

IBEW LOCAL NO. 573 PENSION PLAN

PH. (330) 779-8873 3660 STUTZ DR, STE. 101, CANFIELD, OH 44406 FAX (330) 270-3582

APPLICATION FOR RETIREMENT BENEFITS

I am applying for the following benefit from the IBEW Local No. 573 Pension Plan ("Plan"):

- ☐ **Normal Retirement Benefit (Age 62 with 5 years of service)**
- ☐ **Early Retirement Benefit (Age 55 with 10 years of service)**

Desired Effective Date: _____ 1, _____.
(Month) (Year)

Please note, this application must be filed at least thirty (30) days prior to the date you wish to retire. Your effective date will be no sooner than the first of the month after your application has been received in the Plan Office.

I hereby submit the following personal information about me and my spouse:
(Please type or print):

Participant Information:

Name _____

Social Security Number _____ Date of Birth _____

Address _____

Home Phone Number _____ Email address: _____

The date you last worked or the date you last expect to work before retirement _____

Spouse Information:

Name _____

Social Security Number _____ Date of Birth _____

Date of Marriage: _____

PLEASE READ AND SIGN THE CERTIFICATION ON THE BACK OF THIS FORM

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CERTIFICATION

I hereby certify that all of the information I furnish on this application form is true and complete to the best of my belief and knowledge. **I understand that this completed application form will be attached to and become part of my application for benefits. When I submit my application, I must also submit acceptable proof of my age. If I am married when I submit my application, I must provide proof of my spouse's age and a copy of our marriage certificate. I understand that if I have ever been divorced and/or widowed, I must also provide the Plan Office with a complete copy of all of my Judgments of Divorce and/or Qualified Domestic Relations Orders (including Separation Agreements, Property Settlement Agreements and any similar or related orders with any attachments) and/or the death certificate(s) of my late spouse(s) or ex-spouse(s).**

I also agree that pension payments are governed in all respects by the provisions of the Plan, as amended, and that the issuance of any pension payment and its' acceptance by me shall not prevent the Plan's Board of Trustees from recovering, or otherwise affect its' right to recover, any payments issued to me in excess of the amount to which I am entitled under the provisions of the Plan. The issuance of any pension payments to me does not obligate the Plan in any way to make any further payments in any amount whatsoever except as required by relevant Plan provisions.

Your Signature_____ **Date**_____

Spouse's Signature_____ **Date**_____

RETURN WITH:

- ☐ Pension Benefit Option Election Form (enclose copy of Social Security Earnings Statement if Level Income Option is chosen)
- ☐ Certification of Marital/Single Status Form
- ☐ Statement of Application Receipt (married participants only)
- ☐ Waiver of 30 Day Notice Requirement (married Participants only)
- ☐ Affidavit of Termination
- ☐ Withholding Certificate for Pension/Annuity Payments (IRS Form W-4P)
- ☐ Direct Deposit Agreement (Required)
- ☐ Copy of your birth certificate and Photo ID
- ☐ Copy of your spouse's birth certificate and Photo ID, if applicable
- ☐ Copy of your marriage license/certificate (must solemnize the marriage)
- ☐ Copy of any and all previous divorce decrees, Qualified Domestic Relations Orders, Separation Agreements, death certificates for previous spouse(s), etc

Please review the forms you are submitting to make sure that you have completed all blanks, signed where necessary, including the signature of a notary public where applicable, and answered the questions accurately and completely.



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Pension Benefit Option Election Form

Printed Name of Retiree_____ SS#_____

Printed Name of Spouse_____ SS#_____

I hereby acknowledge that I understand my rights to benefits from the IBEW Local No. 573 Pension Plan. I hereby elect to receive my monthly benefits in the form indicated below. **I understand that, if I am married on my effective date, I will receive my benefits in the Joint and Survivor form UNLESS I elect another form of benefit. If I elect to receive benefits in one of the alternate forms of benefit, I must have my spouse consent to my waiver of the Joint and Survivor form by signing the Spousal Consent to Waiver of the Joint and Survivor Form on the back of this form.**

I choose to receive my Pension Benefit in the option as indicated below (check one):

- ☐ Single Life Annuity with 60 Months Guaranteed
- ☐ Single Life with Ten Year Certain**
- ☐ 50% Joint and Survivor with "pop-up"
- ☐ 75% Joint and Survivor with "pop-up"
- ☐ 100% Joint and Survivor with "pop-up"
- ☐ Single Life Annuity with 60 Months Guaranteed Level Income Option*
- ☐ 50% Joint and Survivor Level Income Option*
- ☐ 75% Joint and Survivor Level Income Option*
- ☐ 100% Joint and Survivor Level Income Option*

Participant Signature: _____ Date: _____

**I designate the following person(s) as my beneficiary(ies) for any benefits which may be payable under the Plan following my death. I understand that I cannot change this beneficiary designation without providing written consent from my spouse to the Plan Office.

