

IMPORTANT BENEFIT INFORMATION:

***Enclosed is the paperwork for electing a hardship distribution from the:
NCSRCC SUPPLEMENTAL RETIREMENT PLAN***

The information enclosed details your distribution options and rights, and the tax consequences of your elections. Please read all materials thoroughly, and fill out all forms completely and legibly. All forms must be returned to the address listed on the enclosed Distribution Request Form.

**Please give careful consideration to your decision.
Once processed, your distribution cannot be returned for cancellation.**



RE: Hardship Distribution Election from the NCSRCC SUPPLEMENTAL RETIREMENT PLAN

Dear Plan Participant:

Enclosed is information regarding your distribution options from the above retirement plan. The timing of your distribution will be governed by your plan's specified distribution dates.

You will be mailed a 1099-R form by January 31 of next year. This form will list your distribution amount and any income taxes withheld for your use in completing your personal income tax returns.

If your plan has less frequent distribution dates (monthly, quarterly, annually, etc.), your distribution will occur as soon as administratively feasible following the next distribution date of the plan.

Sincerely,

Associated Institutional Trust Services



HARDSHIP WITHDRAWALS
from
NORTH CENTRAL STATES REGIONAL COUNCIL OF CARPENTERS'
SUPPLEMENTAL RETIREMENT FUND

The North Central States Regional Council of Carpenters' Supplemental Retirement Fund has been amended to provide for hardship withdrawals to cover expenses incurred for an immediate and heavy financial need.

A financial hardship must be one of the following events:

- A. **MEDICAL EXPENSES** - Payment of medical expenses (as described in Section 213(d) of the Internal Revenue Code) of the Participant, his or her spouse, or any dependents of the Participant. The Participant must submit verification of all medical expenses and verification that the submitted expenses cannot be reimbursed by insurance or otherwise. *(Provide supporting documentation as follows: Submit unpaid medical Invoices which state the amount that Insurance has paid or denied.)*
- B. **PURCHASE OF HOME** - Must be for purchase of principal residence for the Participant (excludes mortgage payments). *(Provide supporting documentation such as binding real estate purchase contract and any addendums.)*
- C. **TUITION, RELATED EDUCATIONAL FEES AND ROOM & BOARD** - Payment of these expenses for up to the next 12 months of post-secondary education for the Participant, his or her spouse, children, or other dependents. Verification of unpaid expenses must be submitted before the academic term begins. *(Please provide supporting documentation such as Invoices for tuition, room & board and related expenses.)*
- D. **AVOIDANCE OF EVICTION** - To prevent the eviction of the Participant from his or her principal residence or foreclosure on the mortgage of the Participant's principal residence. *(Provide legal notice of eviction or foreclosure identifying the landlord or financial institution, the amount due and date due.)*
- E. **BURIAL OR FUNERAL EXPENSES** - Payment of expenses incurred by the Participant due to the death of Participant's parent, spouse, children or dependents. *(Please provide copy of death certificate and unpaid Invoices with named responsible party.)*
- F. **EXPENSES IN EXCESS OF \$100 TO REPAIR DAMAGE TO HOME** - These expenses would be for repair of damage to the Participant's principal residence that would qualify for the Code Section 165 casualty deduction. The Participant must submit verification that the submitted costs cannot be reimbursed by insurance or by other means. A casualty repair must result from a sudden and unexpected event such as a flood, tornado or fire. *(Provide supporting documentation Including reason for loss, location of the loss, unpaid invoices for repair costs with Indication that Insurance has paid or denied, and also copies of Insurance claims.)*
- G. A heavy and immediate financial need which the Commission of the Internal Revenue Services prescribes through publication of revenue rulings, notices and other documents.

A withdrawal will be deemed necessary to satisfy an immediate and heavy financial need of a Participant only if proof that the following requirements have been or will be satisfied is presented to the Plan Administrator:

- » The withdrawal is not greater than the Participant's immediate and heavy financial need; and
- » The Participant has obtained all distributions (other than Hardship distributions) and all nontaxable loans currently available under all qualified plans in which he or she participates.

Hardship distributions are limited to one (1) per Participant during any period of 24 consecutive months. Trustees will enact rules and regulations necessary to prove eligibility for distribution, such as medical examinations, documentary proof, or any other matter as they in their sole discretion deem appropriate.

If you have any questions about qualifying for a hardship distribution, please call the Pension / Supplemental Retirement Department at the Fund Office at 800-424-3405 and select option two (2).

Yours very truly,

Board of Trustees

North Central States Regional Council of Carpenters' Supplemental Retirement Fund

HARDSHIP DISTRIBUTION REQUEST FORM

Plan Name: NCSRCC SUPPLEMENTAL RETIREMENT PLAN

NCS
94-G001-01-2

Last Name	First Name	Social Security Number ()	Birth Date
Mailing Address		Daytime Telephone	
City	State	Zip	E-Mail Address

IMPORTANT INFORMATION

A distribution fee of \$50.00 will apply when executing this transaction.

