

IRON WORKERS ST. LOUIS DISTRICT COUNCIL PENSION TRUST

APPLICATION FOR RETIREMENT BENEFITS

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Please read this application carefully before answering any questions. Please print or type your answers to all questions that may apply to you. If any questions on the application are unclear, please contact the Fund Office for assistance. After completing this application, be sure to sign your name and date the application. ***The Fund Administrator recommends that you apply for pension benefits at least 180 days prior to the date you want your pension payments to commence.***

1. Name: _____
Last First Middle

2. Address: _____
Number & Street City & State Zip Code

3. Social Security No.: _____ 4. Telephone No. _____

5. Date of Birth: _____
Month Day Year

6. a. Date of Termination _____ b. Retirement Effective Date _____

7. Are you married or have you ever been married? ☐ Yes ☐ No (attach marriage certificates)

If yes, answer the following questions (for each marriage, if necessary).

a. Spouse's Name _____

b. Spouse's Social Security No. _____ c. Date of Birth _____
Month Day Year

d. Date of Marriage _____ e. Date of Divorce _____
Month Day Year Month Day Year

f. Date of Death _____ (attach death certificates)
Month Day Year

g. If divorced, please provide copy of Dissolution of Marriage (Divorce Decree). Is there a Domestic Relations Order (DRO) pending qualification or a Qualified Domestic Relations Order (QDRO) on file which assigns some or all of your benefit to an Alternate Payee(s)?

☐ Yes (You must attach a copy of the Order)

☐ No

8. Union Membership No. _____ 9. Date initiated into Union _____

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10. Are you still working in covered employment in the jurisdiction of the fund?

☐ Yes ☐ No If yes, go to 10(c). If no, answer 10(a) and 10(b):

a. Date last worked as an iron worker _____
Month Day Year

b. Name of employer and job location _____

c. Present employer, job description and job location _____

11. Have you ever engaged in iron work employment in other than covered employment such as work for the International Association or any of its Locals or District Councils, or work performed in the jurisdiction of a participating Local Union for municipal county, state or governmental agencies, or employment not covered by the collective bargaining agreement or work in a supervisory capacity?

☐ Yes ☐ No

If yes, provide the dates and employer.

From _____ To _____ Employer _____

From _____ To _____ Employer _____

12. Have you ever worked in the iron worker industry **out** of the jurisdiction of this Fund?

☐ Yes ☐ No If yes, provide the local union number, city and state and the dates of employment.

Local Union No. _____ City/State _____ From _____ To _____

Local Union No. _____ City/State _____ From _____ To _____

13. Have you ever been absent from work due to disability for which you have received (1) Weekly Income Benefits from the Iron Workers St. Louis District Council Welfare Plan or (2) Workers' Compensation Benefits? ☐ Yes ☐ No

If yes, provide the dates you were absent. You may be entitled to a grace period subject to the rules of the Plan.

From _____ To _____

From _____ To _____

14. Have you ever served in the Armed Forces of the United States?

☐ Yes (You must attach a copy of your discharge papers, DD 214) ☐ No

If yes, provide the branch of service, dated entered and dated separated or discharged.

Branch of service

Date entered

Date discharged

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15. Have you ever been absent from work due to the Family Medical Leave Act (FMLA)?

☐ Yes ☐ No

If yes, provide the dates you were absent.

From _____ To _____

From _____ To _____

From _____ To _____

16. I am applying for the following pension under the terms of the Iron Workers St. Louis District Council Pension Trust:

☐ Regular Pension

☐ Early Retirement Pension

☐ Deferred Pension

☐ Minimum Pension

☐ Disability Pension – *If you previously indicated to the Fund Office that you were applying for a Disability Pension, then this packet contains Disability Certification Form, Form 1-A. Please complete this form otherwise benefits may be denied. If you were not provided with Form 1-A, please contact the Fund Administrator.*

☐ Occupational Disability Pension - *If you previously indicated to the Fund Office that you were applying for an Occupational Disability Pension, then this packet contains Occupational Disability Certification Form, Form 1-B. Please complete this form otherwise benefits may be denied. If you were not provided with Form 1-B, please contact the Fund Administrator.*

I hereby apply for benefits from the Iron Workers St. Louis District Council Pension Trust. The foregoing statements are true to the best of my knowledge and belief. I understand that a false statement may disqualify me for pension benefits and that the Board of Trustees shall have the right to recover any payments made to me because of a false statement. I further understand that if a benefit is granted to me, I agree to be bound by all the Rules and Regulations of the Plan.

Participant's Signature

Date

PROOF OF AGE INSTRUCTIONS

In order to be eligible for retirement benefits, you must furnish proof of your age. Depending on the benefit payment option you choose, you may need to furnish proof of your spouse's age. Where applicable, you will also need to provide a marriage certificate, death certificate and/or a divorce decree.

You are required to furnish the best proof available. It is recognized that in certain instances a birth certificate may not be available. The following list shows the types of documents that may serve as proof of your age. Some documents are better proof than others. This list is arranged starting with the best type of proof. Additional proof may be requested if the document you submit is not convincing proof.

A photocopy of the document may be submitted. **NOTE:** Naturalization papers, United States passports and immigration papers may not be photocopied. If the only proof of your age you have available is one of these, submit the original and it will be returned to you.

1. Birth certificate.
2. 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 the custodian of such record.
5. Foreign church or government record.
6. A signed statement by a physician or midwife who was in attendance at birth, as to the date of birth shown on his or her record.
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. Marriage records showing date of birth or age (application for marriage license or church record, certified by the custodian of such record, or marriage certificate).