



International Painters and Allied Trades **Industry Pension Fund**

OFFICE OF GARY J. MEYERS, FUND ADMINISTRATOR 410 | 564 | 5500 FAX 866 | 656 | 4160 TOLL FREE 800 | 554 | 2479
7234 PARKWAY DRIVE • HANOVER, MD 21076



Dear Participant:

On behalf of the Board of Trustees of the International Painters and Allied Trades Industry Pension Fund, I am pleased to attach this pension application for your completion. Please allow approximately 2 months for the Fund Office to process your application. While we tried to make this application as easy as possible, it does require a lot of detailed information. Please follow the step-by-step instructions and check off each section as you complete the form. If an item on the application is not applicable to you, please indicate N/A (not applicable).

The March 2010 reprinted Summary Plan Description booklet is available on the website for your reference.

Section 1 Personal Data

This Section tells the Pension Fund about you.

- Enter your full **Last name, First name** and your **Middle initial**.
- Enter your **Social Security Number**.
- Enter your **Date of Birth**.
- Enter your **Mailing Address**. We need your home address or PO Box number, including **city, state and zip code**. Please **notify** the Fund Office of any future address changes, so that we can mail your annual tax forms to your correct mailing address.
- Enter your **Home Telephone and/or Cell Phone Numbers including area code**, so we can reach you if we have any questions or need additional information. It is suggested that you provide a secondary number where you can be reached.
- Enter your **Relationship to Participant**.
- Enter your **Email Address**. You may be contacted via email regarding your application.
- Enter your **Mother's Maiden Name**. You will be asked your Mother's maiden name when you call the Fund Office for security purposes.
- Enter **the date you wish to begin your retirement**. Your retirement date cannot be earlier than the first of the month after the Pension Fund receives your application. For example: If your application is received November 18th, your retirement date cannot be effective any earlier than December 1st.

Section 2 Participant and Employer Information

- Enter your full **Last name, First name** and your **Middle initial**.
- Enter your **Social Security Number**
- Enter your **Date of Birth**
- Enter your **Telephone Number**
- Enter your **Marital Status**
- Enter the **Name of your Last Employer** and the **Last Day** you intend to work.
- Enter the number of the **District Council and Local Union** you were last affiliated with.

Section 3 Social Security Benefit Information

- Complete this section, so that we may provide you an estimate under the Social Security (Level Income) Option. If you retire before age 65, you can receive your Early Retirement Pension under the Social Security (Level Income) Option. Your Pension amount will take into account the money you will expect to receive from Social Security.

This option may be combined with a Joint and Survivor Pension of which your designated beneficiary will receive the balance of either 50%, 75% or 100% of the total amount you would have received prior to electing this option. The Pop-up Option is not available with the Social Security (Level Income) Option.

- Please refer to page 38 of the enclosed Summary Plan Description booklet for more information on this option.

Section 4 Disability Pension

- Complete this section **only** if you are applying for a Disability Pension. Please refer to pages 26-29 of the Summary Plan Description booklet to see if you meet the requirements for a Disability Pension. A copy of your Social Security Disability Award Letter is needed for your final determination. Please note; you may begin an Early Retirement Pension and convert to a Disability Pension if you meet the necessary requirements for a Disability Pension.

Section 5 Spouse Information

- Enter your Spouse's **Last name, First name** and **Middle initial**.
- Enter your Spouse's **Mailing Address** if different from your own.
- Enter your Spouse's **Date of Birth**.
- Enter your Spouse's **Social Security Number**.
- Enter Your Spouse's Current **Marital Status**.

Section 6 Beneficiary Information

- Please complete this section if you are providing benefits for **someone other than your Current Spouse** or if you are **Not Electing** a Joint and Survivor Pension. Please refer to page 35 of the Summary Plan Description.
- Enter your Beneficiary's **Last name, First name** and **Middle initial**.
- Enter your Beneficiary's **Mailing Address**.
- Enter your Beneficiary's **Date of Birth**.
- Enter your Beneficiary's **Social Security Number**.
- Enter the **Relation** between you and your Beneficiary.

Section 7 This Section Must be Completed by all Single or Previously Married Participants

- Please **check the box** that applies to you and **Sign and Date** in the provided area.
- This section **Must be Notarized**.

Section 8 Applicant Statement

You must sign and date your application.

The following documents are needed to process your pension application. We cannot complete the processing of your application until all of these documents are received.

