

# 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

[www.iuoe542funds.com](http://www.iuoe542funds.com)

## APPLICATION FOR PENSION

I \_\_\_\_\_ hereby apply for benefits from the  
(please print name)

International Union of Operating Engineers Pension Fund of Eastern Pennsylvania 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 must be included with application)**

Have you ever collected pension benefits from Local 542 before? \_\_\_\_\_ NO \_\_\_\_\_ YES  
*If YES*, when? \_\_\_\_\_

Are you/will you be collecting pension benefits from any other Local of the International Union of  
Operating Engineers? \_\_\_\_\_ NO \_\_\_\_\_ YES

*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

\_\_\_\_\_  
Date











**SECTION I. FOR MARRIED PARTICIPANTS ONLY**

**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 anyone upon my death. (Please include your birth certificate)

\_\_\_\_\_  
Participant's Signature

\_\_\_\_\_  
Date

If you have elected **Option G**, 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

\_\_\_\_\_  
Date

**SECTION II. FOR NON-MARRIED PARTICIPANTS ONLY**

Please complete **only one** 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

\_\_\_\_\_  
Date

**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 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

**SECTION II. FOR NON-MARRIED PARTICIPANTS ONLY**

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 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

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 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

## 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: \_\_\_\_\_

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

INSTITUTION: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

TRANSIT/ABA NUMBER: \_\_\_\_\_

ACCOUNT NUMBER: \_\_\_\_\_

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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: \_\_\_\_\_