

# **IBEW Local No. 684 Defined Benefit Pension Plan (PART A)**

**PO Box 1975 ♦ San Ramon, CA 94583**

## **REQUIRED DOCUMENTS**

**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.

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## TYPE OF BENEFIT APPLYING FOR

Name: \_\_\_\_\_ Soc Sec #: \_\_\_\_\_  
Address: \_\_\_\_\_ DOB: \_\_\_\_\_  
\_\_\_\_\_ Phone #: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_ Marital Status: \_\_\_\_\_  
Spouse's Name: \_\_\_\_\_ Spouse's DOB: \_\_\_\_\_  
Spouse's Soc Sec #: \_\_\_\_\_ Date of Marriage: \_\_\_\_\_

- If married, include a copy of your spouse's Birth Certificate and Marriage License.
- If divorced, enclose a complete copy of your Divorce Decree with all attachments, for any and all previous marriages. This includes your final judgment, marital settlement agreement and any Qualified Domestic Relations Order (QDRO).
- If widowed, enclose a copy of the Death Certificate for any and all previous spouses.

- ☐ **Normal Retirement:** Age 62 or older and must be vested in the Plan
- ☐ **Early Retirement:** Age 55 or older and must be vested in the Plan
- ☐ **Disability Retirement** Under age 62 **and** 5 or more Years of Credited Service (Must have worked at least 250 hours in the preceding two years of the onset disability)
- ☐ **Rule of 80 Retirement** Age 60 or older **and** the combination of Years of Credited Service equals or exceeds 80

I am applying for the above retirement benefit to be effective on (Please specify date): \_\_\_\_\_

Date last worked or date you last plan to work: \_\_\_\_\_

Last Employer: \_\_\_\_\_

Have you had any breaks in service? ☐ Yes ☐ No

If you answer yes to the above question, please provide a detailed explanation including the years of break in service, type of work performed, if any, and name of employers for that period. Also include any period of Military Service.

I have read the preceding instructions to this Pension Application and to the best of my ability complied with the Plan's rules and requirements. I agree to be bound by all Plan Rules and regulations. I understand that I must notify the Trust Fund Office of any change in my personal, marital or employment status. I certify under penalty of perjury that all of the foregoing is true and correct. I understand that the Trustees have the right to recover any payments made to me in error because of any false or misleading statements.

Participant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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## CERTIFICATION OF MARITAL/SINGLE STATUS

### PARTICIPANT'S INFORMATION

Participant's Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Marital Status: ☐ Married ☐ Single (Never Married) ☐ Divorced  
☐ Widow ☐ Other (Please Specify): \_\_\_\_\_

### 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 ADDITIONAL MARRIAGE.**

### COURT ORDERS INFORMATION

A. 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.

\_\_\_\_\_  
\_\_\_\_\_

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Certification of Marital/Single 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)

## TO BE COMPLETED BY NOTARY PUBLIC

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

County of \_\_\_\_\_

On \_\_\_\_\_, before me, \_\_\_\_\_ personally  
NAME, TITLE OFFICER – E.G., “JANE DOE, Notary Public  
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: \_\_\_\_\_