

## INSTRUCTIONS FOR COMPLETING YOUR PENSION APPLICATION

1. Please read each question carefully.
2. PRINT all information1uestions. This will avoid delay in having your application processed. It is important that you be as accurate as possible in your replies. Incorrect or incomplete information will delay payment of your pension benefit.
3. BE SURE TO SIGN AND DATE YOUR APPLICATION.
4. Mail the completed application and proof of age to the Fund Office *before* the month in which you wish your pension to become effective.

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

- Birth Certificate for you and your spouse\*
- Marriage License
- Copy of current driver's license or current state I.D. (with photo) for you and your spouse
- If you have ever been divorced, please submit a complete copy of your divorce decree(s), Qualified Domestic Relations Orders, Separation Agreements, etc.

\* If a birth certificate is not available, **TWO** of the following items may be submitted instead:

- ✓ Passport
- ✓ Baptismal Certificate
- ✓ Certificate of Armed Service record
- ✓ School records
- ✓ Life insurance policy at least five years old

## CHECKLIST OF ITEMS TO SUBMIT WITH YOUR BENEFIT APPLICATION

Please utilize the checklist below to ensure that you have completed your application fully. 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
- Certification of Marital/Single Status
- Copy of your birth certificate
- Copy of your spouse's birth certificate
- Copy of your marriage license
- Copy of your photo ID
- Copy of your spouse's photo ID
- Copy of any and all previous divorce decrees, Qualified Domestic Relations Orders, Separation Agreements, etc.
- Copy of your Social Security Disability Award letter (this is required if applying for Disability Pension)

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## Participant Information

Name \_\_\_\_\_

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

Address \_\_\_\_\_

Phone Number \_\_\_\_\_ Alternate Number \_\_\_\_\_

The date you last worked or the date you last expect to work before retirement: \_\_\_\_\_

Pension Benefit Start Date: \_\_\_\_\_, \_\_\_\_\_.  
(Month) (Year)

I hereby apply for:

**Normal Pension** **Age 65 with 5 or more Vesting Years of Service, including one hour of Covered Employment on or after January 1, 1996 or if later than age 65, 5th anniversary of participation.**

**Early Pension** **At least age 55 and either 10 years of Credited Service or if an Employee has at least one hour of Covered Employment on or after January 1, 1996, and has accrued 5 or more Vesting Years of Service.**

**Disability Pension** **(a) Has accrued 10 years of Credited Service before the date of Disability or 5 years or more of Vesting Service if he/she has at least one hour of Covered Employment on or after January 1, 1996, and  
(b) Has at least 5,000 Hours of Covered Employment, and  
(c) Is permanently and totally disabled.\***

**Service Pension** **Has accrued a total of at least 30 Past and Future Service Credits, at least one of which must be Future Service.**

I hereby certify that all of the information furnished by me on this application form is, to the best of my belief and knowledge, true and complete. I understand that this completed application form will be attached to and become part of my application for benefits and that when I submit such application, I must also submit acceptable proof of my age and, if I am married at that time, proof of my spouse's age and a copy of our marriage license. I understand that if I have ever been divorced and/or widowed, I must also provide the Fund Office with a complete copy of all of my Judgments of Divorce and/or Qualified Domestic Relations Orders (including Separation Agreements, Property Settlement Agreements and any similar or related orders with any attachments) and/or the death certificate(s) of my late spouse(s) or ex-spouse(s).

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

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## CERTIFICATION OF MARITAL STATUS

Federal Law requires the Trustees to confirm whether a previous spouse is entitled to any portion of your Annuity 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.**

Name \_\_\_\_\_ SSN \_\_\_\_\_

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

Spouse Name \_\_\_\_\_ SSN \_\_\_\_\_

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

Prior Spouse Name (if none, please indicate NONE) \_\_\_\_\_

Date of Marriage \_\_\_\_\_ Date of Separation \_\_\_\_\_

Marriage terminated due to: \_\_\_\_\_

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 SAME INFORMATION REQUESTED ABOVE FOR EACH ADDITIONAL MARRIAGE.**

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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Marital/Single Status

Certification of

I certify that all of the information provided on this form is complete and accurate.

Name \_\_\_\_\_ SSN \_\_\_\_\_

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

## TO BE COMPLETED BY NOTARY PUBLIC

State of California

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

On \_\_\_\_\_ before me, (here insert name and title of the officer, 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

Notary Public Seal