

# Ohio Carpenters Pension Fund Benefit Distribution Application

How to properly complete the Benefit Distribution Application

# Benefit Distribution Application for Retirement Benefits

## OHIO CARPENTERS' PENSION FUND

P.O. BOX 31580 INDEPENDENCE, OH 44131-0588

PHONE: 800-700-6756

FAX: 216-539-3221

[www.CMRCCBenefits.org](http://www.CMRCCBenefits.org)

### APPLICATION FOR RETIREMENT BENEFITS

Name \_\_\_\_\_

Please Print

Address \_\_\_\_\_

Street

City

State

ZIP

Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Date of Birth \_\_\_\_\_

Month/Day/Year

Phone \_\_\_\_\_

Email: \_\_\_\_\_

**IMPORTANT: A COPY OF YOUR BIRTH CERTIFICATE MUST BE SUBMITTED WITH THIS APPLICATION. IF MARRIED, A COPY OF YOUR SPOUSE'S BIRTH CERTIFICATE IS ALSO REQUIRED.**

I hereby apply for retirement benefits under the Carpenter's Pension Plan effective \_\_\_\_\_

Month/Year

Check one →

Check One:  Normal  Early  Disability (If Disability, complete page 2 of this form.)

Must fill out Last Date Worked and Name of Last Employer

Last Date Worked In Construction Trades: \_\_\_\_\_

Month/Day/Year

Name of last or current Employer \_\_\_\_\_

Check one →

MARITAL STATUS:  Married  Divorced  Widowed  Single

**IF DIVORCED: YOU MUST SUBMIT COPY OF YOUR DIVORCE DECREE AND SEPARATION AGREEMENT.**

**IF WIDOWED: YOU MUST SUBMIT COPY OF YOUR SPOUSE'S DEATH CERTIFICATE.**





# Benefit Distribution Application for Retirement Benefits – Certification of Marital/Single Status

This form must be completed by the member, *regardless of marital status.*

If there are any previous marriages, they must be listed with the date of marriage and date of divorce or death. Provide complete copies of ALL documents required as listed here, if applicable.

Form must be notarized regardless of marital status; do not sign until in front of a notary. Dates of participant signature and notary must match.

**CERTIFICATION OF MARITAL/SINGLE STATUS** oh

Federal Law requires the Trustees to confirm whether a previous spouse is entitled to any portion of your pension benefits. As such, it is necessary that we request the following certification and supporting documentation. **Failure to complete this form fully, including signing it in front of a notary public, and providing ALL documentation requested, will result in a delay of the processing of your application.**

Participant Name: \_\_\_\_\_ S.S. #: \_\_\_\_\_

Current marital status:  SINGLE, never married  
 SINGLE, previously married\*  
 MARRIED, no previous marriages  
 MARRIED, with previous marriages(s)\*  
 WIDOWED

\*If you have had previous marriages, please list the names of your ex-spouses, the date(s) of marriage and date(s) of divorce (if any of your previous marriages ended due to the death of your spouse at the time, please list the date of death):

<u>Ex-spouse's Name</u>	<u>Date of Marriage</u>	<u>Date of Divorce/Death</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please provide complete copies of ALL, divorce decrees, separation agreements, Qualified Domestic Relations Orders and any other accompanying documents related to the termination of your previous marriage(s). If any previous spouses have passed away, please provide a copy of the death certificate(s). If you do not have these documents, you should contact the appropriate court through which the proceedings occurred in order to obtain certified copies. For additional ex-spouses, please use the back of this form.

I hereby certify, subject to the penalty of perjury, that the above information is, to the best of my belief and knowledge, true and complete. **ANY PERSON WHOM SUPPLIES A FALSE CERTIFICATION IN CLAIMING A BENEFIT COMMITS A CRIMINAL ACT UNDER 18 U.S.C. SECTION 1027 AND ERISA LAW, FORFEITS ANY RIGHT HE OR SHE MAY HAVE TO THE BENEFIT AND, UPON DISCOVERY, BECOMES LIABLE FOR FULL REPAYMENT OF ANY MONEY RECEIVED AS A CONSEQUENCE.**


Participant Signature \_\_\_\_\_ Today's Date \_\_\_\_\_

Place Notary Stamp/Seal  
Or  
Authorized Fund Representatives Signature Here

Subscribed to and sworn to before me,  
This \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
(Signature)  
Notary Public, \_\_\_\_\_ County  
State of \_\_\_\_\_ My Commission Expires on \_\_\_\_\_

\*Notice to Notaries: Federal Law (i.e., the Retirement Equity Act of 1984) requires that the above Form must be executed in the presence of an authorized Plan representative or a Notary Public. Accordingly, it is most important that you not only witness the actual signature identified above, but also examine their credentials to satisfy yourself that they are, in fact, the same persons as the ones identified.



