

IUPAT Industry Pension Fund
Pension Application



INSTRUCTIONS AND HIGHLIGHTS FOR COMPLETING YOUR PENSION APPLICATION

- ✓ Please read this application carefully. Answer all questions as described below.
 - Married, Common Law Marriage and Legally Separated -- complete sections 1, 2, 4, 5 and 8
 - Single, Divorced, Widowed -- complete sections 1, 2, 4, 6, 7 and 8

- ✓ Upon the receipt of your application, the Fund office will review your submission and send a letter of acknowledgement. Within **90 calendar days** the Fund office will determine your eligibility for benefits and mail a determination package. The determination package will include eligible benefit amounts and a detailed explanation of each pension payment option. Upon your review and completion of the elections forms, benefit payments can begin. The types of retirement and payment options for benefit and death benefit payments are described in the Summary Plan Description beginning on page 28.

- ✓ If you are married on your retirement date, you will need the consent of your spouse to elect an option other than Joint & Survivor payments which provide lifetime benefits for your spouse or to choose a beneficiary other than your spouse.

- ✓ Upon calling the Fund Office to change information such as Federal tax withholding or address, for security of your account information, you may be asked for your mother's maiden name to verify.

- ✓ Review the application checklist below to be sure you have enclosed all necessary documents.

Application Submission Checklist	Check Off
Completed Application (original ink signature required)	<input type="checkbox"/>
Proof of Age - Member (Please refer to proof of age instructions for a list of acceptable documents)	<input type="checkbox"/>
Proof of Age - Spouse/Beneficiary (Please refer to proof of age instructions for a list of acceptable documents)	<input type="checkbox"/>
Marriage Certificate (if applicable) (Death certificate for widowed members)	<input type="checkbox"/>
Divorce Decree (if applicable) (Include property settlement agreement)	<input type="checkbox"/>
Social Security Disability Award (if applicable)	<input type="checkbox"/>



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 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 20 ____		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 3: Social Security (Level Income) Pension Option: Please complete the following with the age you expect to begin receiving Social Security benefits and submit a copy of your Social Security statement. (The Fund can process your application without this information but you will not receive information on the Social Security Level Income options or be eligible to elect this payment option.) <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 Sections 6 and 7 below if you do not have a 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

Spouse Social Security Number

Your Spouse's Current Marital Status

Month ____ Day ____ Year ____

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

Beneficiary Social Security Number

Please Indicate Relationship

Month ____ Day ____ Year ____

Section 7: Complete the following if you are single (not married).

YOU MUST HAVE THIS SECTION NOTARIZED IF UNMARRIED.

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 for participants, spouses and beneficiaries must be submitted to the Fund Office with your application. The acceptable documents are listed below in order of preference. Please submit a photocopy of the document.

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, submit at least **TWO** of the items listed below for yourself and spouse/beneficiary:

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.

IUPAT Industry Pension Fund

