

IUPAT Industry Pension Fund Pension Application



Required Documentation

A **Completed Application Packet** is required to process a pension application. Please submit all that apply:

Proof of Age	<i>Participant's proof of age</i>	_____
Spouse's Proof of Age	<i>If married</i>	_____
Spouse's Death Certificate	<i>If your spouse has passed</i>	_____
Marriage Certificate	<i>If married</i>	_____
Divorce Decree	<i>If divorced</i>	_____
Marriage Settlement Agreement	<i>If divorced</i>	_____
Spouse's SSN/SIN (section 5)	<i>If married</i>	_____
Beneficiary (section 6)	<i>If designating a beneficiary other than your spouse</i>	_____
Signature (section 7)	<i>If you are currently single</i>	_____
Notary (section 7)	<i>If you are currently single</i>	_____
Signature (section 8)	<i>All applicants must sign section 8</i>	_____
 SSA Disability Award Letter	 <i>If applying for a disability Pension</i>	 _____
	<i>Must have at least 18,000 Benefit Hours</i>	
	<i>Must have at least 1,800 Benefit Hours based on actual employer contributions</i>	
	<i>Must have at least 1,000 in the two calendar years prior to disability date</i>	

To prevent a delay in processing your application, please ensure that all of the referenced documents (if applicable to your situation) are included with your returned paperwork. Additionally, your application must be notarized if you are currently single and all required sections must be signed. The above checklist has been provided to guide you in completing this application.

Please note: If you would like to opt in to text message status updates regarding the processing of your

application, please provide your cell number. (_ _ _) _ _ _ - _ _ _ _



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

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 Year
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(____) _____
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 _____		Email
		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 Month Day Year	Last Affiliated District Council or Local Union
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 / Company worked (or intended last date) Month _____ Day _____ Year _____ Employer _____ City & State: _____	Telephone Number(s) & Area Code (____) _____ (____) _____

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.