# Benefit Distribution Application for Retirement Benefits – Waiver of 30-Day Notice

If married, both the member and spouse must sign in front of a notary. Dates must match the notary signature.

## WAIVER OF 30-DAY NOTICE REQUIREMENT

BOTH SIGNATURES MUST BE WITNESSED BY THE NOTARY PUBLIC

I, \_\_\_\_\_, hereby acknowledge that I have been informed that federal law prohibits the Fund from paying benefits to me until at least 30 days after my spouse and I have received a written explanation of the 50 % Joint and Survivor form, including my right to waive that form with the written consent of my spouse, the effect of such a waiver and the right my spouse and I each have to revoke that waiver and consent. I have also been informed that I may waive that 30 day notice period and instead elect a 7 day notice period, which will permit the Fund to commence payment of benefits to me no less than 7 days after my spouse and I received the written explanation, provided my spouse also consents in writing to waiver of the 30 day notice period.

I elect to waive the 30 day notice period.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Your Signature

## SPOUSAL CONSENT TO WAIVER OF 30 DAY NOTICE REQUIREMENT

I am the legal spouse of \_\_\_\_\_. I hereby acknowledge that I have been informed that my spouse wishes to waive the requirement that we receive, at least 30 days before the Fund pays benefits to my spouse, a written explanation of the 50 % Joint and Survivor form, including my spouse's right to waive the 50% Joint and Survivor form with my written consent, the effect of such a waiver and the right my spouse and I each have to revoke that waiver and consent, and to elect instead a 7 day notice period as permitted by federal law. I hereby consent to the election of my spouse to waive the 30 day notice period.

I elect to waive the 30 day notice period.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Spouse's Signature

Witnessed by:

Authorized Plan Representative or Notary Public:

\_\_\_\_\_  
Place Notary Stamp Here

Subscribed to and sworn to before me,

This \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Notary Public, \_\_\_\_\_ County

State of \_\_\_\_\_

My Commission expires \_\_\_\_\_

Seal

\*Notice to Notaries: Federal Law (i.e., the Retirement Equity Act of 1984) requires that the above Waiver must be executed in the presence of an authorized Plan representative or a Notary Public. Accordingly, it is most important that you not only witness the actual signatures identified above, but also examine their credentials to satisfy yourself that they are, in fact, the same persons as the ones identified.



# Benefit Distribution Application for Retirement Benefits – Work After Retirement



Ohio Carpenters' Pension Plan  
P.O. Box 31580, Independence, OH 44131  
Phone: (800) 700-6756

### WORK AFTER RETIREMENT

In general, pension benefits are not payable (they are "suspended") for any month in which a participant works in "Disqualifying Employment." The rules about what is considered "Disqualifying Employment" before age 62 are different from the rules regarding what is considered "Disqualifying Employment" at and after age 62.

#### Disqualifying Employment

Before age 62, the suspension rules apply only to retirees. For retirees under age 62, "Disqualifying Employment" is defined as employment (including self-employment) of 40 or more hours during a month performing work in the trade (which may include certain supervisory positions), within the geographical jurisdiction of the Plan.

At and after age 62, the suspension rules apply to all participants, even if they have not yet retired. For participants who have reached age 62, "Disqualifying Employment" is defined as employment (including self-employment) of 40 or more hours during a month performing work in the trade (which may include certain supervisory positions), within the geographic jurisdiction of the Plan, in an industry covered by the Plan.

#### Resumption (or Commencement) of Payments

For participants who were already receiving monthly pension payments at the time of initial benefit suspension, monthly pension payments will resume with the month following the month in which "Disqualifying Employment" terminates, subject to recovery of benefit overpayments described below. To resume monthly payments, a participant must contact the Fund Office.

For participants who were not yet receiving monthly pension payments at the time of initial benefit suspension, monthly pension payments will begin following termination of the "Disqualifying Employment" and approval of a properly completed application for benefits.

