

Connecticut Office 10 Broadway Hamden, CT 06518 www.carpentersfund.org Phone: 203-281-5511

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NORTH ATLANTIC STATES CARPENTERS ANNUITY CHANGE MONTHLY INSTALLMENT FORM

Fax: 203-230-2457

Please complete this form to make changes to the monthly withdrawal you are currently taking out of your Annuities. A participant shall have the right to increase the monthly payment once a year to any amount that is divisible by \$100.

At any time, a member can choose to discontinue monthly installment payments and make a one-time election to have the remaining balance paid in a single lump-sum. Please call the office to request an application and if choosing a rollover, you will need to provide the Letter of Acceptance from your Financial Institution.

Please check whi	ch account:				
	Profit Sharing □	Money Purchase			
Current Monthly	Annuity Withdrawal	of:			
\$	\$	\$	=	\$	
GROSS	FEDERAL TAX	STATE TAX		NET	
-	iod of 10 years or mo			1]
\$	Ś	\$	=	\$	
GROSS	FEDERAL TAX	STATE TAX		NET	
 Signature		 ate	 Pł	none Number	
Print Name		 La	st 4 of	Social Security Nu	—— mber