

Industrial Carpenters Trust Funds

Instructions to Applicant for a Pension

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 Agreement 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.

Physical Address: 7180 Koll Center Parkway, Suite 200 Pleasanton, CA 94566 ■

Mailing address P.O. Box 237 San Ramon, CA 94583 ■

Phone (925) 208-9997 ■ Fax (925) 362-8564

E-mail: Staff@IndCarpBenefits.org ■ Website: www.IndCarpBenefits.org

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PENSION APPLICATION

PERSONAL DATA

Participant Name: _____ Soc Sec #: _____

Address: _____ Date of Birth: _____

_____ Phone #: _____

Email: _____ Spouse's Date of Birth: _____

Spouse's Name: _____ Spouse's Soc Sec #: _____

Marital Status: _____

- **If married, enclose 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.**
- **If widowed, enclose a copy of Death Certificate, for any and all previous spouses.**

Date you retired or plan to retire: _____ Year started in the Industry: _____

Last Date worked in the Industry: _____ Last Employer: _____

TYPE OF PENSION: Please check ✓ ONE:

☐ **Normal Retirement Pension**

☐ **Service Pension**

☐ **Early Retirement Pension**

☐ **Delayed retirement**

☐ **Disability**

Complete this section if you are applying for a Disability Pension

- Are you receiving Social Security Disability Benefits? ☐ Yes ☐ No

- ♦ If you answer yes, please submit a copy of the Social Security Disability Award letter together with this application.

Participant's Signature: _____ Date: _____

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DECLARATION OF MARITAL STATUS

Federal Law requires the Trust Fund 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 and provide all documentation requested will result in a delay of the processing of your application.

PARTICIPANT'S INFORMATION

Participant's Name: _____

Social Security Number: _____ Date of Birth: _____

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

CURRENT SPOUSE'S INFORMATION

Spouse's Name: _____ Social Security Number: _____

Date of Birth: _____ Date of Marriage: _____

PRIOR SPOUSE(S) INFORMATION

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 ABOVE FOR EACH SUCH MARRIAGE.

COURT ORDERS INFORMATION

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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Page 2

Declaration of Marital Status

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

Participant Name: _____ Social Security Number _____

Participant Signature: _____ Date: _____
(Must Be Notarized)

THIS SECTION TO BE COMPLETED BY NOTARY PUBLIC:

State of _____ County of _____

On _____, before me, _____, personally
DATE 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 subscribe to the within instrument
and acknowledge to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that 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 _____ that the foregoing
paragraph is true and correct.

WITNESS my hand and official seal.

Signature of Notary

My Commission expires: _____