## International Union of Operating Engineers Benefit Plans Of Eastern Pennsylvania and Delaware

1375 Virginia Drive, Suite 245, Fort Washington, PA 19034 Phone (215) 542-8211 <u>www.iuoe542funds.com</u>

#### **APPLICATION FOR PENSION**

Ι	hereby apply for benefits from the	
(please print name)		
International Union of Operating Engineers Pension Fur	nd of Eastern Pennsylvani	a and Delaware,
with an Effective Date of	My last	date of covered
employment was (will be)	·	
Home Address		
City/State/Zip Code		_
Home Telephone including Area Code		
Social Security Number		
Date of Birth		
(a Birth Certificate or other original proof of age n	nust be included with app	lication)
Have you ever collected pension benefits from Local 542 <i>If YES</i> , when?	before?NO	YES
Are you/will you be collecting pension benefits from any of Operating Engineers?NONO		onal Union of
If YES, which Local(s)?		

The statements made by me on this pension application are true to the best of my knowledge and belief. I understand that a false statement may disqualify me for pension benefits and that the Trustees shall have the right to recover any payments made to me because of false statement.

Signature

### **TYPE OF PENSION BENEFIT**

#### TYPE OF PENSION FOR WHICH YOU ARE APPLYING: (check only one)

NORMAL VESTED PENSION (Age 65 or older)
SPECIAL EARLY RETIREMENT PENSION (Age 55 or older but younger than age 65 with age plus credits totaling 80 or more)
EARLY RETIREMENT PENSION (Age 55 or older but younger than age 65 with age plus credits totaling less than 80)
DEFERRED PENSION (Age 55 or older with no pension credits in the last two years)
DISABILITY PENSION (Any age) (Please complete the following questions)
a) Have you applied for Social Security Benefits?
yesno If yes, what is the status of your application?
approvedrejectedpending
CERTIFICATION OF MARITAL STATUS (To be completed by all Participants)
I am currently legally married.
I am not legally married at this time, and:
I have never been married
I have been married but my marriage was terminated:
by death (attach copy of death certificate)
by divorce (attach copy of divorce decree)

#### **BENEFICIARY DESIGNATION**

### SECTION I. FOR MARRIED PARTICIPANTS ONLY

Please complete **only one** of the following A through G:

Α. I hereby request that Pension Benefits to which I am entitled be paid to me in the form of a lifetime pension with a 50% pension payable to my spouse upon my death. (Please include birth certificates for both you and your spouse, and your marriage certificate)

Spouse's Full Name (please print)

Date of birth

Social Security Number

Participant's Signature

**B**. \_\_\_\_\_ I hereby request that Pension Benefits to which I am entitled be paid to me in the form of a lifetime pension with a 75% pension payable to my spouse upon my death. (Please include birth certificates for both you and your spouse, and your marriage certificate)

Date of birth

Spouse's Full Name (please print)

Participant's Signature

**C**. I hereby request that Pension Benefits to which I am entitled be paid to me in the form of a lifetime pension with a 100% pension payable to my spouse upon my death. (Please include birth certificates for both you and your spouse, and your marriage certificate)

Spouse's Full Name (please print)

Date of birth

Social Security Number

Social Security Number

Participant's Signature

Date

**D**. \_\_\_\_\_ I hereby request that Pension Benefits to which I am entitled be paid to me in the form of a lifetime pension with a **50%** pension payable to my **designated beneficiary** upon my death. (Please include birth certificates for both you and your designated beneficiary)

Beneficiary's Full Name (please print)	Date of birth	Social Security Number
Relationship to Plan Participant		
Address:		
Participant's Signature		Date

If you have elected <u>**Option D</u>** your spouse **MUST** consent to this election by completing the following and **YOUR SPOUSE'S SIGNATURE MUST BE NOTARIZED.**</u>

I hereby acknowledge the rejection of the Joint & Survivor pension and understand that I will not receive a monthly benefit upon the death of my spouse, the Plan Participant. Further, I understand that in the event my spouse dies before receiving the 75 guaranteed monthly payments, I will not be entitled to the remaining guaranteed payments unless I am the named beneficiary.

Spouse's Full Name (please print)

Spouse's Signature

Date

Notary

**E**. \_\_\_\_\_ I hereby request that Pension Benefits to which I am entitled be paid to me in the form of a lifetime pension with a **75%** pension payable to my <u>designated beneficiary</u> upon my death. (Please include birth certificates for both you and your designated beneficiary)

Please note – the Designated Beneficiary cannot be more than 10 years younger than the member for this option.

Beneficiary's Full Name (please print)	Date of birth	Social Security Number
Relationship to Plan Participant		
Address:		
Participant's Signature		Date

If you have elected <u>Option E</u> your spouse **MUST** consent to this election by completing the following and **YOUR SPOUSE'S SIGNATURE MUST BE NOTARIZED.** 

I hereby acknowledge the rejection of the Joint & Survivor pension and understand that I will not receive a monthly benefit upon the death of my spouse, the Plan Participant. Further, I understand that in the event my spouse dies before receiving the 75 guaranteed monthly payments, I will not be entitled to the remaining guaranteed payments unless I am the named beneficiary.

