



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

OFFICE OF FUND ADMINISTRATOR
7234 PARKWAY DRIVE • HANOVER, MD 21076

PHONE 410 | 564 | 5500
FAX 866 | 656 | 4160

TOLL FREE 800 | 554 | 2479
pension@iupat.org

To Whom It May Concern,

Please find enclosed the pension application that you or your representative recently requested.

To process this application, the Fund Office requires the following:

- Completed Pension Application with signature witnessed by notary.**
- Participant Proof of Age:** Instructions included.
- Spouse's Proof of Age:** If married (instructions included).
- Marriage Certificate:** If married.
- Participant's Divorce Decree, Orders, or Agreements:** If divorced, submit all divorce documents in their entirety for each former spouse.
- Participant SSA Disability Award:** If applying for disability.
- Spouse's Death Certificate:** If the Participant's spouse has passed away. Death certificate should provide cause or manner of death.

All supporting documents should be legible copies, not originals. Not providing the completed application and supporting documentation will delay the processing of your application.

Your application may be submitted by mail (preferred), email, or fax to the contact information listed below. If submitting your application by email, the application and supporting documents are required to be sent in one email with one PDF attachment.

IUPAT Pension Fund
7234 Parkway Drive, Hanover, MD 21076
Email: pension@iupat.org
Fax: (866) 656-4160

Once we receive your completed application and supporting documents, you will receive an acknowledgement letter within 30 days confirming receipt of application. If all information and supporting documentation are properly provided, a formal determination on your application will be sent within 45-90 business days from the date received. If additional information is needed, the Fund Office will communicate with you via mail requesting any additional information and missing documentation.

Information on the Pension Fund can be found in the enclosed Summary Plan Document (SPD) that is also available online at www.iupatpension.org. If you have any additional questions or need assistance filling out the application, please contact the Fund Office.

Sincerely,

The IUPAT Industry Pension Fund Office

Proof of Age Instructions

Proof of age for the Participant and spouse are required to be furnished to the Fund Office with each application. Please submit either **one** document from the left column or **two** documents from the right column.

Do not submit original documents, and ensure all copies are clear and easy to read. The processing of an application will be delayed if the proper legible documentation is not received.

<u>One</u> of the following	<u>Two</u> of the following are required if one of the forms on the left can't be provided
Birth Certificate	Military Record
Valid Passport	Driver's License (valid or expired)
Valid Real ID	Expired Passport
Baptismal Certificate or a statement of DOB, certified by the custodian of such record	An Insurance Policy that provides the date of birth
Notification of registration of birth in a public registry of vital statistics	School Record, certified by the custodian of such record
Certification of the record of age by the US Census Bureau	A marriage certificate that shows the date of birth
Hospital birth record, certified by the custodian of such record	A death certificate that shows the date of birth
Medicare Card or Certificate of Social Security Insurance award, if the date of birth is shown on document	Other valid government documents showing the date of birth
Immigration or Naturalization Papers	



INTERNATIONAL UNION OF PAINTERS AND ALLIED TRADES INDUSTRY PENSION FUND

7234 Parkway Drive
Hanover, MD 21076
Phone (800) 554-2479
Email: Pension@iupat.org

PENSION BENEFIT APPLICATION

Section 1: Plan Participant Information

Name: _____
First Middle Last

SSN: _____ Date of Birth: _____
Provide Complete SSN Month/Day/Year

Mailing Address: _____
Street Address Apt #

City State Zip Code

Home Phone: _____ Cell Phone: _____

Email Address: _____ Mother's Maiden Name: _____

Section 2: Plan Participant Employment Information

Last Affiliated IUPAT District Council or Local Union: _____

Current/Last Employer: _____
Employer/Company Name City State

Intended Last Date of Work: Month _____ Day _____ Year _____

If you have worked for an IUPAT Employer that contributes to another defined benefit pension plan, please attach your pension history report from that plan showing your hours and contributions.

