payment of the following:

1. Prevention of eviction or foreclosure of my principal residence:
 - a. The need to prevent eviction of your principal residence or foreclosure on the mortgage of your principal residence.
 - b. Please provide legal notice of eviction or foreclosure identifying the landlord or financial institution, the amount due and date due in respect to the Participant's Principal Place of Residence.
 - i. **"Foreclosure"** - is defined as the receipt of a notice of default from the holder of the Participant's mortgage or land contract ("Creditor") on the Participant's Principal Place of Residence.
 - ii. **"Eviction"** – means the commencement of procedures that, if completed, will lead to the dispossession of the Participant from a Principal Place of Residence which he or she leases.
2. An additional amount equal to up to six additional future monthly mortgage, contract for deed, or lease payments from my account to further help me avoid defaulting on my mortgage/lease or contract for deed payments.

Conditions for availability of distribution

A distribution is available only if you meet the following conditions:

- During the entire month in which the application for distribution is made, you must be separated from any employment in the industry and;
- You must have:
 - Not been so employed for the three consecutive calendar months preceding the month in which the application is made, or
 - Not been so employed for the one calendar month and four of the twelve calendar months immediately preceding the month in which the application is made, or
 - Been so employed for less than 500 hours in the preceding twelve calendar months, and

You must have, for the entire period of unemployment, either remained available for employment on the Union's out-of-work list or been unavailable for work due to sickness or injury.

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Application for Special Foreclosure Distribution (for contributions made to account M)

Part 1: Participant Information – Please print

Name _____
Last First Middle
SSN ____ - ____ - _____ DOB ____ / ____ / ____ Phone (____) ____ - ____ - ____
Street Address _____
City _____ State _____ Zip _____
Marital Status: Single Married Divorced Widowed Last Day Worked _____ Last Employer _____

Part 2: Foreclosure or Eviction Distribution

I am requesting a withdrawal of my account balance with the Painters and Allied Trades District Council 82 Defined Contribution Plan in the amount of \$ _____.
Additionally, I am requesting that the Trustees add to the distribution an added amount for _____ future mortgage/lease payments (up to a maximum of 6 monthly payments). The amount of my monthly payment is \$ _____ for a **total** added amount of \$ _____ (# of monthly payments x monthly payment amount = total added amount)

Please indicate below which option you qualify for:

- Payments to prevent eviction on the mortgage of the Participant's principal residence
- Please provide legal notice of eviction identifying the landlord or financial institution, amount due and date due.
- Payments to prevent foreclosure on the mortgage of the Participant's principal residence
- Please provide legal notice of foreclosure identifying the landlord or financial institution, amount due and date due.

PART 3: FEDERAL TAX WITHHOLDING

Your distribution is subject to automatic federal tax withholding of 20% as well as an additional 10% withholding if you are younger than age 59 ½ at the time of distribution. These withholdings are mandatory under the rules of the Plan and your distribution will be increased to account for the applicable federal taxes above. Therefore, the total money received in hand will be the amount to cover the amount of the eligible hardship in Part 2.

PART 4: METHOD OF PAYMENT

A check will be mailed directly to the address as listed in Part 1.

Signature:

By signing below I certify the information listed above is an accurate representation of the facts presented to the Board of Trustees.

X _____
Participant's Signature Date

WAIVER OF JOINT AND SURVIVOR FORM OF BENEFIT

IF YOU ARE MARRIED, your SPOUSE must complete and sign this page in front of a notary or plan representative.

IF YOU ARE SINGLE, SKIP THIS PAGE.

Part 5: Annuity Rejection & Signature Section for Spouse

I, the undersigned spouse of the Participant, hereby consent to the above waiver of the automatic post-retirement joint and survivor form of benefit and acknowledge that the effect of my consent to the waiver eliminates any right I would otherwise have to receive the post-retirement joint and survivor form of benefit. I hereby swear. Under oath, I am the spouse of the above participant. I am signing this consent voluntary.

X _____
Spouse's Signature Date

State of _____

County of _____

On this _____ day of _____, 20____, before me came _____
known to me to be the person who executed the foregoing statement and who acknowledged to
me that he/she executed the same.

Notary Public or _____
Signature of Designated Plan Representative

(Seal)

For Office Use Only:

X _____
Administrator's Signature Date

**ACKNOWLEDGEMENT AND AGREEMENT OF CREDITOR
TO RECEIVE PAYMENTS FOR PARTICIPANT DIRECTLY FROM THE
PAINTERS AND ALLIED TRADES DISTRICT COUNCIL 82 DEFINED CONTRIBUTION PENSION PLAN**

Part 6: Creditor Acknowledgement

Creditor agrees to accept payments on the behalf of _____ (“Participant”) for loan number _____ of \$_____ directly from the Painters and Allied Trades District Council 82 Defined Contribution Pension Plan, and to apply such payment to cure the default in regard to the Note.

Creditor further agrees to accept an additional payment from the Painters and Allied Trades District Council 82 Defined Contribution Pension Plan of \$_____ (total of the future payments) and to apply such payment as a forward payment of _____ months of the amount due on the Note (including, as applicable, amounts due for principal, interest, taxes, and insurance) and not as a pre-payment of principal. Creditor agrees that the Note will be deemed current for _____ months and no payment will be due until _____, _____.

Creditor Signature

Lending Institution

Date

Creditor Representative

Title

Payment to Creditor should be made payable as follows and mailed to the address as outlined below:

Payable to: _____

Mailed to: _____