When benefits resume before age 62, the monthly benefit amount the participant was receiving before suspension will be increased to reflect any additional benefit earned for work performed during the suspension.

When benefits resume or begin after age 62, the amount payable is the greater of the following:

- The monthly benefit accrued due to all work performed before the date of benefit resumption or commencement, or
- The monthly benefit accrued due to all work performed prior to age 62, increased by 1% for each month after age 62 in which the participant was entitled to receive a benefit (i.e., any months that were not suspended due to "Disqualifying Employment") but did not.

#### Notice Requirement

When a retiree returns to work at a job that is (or might be) considered "Disqualifying Employment," he is required to notify the Fund Office in writing within 30 days after starting work, regardless of whether the retiree plans to work 40 or more hours per month. If the retiree returns to work and fails to notify the Fund Office, the Trustees will assume that he worked in "Disqualifying Employment" during every month he worked, and his pension will be suspended accordingly unless the participant can prove that the work was not "Disqualifying Employment." A similar rule applies to a participant who continues to work after age 62 without retiring. In that case, he is required to notify the Fund Office in writing within 30 days after reaching age 62, regardless of whether or not he plans to work 40 or more hours per month. If he continues to work and fails to notify the Fund Office, the Trustees will assume that he has performed "Disqualifying Employment" during every month he worked, and his pension will be suspended accordingly unless the participant can prove that the work was not "Disqualifying Employment."

#### Recovery of Benefit Overpayments

The Plan has the right to recover any monthly benefits paid in error to someone whose benefits were suspended due to "Disqualifying Employment." Once pension payments begin or resume, the Plan may withhold up to 100% of the first three monthly pension payments and 25% of any subsequent monthly pension payment until the entire amount of the overpayment is repaid. If a retiree dies before the overpayment is completely recovered, any payments due the surviving beneficiary or beneficiaries will be subject to deduction for the overpayment.

#### Right to Appeal

A participant can request a review of a decision to suspend benefits by filling a written request for review with the Fund Office within 180 days of receiving a notice of suspension. The request for review will be processed in the same manner and under the same rules as an appeal of a pension denial.

#### Advance Determination of Disqualifying Employment

A participant may file a written request with the Fund Office asking for an advance determination as to whether a particular type of employment may be "Disqualifying Employment."

#### Payment of Retirement Benefit After You Reach Age 70 1/2

Under federal law, distributions of retirement benefits must begin no later than April 1 of the calendar year following the calendar year in which you reach age 70 1/2 (referred to as the "required beginning date"). Benefits cannot be suspended after the "required beginning date." However, if you continue to work in covered employment beyond that date, you can choose to delay commencement of monthly payments until after you stop working. In that case, because benefits cannot be suspended after the "required beginning date," the benefit amount payable upon commencement will include an adjustment of 1% for each month elapsed after the "required beginning date," regardless of the type and amount of work performed in those months.

#### Acknowledgement of Receipt and Understanding

I understand that as a retired participant under the Plan, I will be subject to the suspension of benefit rules set forth therein if I work in disqualifying employment in the geographical jurisdiction of the Plan. I further understand that for the purpose of the suspension of benefit rules, the geographical jurisdiction of the Plan is made up of Ohio, Kentucky and West Virginia.

Very truly yours,


_____	_____
(Signature)	(Date)
_____	_____
(Print Name)	(Social Security Number)

Fill out and sign on bottom of Page 2.

# Benefit Distribution Application for Retirement Benefits – State of Ohio Department of Taxation Employee Withholding Exemption Certificate

Fill out completely

As of 12/7/20 this new version of the IT 4 combines and replaces the following forms: IT 4 (previous version), IT 4NR, IT 4 MIL, and IT MIL.SP

 **Department of Taxation** IT 4  
Rev. 01/24

**Employee's Withholding Exemption Certificate**

Submit form IT 4 to your employer on or before the start date of employment so your employer will withhold and remit Ohio income tax from your compensation. If applicable, your employer will also withhold school district income tax. You must file an updated IT 4 when any of the information listed below changes (including your marital status or number of dependents). You should contact your employer for instructions on how to complete an updated IT 4. **Your employer may require you to complete this form electronically.**

**Section I: Personal Information**

Employee Name:	Employee SSN:
Address, city, state, ZIP code:	
School district of residence (See <i>The Finder</i> at tax.ohio.gov):	School district number (###):

**Section II: Claiming Withholding Exemptions**

1. Enter "0" if you are a dependent on another individual's Ohio return; otherwise enter "1" .....
2. Enter "0" if single or if your spouse files a separate Ohio return; otherwise enter "1" .....
3. Number of dependents .....
4. Total withholding exemptions (sum of line 1, 2, and 3) .....
5. Additional Ohio income tax withholding per pay period (optional) ..... \$ .....

