

Tuckpointers Local 52 Pension Trust Fund

660 Industrial Drive, Suite 101 Elmhurst, Illinois 60126 Phone: (630) 516-8008 Fax: (630) 516-8018



PENSION APPLICATION FORM

All Normal, Early and Deferred Vested Retirement benefits are payable as a Qualified Joint and Survivor Annuity *unless* you direct that the Qualified Joint and Survivor Annuity Benefit not be paid.

I hereby apply for the following Pension Benefit:

- | | |
|------------------------------------------------|----------------------------------------------------------|
| <input type="checkbox"/> Normal Retirement | <input type="checkbox"/> Deferred Vested Retirement |
| <input type="checkbox"/> Early Retirement | <input type="checkbox"/> Pre-Retirement Death Retirement |
| <input type="checkbox"/> Disability Retirement | <input type="checkbox"/> QDRO-Alternate Payee Benefit |

- ☐ I hereby acknowledge that the Qualified Joint and Survivor Annuity Benefit was explained to me. I hereby direct the Trustees to make any Benefit payable to me *without* the Qualified Joint and Survivor Annuity Benefit. I hereby elect not to have my retirement benefit paid in the form of a Qualified Joint and Survivor Annuity Benefit. I further understand that if I am married, my spouse must consent to my election and that the signature of my spouse must be witnessed before a Notary Public.

Participant's Signature _____ Date _____

Please Include The Following Certificates Where Appropriate:

- | | |
|--------------------------------------------------------------------------------|----------------------------------------------------------------------------------------|
| <input type="checkbox"/> Death (Attach Proof of Death Form) | <input type="checkbox"/> Birth Certificate – Participant |
| <input type="checkbox"/> Marriage Certificate | <input type="checkbox"/> Birth Certificate – Spouse |
| <input type="checkbox"/> Divorce Decree/
Qualified Domestic Relations Order | <input type="checkbox"/> Medical Report (only applicable for
Disability Retirement) |

PERSONAL INFORMATION:

1. Participant's Name: _____ Soc. Sec. # _____
(First) (Last)
2. Address: _____
(Number & Street Name) (City) (State) (Zip Code)
3. Email: _____ Phone: _____ 4. Date of Birth: _____

BENEFICIARY INFORMATION:

5. Primary Beneficiary: _____ Relationship: _____

Soc. Sec. #: _____ Date of Birth: _____

Address: _____

6.a. Secondary Beneficiary: _____ Relationship: _____

Soc. Sec. #: _____ Date of Birth: _____

Address: _____ Phone: _____

6.b. Secondary Beneficiary: _____ Relationship: _____

Soc. Sec. #: _____ Date of Birth: _____

Address: _____ Phone: _____

EMPLOYMENT INFORMATION:

7. Date of Retirement Requested _____

8. Currently working? Yes _____ No _____

If so, what is your anticipated last day of work? _____

9. Last Employer _____ Dates of Employment: _____

Application Is: _____ APPROVED

By: _____

Signature of Employer Trustee

_____ DENIED

By: _____

Signature of Union Trustee

Date: _____

PENSION PAYMENT OPTIONS

When applying for your pension, you have a choice of one of the following payment options.

1. 5-YEAR CERTAIN AND LIFE PENSION

Your accrued benefits will be payable to you for your lifetime, with a 5-year guarantee. This benefit will be paid to you or in the event of your death, will be payable to your designated beneficiary for the balance of the 5 years.

2. 10-YEAR CERTAIN AND LIFE PENSION

A reduced benefit will be payable to you for your lifetime, with a 10-year guarantee. This benefit will be paid to you or in the event of your death, will be payable to your designated beneficiary for the balance of the 10 years.

3. 15-YEAR CERTAIN AND LIFE PENSION

A reduced benefit will be payable to you for your lifetime, with a 15-year guarantee. This benefit will be paid to you or in the event of your death, will be payable to your designated beneficiary for the balance of the 15 years.

4. 50% JOINT AND SURVIVOR WITHOUT POP-UP PENSION (**QUALIFIED JOINT AND SURVIVOR ANNUITY BENEFIT**)

This benefit provides a reduced monthly payment for you so that, upon your death, your spouse will receive 50% of the benefit you were receiving. Your spouse will receive that monthly benefit for the rest of his or her life. If you die after the joint and survivor pension begins but before receiving 60 full monthly pension payments, your spouse will continue to receive the same amount until the 60th payment has been made. If both you and your spouse die prior to the 60th pension payment, the pension shall be paid to the designated beneficiary until a total of 60 pension payments have been made.

