

IBEW LOCAL 595 MONEY PURCHASE PENSION PLAN

P O Box 3420 ♦ SAN RAMON, CA 94583
PHONE: (925) 208-9996 ♦ FAX: (925) 462-0108
TOLL FREE PHONE: (888) 512-5863

Please submit the following documents with your application for benefits:

- Birth Certificate for you and your spouse (see below for alternative documents)
- Marriage Certificate
- Copy of current driver's license or current state I.D. (with photo) for you and your spouse
- If you have ever been divorced or legally separated, please submit a complete copy of your Judgment(s) of Divorce and Qualified Domestic Relations Orders (including Separation Agreements, Property Settlement Agreements, and any similar or related orders with any attachments).
- If you have ever served in the military or other uniformed services of the United States, please submit copies of your induction and discharge papers and the Credit for Uniformed Service for the United States Form. If you never served, please indicate so in a brief, written statement.

PROOF OF AGE

In order to be eligible for retirement benefits, you are required to produce proof of your age. The following is a list of the documents that may serve as proof of your age. Some of these documents are better proof than others. The list is arranged starting with the best type of proof, and going down to the less desirable types of documents. You are required to furnish the best type of proof that is available. You do not have to furnish the original of any of these documents; you may submit a photocopy.

1. A birth certificate.
2. A baptismal certificate or a statement as to the date of birth shown by a church record certified by the custodian of such record.
3. Notification of registration of birth in a public registry of vital statistics.
4. Hospital birth record, certified by a custodian of such record.
5. A foreign church or government record.
6. A signed statement by the physician or midwife who was in attendance at birth, as to the date of birth shown on their records.
7. Naturalization record.
8. Immigration papers.
9. Military record.
10. Passport.
11. School record, certified by the custodian of such record.
12. Vaccination record, certified by the custodian of such record.
13. An insurance policy which shows the age or date of birth.
14. Marriage records showing date of birth or age (applications for marriage license or church record, certified by the custodian of such record; or marriage certificate).
15. Document showing approval of Social Security Pension.
16. Other evidence, such as signed statements from persons who have knowledge of the date of birth, voting records, poll-tax receipts, driver's license, etc.

IBEW LOCAL 595 MONEY PURCHASE PENSION PLAN

P O Box 3420 ♦ SAN RAMON, CA 94583
PHONE: (925) 208-9996 ♦ FAX: (925) 462-0108
TOLL FREE PHONE: (888) 512-5863

BENEFIT APPLICATION

INSTRUCTIONS

1. Please read each question carefully.
2. PRINT all information.
3. Please answer all applicable questions. This will avoid delays in the processing of your application.
4. Make sure to SIGN and DATE your application.
5. Send completed application and required documents to the address indicated on this application.

PARTICIPANT INFORMATION

1. Name: _____
2. Address: _____

3. Telephone number: _____
4. Email : _____
5. Social Security Number: _____
6. Date of Birth: _____
7. Current Employer: _____
8. Last Employer with this Plan: _____
9. Last day of work for employer with this Plan: _____
10. Type of Benefit for which you are applying: (PLEASE SELECT **ONE**)

FAILURE TO MARK ONE FO THE FOLLOWING BOXES WILL RESULT IN DELAY OF PROCESSING

- ♦ RETIREMENT Date of Retirement _____
- ♦ DISABILITY Include a copy of the Social Security Disability Award letter
(If you do not have an Award, see enclosure)
- ♦ TERMINATION I certify that I have no intention to work for a contributing
employer to this Plan (**ONLY** eligible to Participants with an account
balance **LESS THAN** \$10,000.)

11. Have you applied for Social Security Disability Benefits? _____

12. Participant's Signature: _____ Date: _____

IBEW LOCAL 595 MONEY PURCHASE PENSION PLAN

P O Box 3420 ♦ SAN RAMON, CA 94583
PHONE: (925) 208-9996 ♦ FAX: (925) 462-0108
TOLL FREE PHONE: (888) 512-5863

DECLARATION OF MARITAL STATUS

PARTICIPANT'S INFORMATION

Participant's Name: _____

Social Security Number: _____ Date of Birth: _____

Marital Status: Married Single (Never Married) Divorced
 Widow Other

SPOUSE'S INFORMATION

A. Spouse's Name: _____ Social Security Number: _____
Date of Birth: _____ Date of Marriage: _____

B. Prior Spouse's Name: (if none, please indicate NONE): _____

Date of Prior Marriage: _____ Date Marriage Ended: _____

Marriage terminated due to: _____

(Death, divorce, dissolution, other (please specify))

Current Information about former spouse:

Name and Complete Address (if living): _____

PLEASE NOTE: IF YOU HAVE HAD MORE THAN ONE MARRIAGE, PLEASE ATTACH A SEPARATE SHEET OF PAPER PROVIDING THE INFORMATION REQUESTED ON ITEM B ABOVE FOR EACH SUCH MARRIAGE.

COURT ORDERS INFORMATION

C. Is there a court order in effect, or a court proceeding presently pending, which grants, seeks to grant, or reserves the right to grant your spouse or any former spouse, child or other dependent any right or rights to any of your accrued benefit?

NO YES

If you answer yes, please include a copy of the Court Order. If the case is still pending, please indicate the name of the court and the case number.

IBEW LOCAL 595 MONEY PURCHASE PENSION PLAN

P O Box 3420 ♦ SAN RAMON, CA 94583
PHONE: (925) 208-9996 ♦ FAX: (925) 462-0108
TOLL FREE PHONE: (888) 512-5863

Page 2

Declaration of Marital Status

I CERTIFIED THAT ALL OF THE INFORMATION PROVIDED ON THIS FORM IS COMPLETE AND ACCURATE.

Name: _____ Social Security Number _____

Signature: _____ Date: _____

(Must Be Notarized by a Notary Public)

TO BE COMPLETED BY NOTARY PUBLIC

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of _____ County of _____

On _____, before me, _____
(insert name and title of the office)

Personally appeared _____,
who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their capacity (ies), and by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the state of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal

Signature of Notary Public

My Commission expires: _____

WITNESSED BY PLAN REPRESENTATIVE: _____ **DATE** _____

IBEW LOCAL 595 MONEY PURCHASE PENSION PLAN

P O Box 3420 ♦ SAN RAMON, CA 94583
PHONE: (925) 208-9996 ♦ FAX: (925) 462-0108
TOLL FREE PHONE: (888) 512-5863

CERTIFICATION OF TERMINATED STATUS

This form must be notarized by a Notary Public or Witness by a Plan Representative

Please read and initial all 3 boxes:

I hereby certify that I have ceased employment in the Electrical Industry in the United States and from any work for any Contributing Employer in any capacity for a period of 12 consecutive months.

I hereby certify that I have not received a prior payment due to termination.

I hereby certify that I do not intend to return to work in the Electrical Industry.

Participant's Name: _____ SSN: _____

Participant's Signature: _____ Date: _____

(Must be Notarized by a Notary Public)

TO BE COMPLETED BY NOTARY PUBLIC

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of _____ County of _____

On _____, before me, _____
(insert name and title of the office)

Personally appeared _____, who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their capacity (ies), and by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the state of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal

Signature of Notary Public

My Commission expires: _____

WITNESSED BY PLAN REPRESENTATIVE: _____

DATE: _____