**Section III: Withholding Waiver**

I am not subject to Ohio or school district income tax withholding because (check all that apply):

- I am a full-year resident of Indiana, Kentucky, Michigan, Pennsylvania, or West Virginia.
- I am a resident military servicemember who is stationed outside Ohio on active duty military orders.
- I am a nonresident military servicemember who is stationed in Ohio due to military orders.
- I am a nonresident civilian spouse of a military servicemember and I am present in Ohio solely due to my spouse's military orders.
- I am exempt from Ohio withholding under R.C. 5747.06(A)(1) through (6).

**Section IV: Signature (required)**

Under penalties of perjury, I declare that, to the best of my knowledge and belief, the information is true, correct and complete.

Signature _____	Date _____
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Sign and Date

# Benefit Distribution Application for Retirement Benefits – Withholding Certificate for Periodic Pension or Annuity Payments

Must be completed by all participants.

For tax questions, please contact a Tax Professional.

**Form W-4P** Withholding Certificate for Periodic Pension or Annuity Payments  
 Department of the Treasury Internal Revenue Service  
 OMB No. 1545-0074  
**2026**  
 Give Form W-4P to the payer of your pension or annuity payments.

**Step 1: Enter Personal Information**

(a) First name and middle initial \_\_\_\_\_ Last name \_\_\_\_\_ (b) Social security number \_\_\_\_\_

Address \_\_\_\_\_

City or town, state, and ZIP code \_\_\_\_\_

(c)  Single or Married filing separately  
 Married filing jointly or Qualifying surviving spouse  
 Head of household (Check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual.)

**Caution:** To claim certain credits or deductions on your tax return, you (and/or your spouse if married filing jointly) are required to have a social security number valid for employment. See page 2 for more information.

**TIP:** Consider using the estimator at [www.irs.gov/W4App](http://www.irs.gov/W4App) to determine the most accurate withholding for the rest of the year if you: are completing this form after the beginning of the year; expect to receive your payments only part of the year; or have changes during the year in your marital status, number of pensions/jobs for you (and/or your spouse if married filing jointly), dependents, other income (not from jobs or pension/annuity payments), deductions, or credits. Have your most recent payment statements/pay stubs from this year available when using the estimator. At the beginning of next year, use the estimator again to recheck your withholding.

**Complete Steps 2-4 ONLY if they apply to you; otherwise, skip to Step 5.** See pages 2 and 3 for more information on each step, when to use the estimator at [www.irs.gov/W4App](http://www.irs.gov/W4App), and how to elect to have no federal income tax withheld (if permitted).

**Step 2: Income From a Job and/or Multiple Pensions/Annuities (Including a Spouse's Job/Pension/Annuity)**

Complete this step if you (1) have income from a job or more than one pension/annuity, or (2) are married filing jointly and your spouse receives income from a job or a pension/annuity. **See page 2 for examples on how to complete Step 2.**

Do **only one** of the following.

(a) Use the estimator at [www.irs.gov/W4App](http://www.irs.gov/W4App) for the most accurate withholding for this step (and Steps 3-4). If you or your spouse have self-employment income, use this option; or

(b) Complete the items below.

(i) If you (and/or your spouse) have one or more jobs, then enter the total taxable annual pay from all jobs, plus any income entered on Form W-4, Step 4(a), for the jobs, minus the deductions entered on Form W-4, Step 4(b), for the jobs. Otherwise, enter "-0-". \$ \_\_\_\_\_

(ii) If you (and/or your spouse) have any other pensions/annuities that pay less annually than this pension/annuity, then enter the total annual taxable payments from all lower-paying pensions/annuities. Otherwise, enter "-0-". \$ \_\_\_\_\_

(iii) Add the amounts from items (i) and (ii) and enter the **total** here \$ \_\_\_\_\_

**TIP:** To be accurate, submit a new Form W-4P for all other pensions/annuities if you haven't updated your withholding since 2021 or this is a new pension/annuity that pays less than the other(s). Submit a new Form W-4 for your job(s) if you have not updated your withholding since 2019.