Detailed and complete documentation of your Immediate and heavy financial need must be provided with this form.

All distributions from Qualified Retirement Plans are governed by plan provisions and are subject to Fund Office authorization. Please refer to the July 2013 Notice to determine if you are eligible for a hardship distribution.

If you are under age 59 1/2 at the time of your distribution, you may also have to pay a "premature distribution" penalty of 10%.

NATURE OF HARDSHIP:

- | | |
|---|--|
| <input type="checkbox"/> Medical care expenses for myself, my spouse, dependents or beneficiary | <input type="checkbox"/> Funeral expenses for myself, my spouse, children, dependents, or beneficiary |
| <input type="checkbox"/> Costs directly related to the purchase of my principal residence (excluding mortgage payments) | <input type="checkbox"/> Payments necessary to prevent the eviction from my principal residence or foreclosure on the mortgage on that residence |
| <input type="checkbox"/> Certain expenses to repair damage to my principal residence | <input type="checkbox"/> Tuition, related educational fees, and room and board expenses for the next 12 months of postsecondary education for myself or my spouse, children, dependents or beneficiary |

This form must be delivered to the Plan Administrator of the Plan **along with such documentary evidence of financial hardship** as the Plan Administrator may require. Federal law or rules of the Plan also require that this form be accompanied by such other documents as the Plan Administrator may specify. Any distribution you receive as a hardship withdrawal (except amounts attributable to after-tax contributions made by you) will be subject to current income taxes, and if you are under age 59-1/2 at the time of the distribution you may also have to pay a penalty income tax associated with a "premature distribution". You should consult your personal tax advisor as to the tax consequences of any distribution you are considering. Qualified hardship distributions are not eligible for rollover into any recipient IRA or qualified retirement plan. Federal regulations limit the amount available to you for hardship withdrawal. If you request withdrawal of an amount greater than the rules permit, you will be notified.

Financial hardship amount requested: \$ _____

CONTINUED ON NEXT PAGE

Please complete and return this page to the Fund Office, P.O Box 4002, Eau Claire, WI 54702 or your request will be delayed

INCOME TAX WITHHOLDING ON FINANCIAL HARDSHIP DISTRIBUTIONS

You may elect below to have Federal income tax withheld from your payment. All income tax withheld from your distribution is credited to your account with the IRS for the tax year during which you receive this payment. You are responsible for paying all Federal income tax (and possible tax penalties) relating to this distribution. If the tax withheld from your payment is not sufficient to cover your tax liability, you may owe additional Federal tax on this distribution, as well as possible penalty taxes for insufficient withholding. Depending on your state of legal residence, you may also owe state income tax on this distribution. Please consult your tax advisor to determine whether or not you should file estimated tax payments to avoid possible penalty taxes for insufficient withholding.

- A. I elect to have federal income taxes withheld from my distribution in the amount/rate of: \$ _____ or _____ %
(if "B" is *not* marked, and no dollar amount or percentage is indicated, taxes will be withheld at the rate of 10%)
- B. I elect not to have federal income taxes withheld from my distributions.

Optional: State tax can be withheld for **WI, IL** or **MN** residents. If C is not marked, no state taxes will be withheld.

- C. I elect to have state income taxes withheld from my distribution in the amount/rate of: \$ _____ or _____ %
(if "C" is marked and no dollar amount or percentage is indicated, taxes will be withheld at the rate of 5%)

If you would like the money electronically deposited to your bank or credit union, please provide:

Name of institution _____
 Routing Number _____
 Account Number _____
 Checking or Savings _____
 Institution's phone number _____

PARTICIPANT AND EMPLOYER AUTHORIZATION

I have read the above paragraph and understand the tax consequences of this distribution. I hereby certify that I have considered all reasonable alternative sources of funds, including a loan from a bank, and that there are no such alternative sources of funds available to me with which I can reasonably satisfy the financial obligations imposed upon me by the hardship I have identified as the basis of this application.

Participant's Signature _____ Date _____
Once processed, your distribution cannot be returned for cancellation.

ADMINISTRATIVE AUTHORIZATION

Approved by _____ Date _____

PLEASE COMPLETE ALL PAGES AND SEND TO	
<i>Overnight Delivery</i>	<i>Mailing Address</i>
<i>North Central States Regional Council of Carpenters' Funds</i>	<i>North Central States Regional Council of Carpenters' Funds</i>
<i>Attn: Fund Office</i>	<i>Attn: Fund Office</i>
<i>1704 Devney Dr</i>	<i>P.O. Box 4002</i>
<i>Altoona, WI 54720</i>	<i>Eau Claire, WI 54702</i>
<i>Fax: (715) 834-8061</i>	

Please complete and return this page to the Fund Office, P.O Box 4002, Eau Claire, WI 54702 or your request will be delayed