

U. A. LOCAL NO. 159 DEFINED BENEFIT PLAN

4160 Dublin Blvd, Suite 400

Dublin, CA 94568

Telephone: (866) 295-6402

PENSION APPLICATION

INSTRUCTIONS

Please read and complete each section carefully. Print or type your answers (except signatures). Mark "N/A" (Not Applicable) if the requested information does not apply to you. Sign and date the Application. Mail the completed Application and required attachments to the Trust Fund Office at the address listed above.

BE SURE THAT YOUR ANSWERS ARE ACCURATE. Your answers will be verified through your employers, the Social Security Administration, or other sources. Incorrect or incomplete information will delay receipt of your pension benefits.

PERSONAL DATA

1. Name _____
Last First Middle
2. Address _____
No. and Street _____
City State Zip Code
3. Telephone No. _____ 4. Soc. Sec. No. _____
5. Date of Birth _____ (Attach birth certificate)

EMPLOYMENT

6. Date You First Worked in Trade _____
7. Date You Last Worked in Trade _____
8. Name of Last Employer _____
9. Address of Last Employer _____
No. and Street _____
City State Zip Code

MARITAL STATUS

10. Current Marital Status: Single _____ Married _____ (See 11.)
(Check whatever applies) Separated _____ Divorced _____ (See 12.)
Widowed _____ (Attach copy of death certificate)

11. If You Are Married, Provide the Following Information About Your Spouse:

Spouse's Name _____

Spouse's Address _____
(if different from yours) No. and Street _____

City	State	Zip Code
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Spouse's Soc. Sec. No. _____

Spouse's Date of Birth (Attach birth certificate)

Date of Marriage (Attach marriage license)

12. Have you ever been divorced? Yes _____ No _____
(Answer even if you are currently married)

If you were previously married, attach a complete copy of the Interlocutory and/or Final Judgment of Dissolution of Marriage, and any property settlement agreement, for each divorce. Failure to provide these documents may delay receipt of your pension benefits.

DATE AND TYPE OF RETIREMENT

13. Date You Want Pension to Begin: Month _____ Year _____

14. Type of Retirement: _____ **Normal Retirement** (Age 65 and above)
(Check one) _____ **Early Retirement** (Ages 55-65, with qualifying service)
_____ **Service Retirement** (25 Calendar Years of participation and
25 Benefit Credits, and enrolled in the Plan before 7/1/76)
_____ **Age and Service Retirement** (30 Calendar Years of
participation, 30 Benefit Credits, and Age 55+)
_____ **Disability Retirement** (Attach copy of Social Security
Disability Award or equivalent medical evidence of
disability)

EXPLANATION OF FORMS OF BENEFITS

The Defined Benefit Plan offers the following forms of pension benefits:

SINGLE LIFE ANNUITY OPTIONS

1. **Single Life Annuity, with 60 Month Guarantee:** Monthly payments for your life, or sixty months, whichever is longer. In other words, if you die before receiving 60 monthly payments, your designated beneficiary or beneficiaries will receive the remainder of the 60 months of guaranteed benefits. This is the 100% Normal Benefit, which serves as the basis for determining your benefit amount under any other option. If you elect this option, and you marry after your retirement, you may convert to a Joint and Survivor Annuity for the benefit of your new spouse if you have been married for twelve months, and apply for this change within fourteen months of being married. The option to change to a Joint and Survivor Annuity is subject to conditions listed in the Plan and to an actuarial reduction.
2. **Single Life Annuity, with 120-Month Guarantee:** Monthly payments for your life, or 120 months, whichever is longer. The amount of this benefit is reduced from the 100% Normal Benefit, depending on your age, with the lowest reduction being 1.67% at age 50, and the highest being 10.75% at age 69 and above. This option does not include the opportunity to convert to a Joint and Survivor Annuity.
3. **Single Life Annuity with Social Security Integration:** If you are age 60 or older, monthly payments for your life, in two stages. Before Social Security Normal Retirement Age (currently 65), the amount of the monthly benefit is higher, and after Social Security Normal Retirement Age the amount is reduced. The goal of this option is to provide a consistent total monthly income, before and after Social Security begins, with the Plan total benefit being the actuarial equivalent of the Single Life Annuity. This option does not include the opportunity to convert to a Joint and Survivor Annuity.