**Complete Steps 3-4(b)** on this form only if (b)(i) is blank **and** this pension/annuity pays the most annually. Otherwise, do not complete Steps 3-4(b) on this form.

**Step 3: Claim Dependent and Other Credits**

If your total income will be \$200,000 or less (\$400,000 or less if married filing jointly):

(a) Multiply the number of qualifying children under age 17 by \$2,200 3(a) \$ \_\_\_\_\_

(b) Multiply the number of other dependents by \$500 3(b) \$ \_\_\_\_\_

(c) Add other credits, such as foreign tax credit and education tax credits. Enter the total here 3(c) \$ \_\_\_\_\_

Add the amounts from Steps 3(a), 3(b), and 3(c). Enter the total here 3 \$ \_\_\_\_\_

**Step 4: Other Adjustments**

(a) **Other income (not from jobs or pension/annuity payments).** If you want tax withheld on other income you expect this year that won't have withholding, enter the amount of other income here. This may include interest, taxable social security, and dividends 4(a) \$ \_\_\_\_\_

(b) **Deductions.** Use the Deductions Worksheet on page 4 to determine the amount of deductions you may claim, which will reduce your withholding. (If you skip this line, your withholding will be based on the standard deduction.) Enter the result here 4(b) \$ \_\_\_\_\_

(c) **Extra withholding.** Enter any additional tax you want withheld from each payment 4(c) \$ \_\_\_\_\_

No withholding  I request that no withholding be withheld from my payments. See *Choosing not to have income tax withheld on page 2*.

**Step 5: Sign Here**

Your signature (This form is not valid unless you sign it.) \_\_\_\_\_ Date \_\_\_\_\_

For Privacy Act and Paperwork Reduction Act Notice, see page 3. Cat. No. 10225T Form **W-4P** (2026) Created 12/4/25



# Benefit Distribution Application for Retirement Benefits – Direct Deposit Agreement

Fill out completely

Must check account type:

Fill out completely, sign and date

**DIRECT DEPOSIT AGREEMENT**

Name of Payee \_\_\_\_\_ Social Security No \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Telephone No ( ) \_\_\_\_\_

**Bank Account Information** – Attach a voided check from your account and/or complete the information below. See sample check at the bottom of the page for help completing this section. **PLEASE PRINT CLEARLY.**

Routing No.  Account No. \_\_\_\_\_

Type of Account:  Checking  Savings

**Financial Institution**

Name \_\_\_\_\_  
 Address \_\_\_\_\_ Telephone Number \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

I, the undersigned, hereby authorize the Board of Trustees of the Pension Trust Fund (“the Pension Fund”) to deposit all amounts due to me under the Pension Plan in my account at the Financial Institution named above. This authorization shall remain in force until I revoke it in writing or until my death, whichever occurs first. If at any time the Pension Fund should credit my account for a benefit to which I am not entitled, I authorize and direct the Financial Institution to refund the Pension Fund.

\_\_\_\_\_  
 Payee Signature Date

**Please allow up to 45 days for the direct deposit set-up process to be completed.**

**ATTENTION Surviving Spouses, Beneficiaries, and Alternate Payees:** You are receiving this pension benefit as a Beneficiary of a Participant in the pension fund, therefore, please write the name and social security number of that Participant below:

Participant: \_\_\_\_\_ Social Security No. \_\_\_\_\_

---

**RETURN FAX#**  
**(216) 539-3221**

RUFUS MAPLE  
 MARY MAPLE  
 123 Main Street  
 Anyplace, LA 70000

PAY TO THE ORDER OF \_\_\_\_\_ \$ \_\_\_\_\_

ANYPLACE BANK  
 Anyplace, LA 70000

For \_\_\_\_\_


1: @5025002\$ @02020\*\* 86\*\* 1234

1234  
15-0000000

DOLLARS

T900

Do not include the check number



Note: The routing and account numbers may be in different places on your check.

# Benefit Distribution Application for Retirement Benefits

Please see checklist for items to submit with your application.