Spouse's Full Name (please print)

Spouse's Signature

Date

Notary

**F.** \_\_\_\_\_ I hereby request that Pension Benefits to which I am entitled be paid to me in the form of a lifetime pension with a **100%** pension payable to my **designated beneficiary** upon my death. (Please include birth certificates for both you and your designated beneficiary)

Please note – the Designated Beneficiary cannot be more than 10 years younger than the member for this option.

Beneficiary's Full Name (please print)	Date of birth	Social Security Number
Relationship to Plan Participant		
Address		
Participant's Signature		Date

If you have elected <u>Option F</u>, your spouse **MUST** consent to this election by completing the following and *YOUR SPOUSE'S SIGNATURE MUST BE NOTARIZED*.

I hereby acknowledge the rejection of the Joint & Survivor pension and understand that I will not receive a monthly benefit upon the death of my spouse, the Plan Participant. Further, I understand that in the event my spouse dies before receiving the 75 guaranteed monthly payments, I will not be entitled to the remaining guaranteed payments unless I am the named beneficiary.

Spouse's Full Name (please print)

Spouse's Signature

Date

Notary

**G.** I hereby request that Pension Benefits to which I am entitled be paid to me in the form of a lifetime pension with no monthly pension benefit payable to <u>anyone</u> upon my death. (Please include your birth certificate)

Participant's Signature

Date

If you have elected <u>Option G</u>, your spouse MUST consent to this election by completing the following and *YOUR SPOUSE'S SIGNATURE MUST BE NOTARIZED*.

I hereby acknowledge the rejection of the Joint & Survivor pension and understand that I will not receive a monthly benefit upon the death of my spouse, the Plan Participant. Further, I understand that in the event my spouse dies before receiving the 75 guaranteed monthly payments, I will not be entitled to the remaining guaranteed payments unless I am the named beneficiary.

Spouse's Full Name (please print)

Spouse's Signature

Date

Notary

Please complete **<u>only one</u>** of the following A through D:

**A**. \_\_\_\_\_\_ I hereby request that Pension Benefits to which I am entitled be paid to me in the form of a lifetime pension with no monthly pension benefit payable to anyone upon my death. (Please include your birth certificate)

Participant's Signature

**B**. \_\_\_\_\_ I hereby request that Pension Benefits to which I am entitled be paid to me in the form of a lifetime pension with a **50%** pension payable to my <u>designated beneficiary</u> upon my death. (Please include birth certificates for both you and your designated beneficiary)

 Beneficiary's Full Name (please print)
 Date of birth
 Social Security Number

 Relationship to Plan Participant \_\_\_\_\_\_
 Address \_\_\_\_\_\_
 Address \_\_\_\_\_\_\_

Participant's Signature

Date

C. \_\_\_\_\_ I hereby request that Pension Benefits to which I am entitled be paid to me in the form of a lifetime pension with a **75%** pension payable to my <u>designated beneficiary</u> upon my death. (Please include birth certificates for both you and your designated beneficiary)

# Please note – the Designated Beneficiary cannot be more than 10 years younger than the member for this option.

Beneficiary's Full Name (please print)	Date of birth	Social Security Number
Relationship to Plan Participant		
Address		
Participant's Signature	Date	

**D**. \_\_\_\_\_ I hereby request that Pension Benefits to which I am entitled be paid to me in the form of a lifetime pension with a **100%** pension payable to my <u>designated beneficiary</u> upon my death. (Please include birth certificates for both you and your designated beneficiary)

## Please note – the Designated Beneficiary cannot be more than 10 years younger than the member for this option.

Beneficiary's Full Name (please print)	Date of birth	Social Security Number
Relationship to Plan Participant		
Address		

Participant's Signature

#### **Direct Deposit Authorization Form**

I hereby authorize the *International Union of Operating Engineers Pension Fund of Eastern Pennsylvania and Delaware* to initiate electronic transactions to my account(s) at the financial institution(s) indicated below.

Please note that the percent (%) deposited must equal 100%

#### **Deposit of Monthly Pension Benefit**

The account listed below is my **Checking Account**. I request that\_\_\_\_\_% of my net pension benefit be credited to this account.

INSTITUTION:			
CITY:	STATE:	ZIP:	
TRANSIT/ABA NUMBER:			
ACCOUNT NUMBER:			
The account listed below is my <b>Savin</b> pension benefit be credited to this account	unt.		
INSTITUTION:			
TRANSIT/ABA NUMBER:			
ACCOUNT NUMBER:			

Please note that you must verify both your ABA Number and your Account Number with your bank. Make sure you tell your bank branch that you are having funds electronically transferred. This may change the ABA Number that we are to use.

Name:\_\_\_\_\_ Date:\_\_\_\_\_

Signature:\_\_\_\_\_