

Operative Plasterers and Cement Masons Local 109

Pension Fund

33 Fitch Boulevard
Austintown, Ohio 44515



Telephone (330) 270-0453
Ohio Statewide 1-800-435-2388

Name _____

SSN _____

This is your application for Pension Benefits. Complete this form and mail it to the Administrative Office.

It is recommended that your application and the best possible proof of age which you can obtain should be sent to this office at least 1 month in advance of the month on which you want your pension benefit payments to begin.

The accuracy and completeness of the information you send to us will speed the processing of your application and provide faster payment of the benefits to which you may be entitled. Please answer all questions carefully and we would like to refer particular attention to the various forms of retirement income payments, as explained under Section III on Page 3.

If any further information is required you will be advised by the Administrative Office. You also will be notified by letter of the decision of the Pension Board regarding your application.

SECTION I--TYPE OF PENSION

If eligible, I want to retire on a

To be eligible you must:

<u>Check one</u>	<u>Type of Pension</u>	<u>be at least</u>	<u>and meet this minimum pension credit requirement*</u>
A. _____	Normal	65 or over 55 or over	5 or more years of service 30 years of service
B. _____	Early	55 to 65	10 or more years of Service
C. _____	Disability	No age requirement	10 years of service and actively participating in the Plan

If you checked Disability, you must provide a Social Security Notice of Award letter.

*These are the general rules. The Plan contains the specific requirements which apply for each type of pension.

SECTION II -- PERSONAL INFORMATION

Name _____ Social Security Number _____

Permanent mailing address _____
Number and Street

City and State

Zip code

Telephone Number _____ Local Union No. _____

Date of birth _____ Last Date Worked _____

Name of Spouse _____

Spouse's Date of Birth _____

Spouse's Social Security Number _____

Date of Retirement _____ During your active participation in the Pension Fund, did you engage in qualified military service? _____ Yes _____ No

Complete this section **ONLY** if you are applying for a total and permanent DISABILITY PENSION BENEFIT.

a) Nature of your disability _____

b) Date you first became disabled _____
Month Year

c) Name of your physician _____

d) Date you were first treated for your disability _____

e) Have you applied for a Social Security Disability Award? Yes _____ No _____

Have you received a Social Security Disability Award? Yes _____ No _____ (if yes, enclose copy)

Have you been denied a Social Security Disability Award? Yes _____ No _____

SECTION III -- ELECTION OF FORM OF RETIREMENT

- _____ I elect to receive the 50% Joint and Survivor annuity benefit. This is a reduced pension benefit paid to me during my lifetime. If my spouse is alive at the time of my death, one-half (50 percent) of my reduced pension shall continue during the life of and shall be paid to my spouse. If your spouse should predecease you, your benefit will pop-up to the life period certain form of benefit.
- _____ I elect to receive the 75% Joint and Survivor annuity benefit. This is a reduced pension benefit paid to me during my lifetime. If my spouse is alive at the time of my death, 75% percent of my reduced pension shall continue during the life of and shall be paid to my spouse. If your spouse should predecease you, your benefit will pop-up to the life period certain form of benefit.
- _____ I elect to receive the 100% Joint and Survivor annuity benefit. This is a reduced pension benefit paid to me during my lifetime. If my spouse is alive at the time of my death, 100% percent of my reduced pension shall continue during the life of and shall be paid to my spouse. If your spouse should predecease you, your benefit will pop-up to the life period certain form of benefit.
- _____ I elect to receive the life period certain pension benefit, which provides for equal monthly installments payable for the rest of my life. If I die before I receive 60 monthly payments, benefits will continue to my beneficiary for the balance of the 60 month period.
- _____ I elect to receive the 10 year certain pension benefit, which provides for equal monthly installments payable for the rest of my life. If I die before I receive 120 monthly payments, payments will continue to my beneficiary for the balance of the 120 month period.

Under federal law, the Plan is required to provide you a comparison of the relative value of the optional forms of benefit available under the Plan in lieu of the qualified joint and survivor annuity which is the normal form of benefit for a married person. The relative value comparison is intended to help you compare the total value of benefit distributions paid in different forms. The relative value calculation is made by converting the value of the joint and survivor annuity to the value of the single life annuity using interest rate and life expectancy assumptions (7% and 1983 Group Annuity Mortality Table) and comparing it to the optional forms. All comparisons are based on the average life expectancies for someone at you and your spouse's ages. The ultimate value of any optional form of benefit will depend on how long you actually live. *Every optional form of benefit under the Plan has an approximately equal value to the regular or normal form of benefit.*

SECTION IV -- SURVIVOR ANNUITY WAIVER

Name of Participant _____

ELECTION TO WAIVE JOINT AND SPOUSE SURVIVOR ANNUITY

As a Participant in the Operative Plasterers and Cement Masons Local No. 109 Pension Plan, I hereby acknowledge that I have been informed by the Plan Administrator that my benefits under the Plan will be paid to me in the form of a Joint and Spouse Survivor annuity; that I have the right to waive that form of payment, provided that my spouse consents in writing to the waiver, that I understand the terms of a Joint and Spouse Survivor annuity and the financial effect of a waiver; and that I may revoke any waiver in effect during the applicable election period.

() I hereby elect to waive the Joint and Spouse Survivor annuity form of payment.

EXECUTED this _____ day of _____, 20____.