1. Proof of Age for you and your spouse/beneficiary (if applicable)
 - A. Birth Certificate
 - B. If a Birth Certificate is not available, you may submit a copy of: Baptismal Certificate, notification of registration of birth in a public registry of vital statistics, hospital birth record, documents showing approval of Social Security or copy of passport or military documents. (Documents in a foreign language must be accompanied by an English translation).
2. If you are applying for a Joint and Survivor Pension, you must submit proof of your spouse/beneficiary age (see Proof of Age Instructions under item 1b above). **If you are married, you must also submit a marriage certificate.**
3. If you are a previously married or divorced Participant, please submit a complete court certified copy of your Divorce Decree(s) and Property Settlement Agreement. The Fund Office makes every effort to keep the information provided confidential. These documents are needed so that we can determine if your former spouse is entitled to a portion of your retirement benefit.
4. If you are a widowed Participant, please submit a copy of your marriage certificate along with a certified copy of your former spouse's death certificate.

You will receive an acknowledgement letter within 10 working days after the Pension Fund Office receives your pension application. After our review process is complete and it has been determined that you are eligible for benefits, you will receive a determination letter explaining your pension amount based on the options you elected.

Please **retain this letter for your records** and return the completed application to the Fund Office.

Please feel free to contact the Pension Fund Office with any questions regarding this application or your retirement benefits at (800) 554-2479 or pension@iupat.org.

Sincerely,



GARY J. MEYERS
Fund Administrator

IUPAT Industry Pension Fund
Pension Application



INSTRUCTIONS AND HIGHLIGHTS FOR COMPLETING YOUR PENSION APPLICATION

- ✓ Please read this application carefully. Be sure to answer all questions. Attach additional sheets if you need more space.
- ✓ If you call the Fund Office to change information such as your withholdings or address, for your privacy and confidentiality you will be asked for your mother's maiden name.
- ✓ Upon the completion of processing your application, if you are eligible for benefits, you will receive a determination letter and benefit election form with the benefit amount and pension options you are entitled to receive. There will be a detailed explanation of each option available and your benefit amount under each option. Upon your review of this information, you and your spouse, if any, will be asked to elect an option under which you would like your benefit paid. The types of retirement and payment options are described in your Summary Plan Description. **You do not have to elect a pension option at this time.**
- ✓ If you are married on your retirement date, you will need the consent of your spouse to choose an option other than a form that provides lifetime benefits for your spouse or to choose a beneficiary other than your spouse.
- ✓ Review the application checklist below to be sure you have enclosed all necessary documents.

Please Be Sure to Enclose the Following Documents	Check Off
Completed application	
Proof of your age (Please refer to proof of age instructions for list of acceptable documents)	
Proof of your spouse/beneficiaries' age (Please refer to proof of age instructions for list of acceptable documents)	
Marriage or Divorce Certificate (If applicable)	
Disability Award from Social Security (If applicable)	



INTERNATIONAL UNION OF PAINTERS AND ALLIED TRADES INDUSTRY PENSION PLAN

7234 Parkway Drive
Hanover, MD 21076
Phone (800) 554-2479 / Fax (866) 656-4160
Email: pension@iupat.org

PENSION BENEFIT APPLICATION

Section 1: Applicant Information (The Person to Be Paid - All Fields Must be Completed)		
Last Name	First Name	Middle Name
Street Address		Date of Birth
		Month Day
City, State, Zip		Social Security Number
Relationship to the Participant with Pension Plan benefits: <input type="checkbox"/> Self / Participant – Complete entire application <input type="checkbox"/> Surviving Spouse - Complete Sections 1, 2, and 8 <input type="checkbox"/> Alternate Payee (Spouse or child with a right to payment under a court order) Complete Sections 1, 2, and 8 <input type="checkbox"/> Beneficiary (other than a surviving spouse) - Complete Sections 1, 2, and 8 <input type="checkbox"/> Other (Guardian, Power of Attorney, etc. Please attach an explanation and documents to show your legal authority) Complete Sections 1, 2, and 8		Telephone Number(s) & Area Code H(____) _____ C(____) _____
		Email Address
Retirement Date (the earliest date benefits are payable is the 1 st day of the month following the date in which your application is received.) Month _____ Day <u>01</u> Year _____		Applicant's Mother's Maiden Name

