**COVID -19 APPLICATION CHECKLIST**

**Please utilize this checklist to ensure that you have completed your application fully. This will expedite the application process. Missing Documents or an incomplete application will delay the processing of your application.**

* **Distribution Application**
  + 2) Participant name and address
  + 3) Max will be processed if left bank
  + 4) Amount of Taxes (Optional) If you elect state taxes, you must elect Federal
  + 5) Print, sign and date the form
  + 6) Bank Information for Direct Deposit
  + 7) Leave this blank - This is completed by the Plan Administrator
  + Spousal Consent Page
    - Marital Status - Check the correct Box
      * This section does not need to be signed by a Plan Representative
      * Complete the enclosed Marital/Single Status form
    - Consent of Spouse –
      * Spouse must sign in the presence of a notary
* **Copy of current driver’s license or state ID for you and your spouse.**
* **Copy of your marriage certificate with current spouse**
* **Copy of divorce decrees with settlement agreements or death certificates for prior marriages**

*Please return your completed form to:*

*Plan Administrator*

*Indiana/Kentucky/Ohio Regional Council of Carpenters Annuity Plan*

*PO Box 969*

*Troy, MI 48099-0969*

*Phone (800) 700-6756 FAX 248-721-9678*