Witnessed by:

Participant

Notary Public

SPOUSE'S CONSENT TO WAIVER

I hereby consent to the foregoing election by my spouse, not to have benefits under the Operative Plasterers and Cement Masons Local 109 Pension Plan paid in the form of a Joint and Spouse Survivor annuity. Further, I hereby acknowledge that I understand: (a) that the effect of my consent may be to forfeit benefits I would be entitled to receive upon my spouse's death: (b) that my spouse's waiver is not valid unless I consent to it: and (c) that my consent is irrevocable unless my spouse revokes the waiver during the applicable election period.

EXECUTED this _____ day of _____, 20____.

Witnessed by:

Participant's Spouse

Notary Public

SECTION V -- CERTIFICATION BY UNION

1.
 - a) Name of Employee _____
 - b) Social Security Number _____
 - c) Address _____
 - d) City _____ State _____ Zip _____

2.
 - a) Name of Union _____
Address _____

3. The undersigned duly authorized Union official hereby certified to the following service record of the above named member:
 - a) This Member has held continuous membership in this Local Union since

Month Day Year

 - b) He was last reported to our International as a member in good standing

Month Day Year

 - c) According to our records, his birthdate is _____
Month Day Year

Signed _____

Title _____

Date _____

SECTION VI -- AFFIDAVIT OF TERMINATION

STATE OF _____)
) ss:
COUNTY OF _____)

I, _____, being first duly sworn according to law, do hereby depose and state
(Print Name)

My Social Security Number is _____. I have worked in the jurisdiction of Local Union No. 109 of the Operative Plasterers and Cement Masons International Association of the United States and Canada (hereinafter "Union") under the terms and conditions of a collective bargaining agreement (hereinafter "Agreement") between the Union and the signatory employers and have had contributions paid on my behalf to the Cement Masons Locals No. 109 Pension Fund (hereinafter "Plan"). I acknowledge I have made an application for benefits pursuant to the Plan, and affirm the following:

1. I am not working in the Plasterers and Cement Masons trade or work generally related to the trade and craft and which is performed within the geographic area covered by the Plan.
2. My current residence is _____,
(Street Address)
_____, _____, _____, and my telephone
(City) (State) (Zip)
number is _____.
3. My current employment status is _____
(Retired, Employed, Disabled)
4. I am employed as a _____ for
(Job Classification/Description)
_____ at _____.
(Name of Employer) (Address of Employer)

Further Affiant sayeth naught.

Date: _____

(Signature)

Sworn to before me and subscribed in my presence this _____ day of _____, 200__.

Notary Public

SECTION VII -- DESIGNATION OF BENEFICIARY

Name _____ Sex _____

SSN _____ Relationship _____

Date of Birth _____

Address _____

(Street and Number)

(City, State, and Zip Code)

I hereby apply for a pension from the Operative Plasterers and Cement Masons Local 109 Pension Fund. I certify under penalty of perjury that all the statements contained herein are true and correct to the best of my knowledge. I understand that a false statement may disqualify me for pension benefits and that the Trustees shall have the right to recover any payment made to me because of a false statement.

SECTION VIII -- SIGNATURES

Signature of Applicant _____ Date _____

Signature of Spouse _____ Date _____

Witness _____ Date _____

Ohio Conference of Plasterers and Cement Masons Health and Welfare Fund

33 Fitch Boulevard • Austintown, Ohio 44515
Telephone (330) 270-0453 • Toll Free 1-800-435-2388



ELECTION OF COVERAGE **NORMAL RETIREMENT BENEFITS**

Member's Name _____ Local _____

Social Security No. _____ Date of Birth _____

Spouse's Name _____

Social Security No. _____ Date of Birth _____

Address _____

DESIGNATION OF BENEFICIARY

I hereby designate _____
(Beneficiary's Name) (Relationship)

(Beneficiary's Address)

as the beneficiary for the benefits provided by The Ohio Conference of Plasterers and Cement
Masons Health and Welfare Fund.

CHECK ONE:	() Member Only (Over Age 65)	\$ 105.00
	() Member/Spouse (Both Over 65)	\$ 210.00
	() Member (Over 65) Spouse (Under 65)	\$ 418.00

Signature

Date

Retirement Date

Ohio Conference of Plasterers and Cement Masons Health and Welfare Fund

33 Fitch Boulevard • Austintown, Ohio 44515
Telephone (330) 270-0453 • Toll Free 1-800-435-2388



ELECTION OF COVERAGE **EARLY RETIREMENT OR PERMANENT DISABILITY**

Member's Name _____ Local _____

Social Security No. _____ Date of Birth _____

Spouse's Name _____

Social Security No. _____ Date of Birth _____

Address _____

DESIGNATION OF BENEFICIARY

I hereby designate _____
(Beneficiary's Name) (Relationship)

(Beneficiary's Address)

as the beneficiary for the benefits provided by The Ohio Conference of Plasterers and Cement Masons Health and Welfare Fund.

CHECK ONE:	<input type="checkbox"/> Member Only (Under Age 62)	\$ 438.00
	<input type="checkbox"/> Member Only (Between Age 62 and 64)	\$ 328.00
	<input type="checkbox"/> Member/Spouse (Both Under 62)	\$ 838.00
	<input type="checkbox"/> Member/Spouse (Both Between 62 and 64)	\$ 656.00
	<input type="checkbox"/> Member/Spouse (One Under 62 and One 62 - 64)	\$ 656.00
	<input type="checkbox"/> Member (Under 62) Spouse (Over 65)	\$ 557.00
	<input type="checkbox"/> Member (Between 62 and 64) Spouse (Over 65)	\$ 418.00
	<input type="checkbox"/> Member/Spouse (Under Social Security Disability)	\$ 399.00
	<input type="checkbox"/> Member only (Under Social Security Disability)	\$ 219.00

Signature

Date

Retirement Date