Section 2: Participant Information (The Person Who Worked and has Pension Plan benefits)		
Last Name	First Name	Middle Name
Social Security Number	Date of Birth	Last Affiliated District Council or Local Union
	Month Day Year	
Current Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Legally Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Married – Common Law Spouse	Current or last IUPAT Plan work (or intended last date) Month _____ Day _____ Year _____ Employer _____ City & State: _____	Telephone Number(s) & Area Code (____) _____ (____) _____

Section 3: Social Security (Level Income) Pension Option: Please complete the following with the age you expect to begin receiving Social Security benefit and the estimated amount you are going to receive. (The Fund can process your application without this information but you will not receive information on the Social Security Level Income options at page 37 of your Summary Plan Description booklet and you will not be able to elect that form of payment.) <div style="text-align: center;"> Age _____ Amount \$ _____ </div>

Section 4: Disability Pension: If you are applying for retirement based on disability, please complete this section and *attach or send your Disability Award from the Social Security Administration to the Fund as soon as you receive it.* Please see pages 25 through 28 of your Summary Plan Description booklet.

Are you applying for a Disability Pension? Yes No

Have you received your Disability Award from Social Security or is it pending?

Attached Pending

Section 5: Spouse Information (Please mark none and complete the verification below if you have no current spouse or former spouse who may be entitled to part of your pension benefits)

Last Name First Middle

Street Address (City, State, Zip)
(if different from the applicant)

Spouse Date of Birth

Month ____ Day ____ Year ____

Spouse Social Security Number

Your Spouse's Current Marital Status

Single Separated Divorced

Married Widowed

Married – Common Law

Section 6: Beneficiary Information (Please complete the following section if you want information on a Joint and Survivor benefit with someone other than your current spouse or if you are Not electing a Joint and Survivor Benefit. See page 34 of your Summary Plan Description) for more information.

Last Name First Middle

Address (City, State, Zip)
(if different from the applicant)

Beneficiary Date of Birth

Month ____ Day ____ Year ____

Beneficiary Social Security Number

Please Indicate Relationship

Section 7: Complete the following if you are single (not married). YOU MUST HAVE THIS SECTION NOTARIZED IF YOU CLAIM THAT YOU ARE NOT MARRIED.

Check: I state under penalty of perjury that I am not legally married at this time.

Check: I state under penalty of perjury that I cannot locate my spouse. *You must include the name, Social Security number and last known address of your spouse in Section 5*

Check: I state under penalty of perjury that I was previously married but am divorced and there is no order or agreement that requires payment of pension benefits to my former spouse. *You must attach a divorce decree and a copy of any property settlement agreement. This will be treated as confidential personal information.*

Check: I state under penalty of perjury that I was previously married and have attached all orders or agreements that require payment of pension benefits to my former spouse that have not previously been filed with the Fund Office. *You must attach all orders or agreements on pension benefits that have not previously been sent to the Fund Office.*

Subscribed and sworn before me on _____
_____, 20__.

Date

Applicant's Signature

NOTARY PUBLIC

Section 8: Applicant's Statement:

Pursuant to federal law, I state under penalty of perjury that the foregoing is true to the best of my knowledge, information and belief. I have read and understand the previous statements and all answers and information provided on this application. I understand that a false statement may disqualify me for pension benefits and/or subject me to sanctions under Federal or State Law. I also understand that the Fund has the right to adjust my benefits and recover any payment made to me because of a false or inaccurate statement, even if I did not know it was untrue.

Date

Applicant's Signature

PROOF OF AGE INSTRUCTIONS:

Proof of age must be furnished to the Fund Office with your application for you and your spouse/beneficiary. The acceptable types of documents are listed below in order of preference. You may submit a photocopy of these documents.

1. A birth certificate.
2. A baptismal certificate or a statement as to the date shown by a church record, certified by the custodian of such record.
3. Notification of registration of birth in a public registry of vital statistics.
4. Certification of record of age by the U.S. Census Bureau.
5. Hospital birth record, certified by the custodian of such record.
6. A Medicare Card or Certificate of Social Security Insurance award, if age or birth date is shown.
7. A foreign church or government record.
8. A signed statement by the Physician or midwife who was in attendance at birth, as to the date of birth shown on their record.
9. Naturalization record.
10. Immigration papers.

If you cannot submit proof of age in accordance with items 1 to 10 above, then submit at least TWO of the items listed below:

1. Military record.
2. Passport.
3. Drivers License.
4. School record, certified by the custodian of such record.
5. Vaccination record, certified by the custodian of such record.
6. An insurance policy, which shows your age or date of birth.
7. Other evidence such as notarized signed statements from persons who have knowledge of your date of birth.