OPTIONS WITH SURVIVOR ANNUITIES

4. **Joint and 50% Survivor Annuity (with Pop-Up):** Monthly payments for your life, followed by monthly payments for your spouse's life equal to 50% of the benefit paid during your life. The amount of the monthly benefit while both you and your spouse are living is reduced from the 100% Normal Benefit by 10%, plus or minus 1% for each year that your spouse's age is lower or higher than your age. However, if your spouse dies first, your benefit will "pop-up" back to the Single Life Annuity amount (without the 60-month guarantee). The "pop-up" feature also takes effect if you divorce your beneficiary-spouse, and the spouse's rights to benefits from the Plan are terminated in a qualified court order. If the "pop-up" feature has taken effect, and you get remarried, the option to convert to a new Joint and Survivor Annuity is available, under the same conditions as apply to the Single Life Annuity.
- 5 & 6. **Optional Joint and Survivor Annuities (with Pop-Up):** These benefits are very similar to the Joint and 50% Survivor Annuity, except that the benefit paid after your death is equal to either 75% or 100% of the amount paid during your life. The reduction for the 75% Survivor Annuity benefit is 15% plus or minus 1% for each year that your spouse's age is lower or higher, respectively, than your age; and for the 100% Survivor Annuity benefit, 20% plus or minus 1%. Just like Option 4, if your spouse dies first, or your spouse's rights to benefits are terminated in a qualifying court order, the "pop-up" feature applies, after which there is also an opportunity to elect a new Joint and Survivor Annuity

under the same conditions as apply to the Single Life Annuity.

- 7-9. **Joint and Survivor Annuity Options (with Pop-Up and 60-Month Guarantee):** These options are very similar to Options 4, 5, and 6, except as follows:
- a) If both the retiree and spouse die before 60 monthly benefit payments are made, the remainder of 60 months of guaranteed benefits will be paid to one or more designated beneficiaries.
 - b) There is an additional reduction of 1% per month for a 50% Survivor Annuity, 1.5% for a 75% Survivor Annuity, and 2% for a 100% Survivor Annuity.
 - c) These options include a “pop-up” feature if your spouse dies first, but do not include the option to convert to another option later.
- 10-12. **Contingent Beneficiary Options:** These options are very similar to Joint and Survivor Annuity Options Nos. 4-6, except that the beneficiary is someone other than your spouse. The beneficiary may be anyone you designate, unless the difference in ages is so great that the benefit paid to either the retiree or beneficiary would be less than \$25 per month, or that the greater value of the benefit would go to the beneficiary. The “pop-up” feature applies if the beneficiary dies first, but not the opportunity to convert to another form of benefit later.

Please note these rules about selecting an option and designating a beneficiary:

1. **If you are married, you may elect option 1-3 or 5-12, and/or designate a person other than your spouse as beneficiary, only with your spouse's written consent.**
2. **Subject to spousal consent, you may designate anyone to receive benefits payable after your death under Options 1-3, 10-12, or the 60-Month Guarantee of Options 7, 8, and 9.**
3. **For any guaranteed-period benefit, you may designate more than one person as beneficiary, and may change the designation, even after retirement (also subject to spousal consent).**
4. **You may change your choice of Option, or the designation of beneficiary, any time, and any number of times before the first check is issued. Likewise, your spouse may consent, or revoke consent, to your choice of Option and/or designation of beneficiary, any time, and any number of times, before the first check is issued. Once your first check is issued, you may not change form of benefit (except as allowed in the Plan) or change your beneficiary for a survivor annuity, and your spouse may not revoke consent.**

BENEFIT PAYMENT INFORMATION REQUEST

As noted above, the amount of your monthly pension benefit will vary, based on the benefit option you select. Information about the beneficiary is requested here solely to permit the Plan to calculate the amount of your monthly benefit. You will actually elect your form of pension benefit and designate your beneficiary on a separate Retirement Declaration which will be mailed to you by the Trust Fund Office. The actual amount of your benefit may be different if you elect a different benefit option or a different beneficiary from one that you indicate here, or if the age of your spouse or beneficiary is different from the information you provide here.