Section 3: Pension Effective Date

State the date in which you want your pension benefits to begin (the Pension Effective Date). The earliest date benefits are payable is the 1st day of the month following the date in which your application is received. If a date is not provided, your default Pension Effective Date will be the first day of the month following the date the application received. **Do not submit your application more than 180 days before your desired pension effective date.**

Month _____ Day 1 Year _____

Section 4: Disability Pension

Are you applying for Disability Pension? Yes No

If yes, have you received your Disability Award Letter from SSA?

Yes - Attach SSA Award Letter

No - SSA determination is pending. Submit your SSA Disability Award Letter to the Fund Office as soon as you receive it.

Section 5: Plan Participant Marital Status

Check all that apply:

- Married** – *Currently married. Attach a copy of your marriage certificate.*
- Divorced (even if re-married)** - *Attach a copy of your complete divorce decree, including any property settlement agreement, for each previous marriage.*
- Is there a court order requiring the payment of a portion of your pension benefit to a former spouse or to any other party? No Yes – *attach a copy of the complete court order*
- Single** - *Never married, and not married at this time.*
- Legally Separated** - *Attach a copy of the court order of legal separation.*
- Widowed** – *Attach a copy of your spouse's death certificate.*

Section 6: Spouse Information (if married)

Name: _____
First Middle Last

SSN: _____ **Date of Birth:** _____
Provide Complete SSN Month/Day/Year

Mailing Address (if different from Participant): _____
Street Address Apt #
City State Zip Code

Phone: _____ **Email Address:** _____

Section 7: Beneficiary Information

Skip this section if you are married and want your spouse to be your beneficiary. If you are single and no beneficiary is provided, you will only be provided a Single Life Benefit Option.

Name: _____
First Middle Last

SSN: _____ **Date of Birth:** _____
Provide Complete SSN Month/Day/Year

Mailing Address: _____
Street Address Apt #

City State Zip Code **Phone:** _____

Email Address: _____ **Relationship to Participant:** _____

Section 8: Retirement Declaration and Affidavit

I understand that the IUPAT Pension Plan Rules require that I must stop working in the Painters and Allied Trades Industry in order to receive my pension benefit. Accordingly, I hereby confirm the following statements are true and accurate:

- I intend to stop working for at least 120 days following the Pension Effective Date listed in Section 3.
- I understand that I may not receive my pension while I work in “suspendible service” (as described in your SPD).
- If I return to work in any IUPAT-related trade, I will report this work to the IUPAT Fund office no later than 21 days after I start such work.
- I understand that if the Plan pays me benefits for any month in which I am determined to have worked in suspendible service, I must repay these benefits (plus interest) to the Plan, or the Plan will recover the overpayments plus interest by reducing the pension payments otherwise payable or in any other way permitted by law.

Section 8: Retirement Declaration and Affidavit (continued)

I hereby apply to the International Union of Painters and Allied Trades Industry Pension Fund for a pension benefit with respect to work that I performed for an employer(s) contributing to the Fund. The statements of this Application (and the attachments to this Application) are true to the best of my knowledge and belief, under penalty of perjury. I understand that if I make a willfully false or fraudulent statement or furnish fraudulent information or proof, benefits paid on account of my false statement will be denied or discontinued, and that the Trustees will have the right to recover any payments made to me (and any costs incurred to recover such payments, such as attorneys' fees) because of a false or inaccurate statement, even if I did not know it was untrue. I also understand that any false or fraudulent statement made in this Application (including any attachment to this Application) may subject me to penalties under Federal and State law.

Sign and Date in the Presence of the Notary

Applicant's Printed Name: _____

Applicant's Signature: _____ Date: _____

State of _____ County of _____

On this _____ day of _____, _____, before me, _____
day month year name of Notary Public

a Notary Public in and for said State, personally appeared _____, who
name of applicant

is proven to me based on satisfactory evidence, to be the person whose name is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same for the purposes therein contained. In witness whereof, I hereunto set my hand and official seal.

Signature of Notary Public: _____ **Notary Stamp or Seal**