**These items must also be included with every completed application:**

1. Copy of member's driver's license (just the front)
2. Certification of Marital/Single Status

**If married or previously married:**

1. Copy of spouse's driver's license (just the front)
2. Copy of marriage certificate or divorce decree(s)

Members may also submit a copy of their birth certificate or passports for identification.

Please do not send originals of any files, they will not be returned.

## OHIO CARPENTERS PENSION FUND BENEFIT DISTRIBUTION APPLICATION

### OH CARPENTERS' PENSION APPLICATION CHECKLIST

Please submit copies of the following documents with your application for benefits:

- Birth Certificate for you; Birth Certificate for your spouse or Death Certificate
- Marriage Certificate
- If divorced, you must submit a complete copy of your divorce decree(s)/separation agreement(s); Dissolution(s) of Marriage and any Fund approved Qualified Domestic Relations Order(s) with this application.

**\*\*Please do not send Originals of any requested documents. Originals will not be returned.**

**\*\*\*Your Application must be received by the last business day of the month prior to your retirement effective date.**

**\*\*\*\* YOU ARE NOT PERMITTED TO WORK ANY HOURS IN THE MONTH THAT YOU RETIRE.\*\*\*\***

### CHECKLIST OF ITEMS TO SUBMIT WITH YOUR BENEFIT APPLICATION:

PLEASE UTILIZE THE CHECKLIST BELOW TO ENSURE THAT YOU HAVE FULLY COMPLETED YOUR APPLICATION. THIS WILL EXPEDITE THE APPLICATION PROCESS. MISSING DOCUMENTS AND INCOMPLETE APPLICATION FORMS WILL DELAY THE PROCESSING OF YOUR APPLICATION. **ITEMS THAT ARE IN BOLD MUST BE SIGNED IN FRONT OF A NOTARY PUBLIC (DATE OF BOTH SIGNATURES MUST MATCH)**

- APPLICATION FORM –SIGNED AND DATED
- COPY OF YOUR BIRTH CERTIFICATE
- COPY OF YOUR SPOUSE'S BIRTH CERTIFICATE OR DEATH CERTIFICATE
- CERTIFICATION OF MARITAL/SINGLE STATUS**
- COPY OF MARRIAGE CERTIFICATE (PROVIDING ACTUAL DATE OF MARRIAGE ISSUED BY AN AUTHORIZED STATE AGENCY)
- COPY OF ALL PREVIOUS DIVORCE DECREES & SEPARATION AGREEMENTS
- COPY OF ALL QUALIFIED DOMESTIC RELATIONS ORDERS (QDRO'S)**
- PENSION BENEFIT OPTION ELECTION FORM, INCLUDING THE SIGNED AND NOTARIZED WAIVER OF 50% J & S OPTION, IF APPLICABLE (**RETAIN ONE COPY FOR YOUR RECORDS**)
- WAIVER OF 30-DAY NOTICE REQUIREMENT, (IF APPLICABLE)**
- COMPLETED FEDERAL TAX WITHHOLDING FORM (IRS FORM W4P) AND STATE TAX WITHHOLDING FORM
- ELECTRONIC BANK DEPOSIT FORM
- SIGNED AND DATED COPY OF WORK RULES AFTER RETIREMENT (**RETAIN ONE COPY FOR YOUR RECORDS**)

**\*YOU ARE NOT PERMITTED TO WORK ANY HOURS IN THE MONTH THAT YOU RETIRE.**

PLEASE REVIEW THE FORMS YOU ARE SUBMITTING TO MAKE SURE THAT YOU HAVE COMPLETED ALL BLANK AREAS, SIGNED AND DATED WHERE NECESSARY, INCLUDING THE SIGNATURE OF A NOTARY WHERE APPLICABLE AND ANSWERED ALL QUESTIONS ACCURATELY AND COMPLETELY. **Note: YOU ARE NOT PERMITTED TO WORK ANY HOURS IN THE ACTUAL MONTH YOU ARE RETIRING.**

# Benefit Distribution Application for Retirement Benefits

The Benefit Distribution Application is now complete. To ensure you have completed this correctly or if you have questions, please contact BeneSys for assistance –  
800-700-6756

Application, form of identification, certificate of martial/single status, and if applicable, marriage certificate/divorce decrees can be sent to BeneSys via:

Fax: 216-539-3221

Email: [retire@benesys.com](mailto:retire@benesys.com)

Or mail: Ohio Carpenters Pension, PO Box 31580, Independence, OH 44131-0588