15. Please calculate my monthly benefit under the options checked below:

- ☐ 1. Single Life Annuity with 60 Months Guaranteed
- ☐ 2. Single Life Annuity with 120 Months Guaranteed
- ☐ 3. Single Life Annuity with Social Security Integration
- ☐ 4. 50% Pop-Up Joint and Survivor Annuity Benefit
- ☐ 5,6. Other Pop-Up Joint and Survivor Annuity Benefits: ☐ 75% ☐ 100%
- ☐ 7,8,9. Pop-Up Joint and Survivor Annuities With 60 Months Guaranteed:
☐ 50% ☐ 75% ☐ 100%
- ☐ 10,11,12. Contingent Beneficiary Options (non-spouse beneficiary):
☐ 50% ☐ 75% ☐ 100%

16. If you are considering Options 10, 11, or 12 (a Contingent Annuitant form of benefit with a beneficiary other than your spouse), provide the following information about your beneficiary. You do not have to provide beneficiary information for other forms of benefit until you complete the Retirement Declaration.

Beneficiary's Name _____

Beneficiary's Address _____
No. and Street

City State Zip Code

Beneficiary's Soc. Sec. No. _____

Beneficiary's Date of Birth _____ (Attach birth certificate)

SERVICE RECORD

17. **Union Membership:** List your complete union membership history:

Local Union	Membership dates (Month and Year)
_____	_____
_____	_____
_____	_____
_____	_____

18. **Credited Past Service:** Past Service Credits are given for the years you were employed in covered employment or available for employment before the date a Local Union adopted its Prior Plan, up to the maximum permitted in the Prior Plan. Past Service Credits which have previously been confirmed have been shown on your Annual Statement. List below **ONLY** a period for which you claim Past Service Credit which does not appear in your Annual Statements:

Name of Employer	Address	Dates of Employment	
		From	To
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

19. **Waivers of Breaks in Service:** Breaks in service may be waived, under conditions stated in the Plan. If your Annual Statements show a permanent break in service which has not already been waived, please list any period in which you **DID NOT** work in the trade for 3 months or more because of any of the following:

☐ Military Service:	from _____	to _____
☐ Physical Disability:	from _____	to _____
☐ Strike or Lockout:	from _____	to _____
☐ <i>Approved</i> Absence:	from _____	to _____

List below any time when you worked at the trade, other than covered employment:

☐ For a Public Agency:	from _____	to _____
Location:	_____	
☐ In a Supervisory Capacity:	from _____	to _____
Location:	_____	
☐ Non-reciprocating local union:	from _____	to _____
Location:	_____	
☐ As an Owner or Partner:	from _____	to _____
Location:	_____	

DOCUMENTS CHECKLIST

In addition to this Application, you must submit the following documents. If the documents are not available at the time this Application is submitted, they must be submitted with your Retirement Declaration.

- ☐ Your birth certificate.
- ☐ If currently married, your marriage certificate.
- ☐ If currently married and your spouse will be your beneficiary under any Survivor Annuity option, your spouse's birth certificate.
- ☐ If you intend to designate a person other than your spouse as your beneficiary for a Contingent Annuitant benefit, your beneficiary's birth certificate.
- ☐ If you are a widow or widower, your spouse's death certificate.
- ☐ If you have been divorced, complete copies of all prior Judgments of Dissolution of Marriage and marital settlement agreements.
- ☐ If you are applying for a Disability Retirement, copy of Social Security Award, or equivalent medical evidence of disability.

VERIFICATION AND SIGNATURE

I hereby certify, under penalty of perjury, that all of the above statements on this Application and all of the statements on the attached pages and documents are true, correct and complete, to the best of my knowledge. I understand that a false statement may disqualify me for pension benefits and that the Trustees have the right to recover any payments made to me because of a false statement.

Signature

Date