

Year entered Fund.....

# IRON WORKERS LOCALS 40, 361 AND 417

## ANNUITY FUND

FUND OFFICE USE


Fund Office verification

### APPLICATION FOR LOAN

**NOTICE:** The loan principal borrowed shall not share in any investment yield in the year borrowed. Any principal outstanding as of the first day of any year shall not share in the investment yield for that year.

**A MEMBER MUST BE A PARTICIPANT IN THE ANNUITY FUND FOR A PERIOD OF AT LEAST FIVE YEARS IN ORDER TO BE CONSIDERED FOR A LOAN APPLICATION**

PLEASE PRINT

SS #	Name (last name)	First Name	Local	Phone No.
Address No.	Street	P.O.	State	Zip Code

Check Box if address is change from last statement

Name of Co-Payee (Fund will fill in)

2. Purpose of Loan (check one) **Original documents will be returned to you.**

A.  Out-of-pocket expenses for sickness or injury of at least \$500 which was not reimbursed by benefits payable from the Iron Workers Locals 40, 361 and 417 Health Fund. **(Attach proof of expense such as doctors' bills, hospital bills, Pharmacists' receipts.)**

B.  Funeral Expenses (limited to spouse, dependent child, parent).

Name of deceased.....

Relationship to employee.....

..... **(Attach bill from funeral director, church, etc.)**

C.  Education expenses for member, spouse or dependent children beyond grammar school level or a school or institution for physically or mentally handicapped children; check appropriate boxes:

Tuition,  Room and board.

Name and address of educational institution.....

Full Name of Student..... Age of Student.....

Relationship to employee.....

**(Attach bills or contract from school, etc.)**

D.  Down payment and/or title, mortgage, expenses on home, cooperative or condominium. Note: Loans for this purpose are available only once for each employee. **(Attach proof of expenses & mortgage commitment).**

I affirm that the dwelling for which the loan is being applied for under Item 2D, above, has been purchased as a residence for myself.