Name of Beneficiary_____ Relationship: _____

Address of

Beneficiary:_____

SS#_____

Date of Birth_____

***Include copy of Social Security Earnings Statement**

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***SPOUSAL CONSENT TO WAIVER OF THE JOINT & SURVIVOR FORM OF BENEFIT**

I am the legal spouse of _____. I understand that I have the right to have the Pension Plan pay my spouse's retirement benefits in the form of a Qualified Joint & Survivor Annuity (QJSA) and I agree to give up that right. I understand that by signing this Agreement, I may receive less money than I would have received under the QJSA form and I may receive no benefits after my spouse dies, depending upon the payment form and beneficiary my spouse chooses. (If applicable)

Spouse Signature _____ Date _____

SWORN TO before me and subscribed in my presence, this _____ day of _____, 20_____.

NOTARY PUBLIC

By signing this form, my spouse and I understand that once benefits commence, the benefit option cannot be changed to any other form of benefits. Also, under the 50%, 75% and 100% Joint and Survivor benefit options, if my spouse dies before me, an alternate beneficiary may not be designated. In addition, should my spouse and I divorce after my retirement commencement date, I understand that the spouse listed above will continue to be eligible for the survivor benefit chosen, despite any future marriage into which I may enter.

We acknowledge receipt of the notice forms provided by the Plan's Trustees explaining the joint and survivorship options, and we understand them and acknowledge that we have had the opportunity to consult with advisors of our choosing with regard to this notice.



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STATEMENT OF APPLICATION RECEIPT

(Married participants ONLY)

In order to comply with Federal Regulations related to the 30-day waiver form (enclosed with this application), the Plan Office must have a statement from you indicating the date you received an explanation of your benefit options.

Please indicate the date you received this application packet: _____

Your Signature: _____



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WAIVER OF 30-DAY WAITING PERIOD

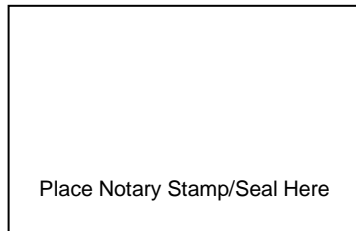
PARTICIPANT WAIVER

I, _____, hereby acknowledge that I have been informed that federal law prohibits the Fund from paying benefits to me until at least 30 days after my spouse and I have received a written explanation of the 50% Joint and Survivor form, including my right to waive that form with the written consent of my spouse, the effect of such a waiver and the right my spouse and I each have to revoke that waiver and consent. I have also been informed that I may waive that 30 day notice period and instead elect a 7 day notice period, which will permit the Fund to commence payment of benefits to me no less than 7 days after my spouse and I received the written explanation, provided my spouse also consents in writing to waiver of the 30 day notice period.

By signing below, I hereby elect to waive the 30-day notice period:

Participant Signature _____ Date _____

Sworn to and subscribed before me this _____ day of _____, 20_____



Notary Public Signature

County, State of _____

My Commission Expires _____

OR

Plan Representative: _____ **Title:** _____ **Date:** _____

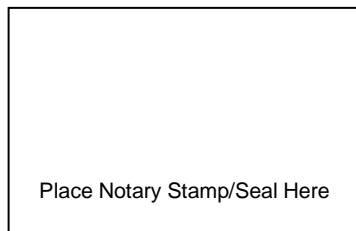
SPOUSAL CONSENT TO WAIVER OF 30 DAY NOTICE REQUIREMENT

I am the legal spouse of _____. I acknowledge that I have been informed that my spouse wishes to waive the requirement that we receive, at least 30 days before the Fund pays benefits to my spouse, a written explanation of the 50% Joint and Survivor form, including my spouse's right to waive the 50% Joint and Survivor form with my written consent, the effect of such a waiver and the right my spouse and I each have to revoke that waiver and consent, and to elect instead a 7 day notice period as permitted by federal law.

By signing below, I hereby consent to the election of my spouse to waive the 30 day notice period:

Spouse Signature _____ Date _____

Sworn to and subscribed before me this _____ day of _____, 20_____



Notary Public Signature

County, State of _____

My Commission Expires _____

OR

Plan Representative: _____ **Title:** _____ **Date:** _____

IF THIS FORM IS NOT SIGNED AND RETURNED, YOUR APPLICATION WILL BE HELD FOR 30 DAYS AFTER RECEIPT OF YOUR APPLICATION.