5. 50% JOINT AND SURVIVOR WITH POP-UP PENSION

This form of payment is similar to the joint and survivor form in that it provides you with a reduced monthly benefit payable to you for your lifetime and 50% of that benefit payable upon your death to your spouse for his or her lifetime. If you die before the 60th full monthly payment, the plan will continue to pay the same amount to your spouse until the 60th payment has been made. However, if your spouse dies before you, your monthly benefit will increase to the unreduced benefit amount for the remainder of your lifetime.

6. 75% JOINT AND SURVIVOR WITHOUT POP-UP PENSION

This benefit provides a reduced monthly payment for you so that, upon your death, your spouse will receive 75% of the benefit you were receiving. Your spouse will receive that monthly benefit for the rest of his or her life. If you die after the joint and survivor pension begins but before receiving 60 full monthly pension payments, your spouse will continue to receive the same amount until the 60th payment has been made. If both you and your spouse die prior to the 60th pension payment, the pension shall be paid to the designated beneficiary until a total of 60 pension payments have been made.

7. 75% JOINT AND SURVIVOR WITH POP-UP PENSION

This form of payment is similar to the joint and survivor form in that it provides you with a reduced monthly benefit payable to you for your lifetime and 75% of that benefit payable upon your death to your spouse for his or her lifetime. If you die before the 60th full monthly payment, the plan will continue to pay the same amount to your spouse until the 60th payment has been made. However, if your spouse dies before you, your monthly benefit will increase to the unreduced benefit amount for the remainder of your lifetime.

Please review and indicate your choice with an "X" which pension option you prefer.

1. _____ 5-YEAR CERTAIN AND LIFE PENSION

2. _____ 10-YEAR CERTAIN AND LIFE PENSION

3. _____ 15-YEAR CERTAIN AND LIFE PENSION

Please complete the attached "Qualified Joint and Survivor Annuity Rejection Form", have both signatures notarized, and return to the Benefits Office. (ONLY IF YOU REJECT THE QUALIFIED JOINT AND SURVIVOR ANNUITY BENEFIT and/or NAME A BENEFICIARY OTHER THAN YOUR SPOUSE)

4. _____ 50% JOINT AND SURVIVOR WITHOUT POP-UP PENSION (QUALIFIED JOINT AND SURVIVOR ANNUITY BENEFIT)

5. _____ 50% JOINT AND SURVIVOR WITH POP-UP PENSION

6. _____ 75% JOINT AND SURVIVOR WITHOUT POP-UP PENSION

7. _____ 75% JOINT AND SURVIVOR WITH POP-UP PENSION

PARTICIPANT'S SIGNATURE

DATE

QUALIFIED JOINT AND SURVIVOR ANNUITY REJECTION FORM

Participant's Statement:

I, _____, do not wish to receive my pension benefits in the form of a 50% Joint and Survivor Pension Without Pop-Up (The Qualified Joint and Survivor Annuity Benefit). I understand that rejecting this form of payment means survivor benefits may not be paid by the Pension Trust after my death.

You must check one of the following boxes:

- ☐ I hereby swear that I have never been legally married.
- ☐ I hereby swear that I was married but I am now divorced.
- ☐ I hereby swear that I was married but my spouse has died.
- ☐ I hereby swear that I am unable to locate my spouse.
- ☐ I hereby swear that the person signing the Spouse's statement is my current legal spouse.

Participant's Signature

Social Security #

Date

Spouse's Statement:

I, _____, swear that I am the legal spouse of the participant described above. I hereby consent to my spouse's rejection of the 50% Joint and Survivor Pension Without Pop-Up (The Qualified Joint and Survivor Annuity Benefit). I understand that as a result, I may not receive a survivor benefit after my spouse's death. Furthermore, if the participant, chooses someone other than myself as the beneficiary, I consent to the named beneficiary and understand that as a result, I may not receive a survivor benefit after my spouse's death.

Spouse's Signature

Social Security #

Date

On the ____ day of _____, 20____, came before me _____ known to me to be the person described in and who executed the foregoing Spouse's Statement and he duly acknowledge to me that he executed the same.

Notary Public

Commission Expires

Participant's Name: _____
(First) (Last)

Spouse's Name: _____ Spouse's Social Security #: _____

Social Security #: _____ Relationship: _____