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CERTIFICATION OF MARITAL/SINGLE STATUS

Federal Law requires the Trustees to confirm whether a previous spouse is entitled to any portion of your pension benefits. Therefore, it is necessary to request the following certification and supporting documentation. **Failure to complete this form fully, including signing it in front of a notary public or plan representative, and providing ALL documentation requested, will result in a delay of the processing of your application.**

Participant Name: _____ SSN: _____

- Current marital status: ☐ SINGLE, NEVER MARRIED
☐ SINGLE, PREVIOUSLY MARRIED*
☐ MARRIED, NO PREVIOUS MARRIAGES
☐ MARRIED, WITH PREVIOUS MARRIAGE(S)*

*If you have had previous marriages, please list the names of your ex-spouses, the date(s) of marriage and date(s) of divorce (if any of your previous marriages ended due to the death of your spouse at the time, please list the date of death):

<u>Ex-spouse's Name</u>	<u>Date of Marriage</u>	<u>Date of Divorce/Death</u>
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_____	_____	_____
_____	_____	_____

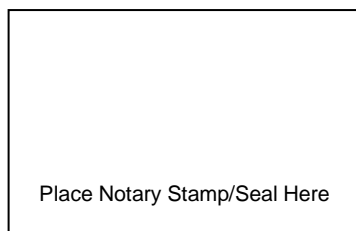
Please provide complete copies of ALL marriage certificates, divorce decrees, separation agreements, Qualified Domestic Relations Orders and any other accompanying documents related to the termination of your previous marriage(s). If any previous spouses have passed away, please provide a copy of the death certificate(s). If you do not have these documents, you should contact the appropriate court through which the proceedings occurred in order to obtain certified copies.

I hereby certify, subject to the penalty of perjury, that the above information is, to the best of my belief and knowledge, true and complete. ANY PERSON WHO SUPPLIES A FALSE CERTIFICATION IN CLAIMING A BENEFIT FORFEITS ANY RIGHT HE OR SHE MAY HAVE TO THE BENEFIT AND, UPON DISCOVERY, BECOMES LIABLE FOR FULL REPAYMENT OF ANY MONEY RECEIVED AS A CONSEQUENCE.

Your Signature

Today's Date

Sworn to and subscribed before me this _____ day of _____, 20_____



Notary Public Signature

County, State of _____

My Commission Expires _____

OR:

Plan Representative: _____ Title: _____ Date: _____



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AFFIDAVIT OF TERMINATION

State of _____)
) ss:
County of _____)

I, _____, being first duly sworn according to law, do hereby depose and state
(Print Name)

My Social Security Number is _____. I have worked in the jurisdiction of the Local Union No. 573 of the International Brotherhood of Electrical Workers of the United States and Canada (hereinafter "Union") under the terms and conditions of a collective bargaining agreement (hereinafter "Agreement") between the Union and the Signatory employers and have had contributions paid on my behalf to the IBEW Local No. 573 Pension Fund (hereinafter "Plan"). I acknowledge I have made an application for benefits pursuant to the Plan, and affirm the following:

1. I am not working in the Electrician trade or work generally related to the trade and craft and which is performed within the geographical area covered by the Plan; **or** I am currently working in the Electrician trade or work generally related to the trade and craft and which is performed within the geographical area covered by the Plan, my intent is to retire, and my last day worked will be:

Month Day Year

2. My current residence is _____
Street Address

_____, _____, _____
City State Zip Code

3. My current employment status is _____.
(Retired, Employed, Disabled)

4. I am employed as a _____ for
(Job Classification/Description)

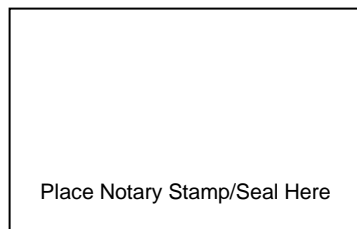
_____ at _____
(Name of employer) (Address of Employer)

Further Affiant sayeth naught.

Your Signature

Today's Date

Sworn to and subscribed before me this _____ day of _____, 20____



Notary Public Signature

County, State of _____

My Commission Expires _____



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DIRECT DEPOSIT AGREEMENT (REQUIRED)

Name of Payee _____ Social Security No _____

Address _____

City _____ State _____ Zip _____

Telephone No () _____

BeneSys Code YS00

Bank Account Information – Attach a voided check from your account and/or complete the information below. See sample check at the bottom of the page for help completing this section. **PLEASE PRINT CLEARLY.**

Routing No. Account No. _____

Type of Account: ☐ Checking ☐ Savings

Financial Institution

Name _____

Address _____ Telephone Number _____

City _____ State _____ Zip _____

I, the undersigned, hereby authorize the Board of Trustees of the Pension Trust Fund (“the Pension Fund”) to deposit all amounts due to me under the Pension Plan in my account at the Financial Institution named above. This authorization shall remain in force until I revoke it in writing or until my death, whichever occurs first. If at any time the Pension Fund should credit my account for a benefit to which I am not entitled, I authorize and direct the Financial Institution to refund the Pension Fund.

Payee Signature

Date

Please allow up to 45 days for the direct deposit set-up process to be completed.

RUFUS MAPLE
MARY MAPLE
123 Main Street
Anyplace, LA 70000

PAY TO THE
ORDER OF _____ \$

ANYPLACE BANK
Anyplace, LA 70000

For

Routing number (line 23b) Account number (line 23d)

1234
15-0000-0000

Do not include the check number

1:250250025 202020 86 1234

Note: The routing and account numbers may be in different places on your check.

