



Western UNITE HERE and Employers Pension Fund

Formerly Known as San Diego UNITE HERE Pension Fund

INSTRUCTIONS FOR COMPLETING YOUR PENSION APPLICATION

1. Please read each question carefully.
2. PRINT all information. 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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SAN DIEGO UNITE HERE TRUST FUNDS

Please print

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.*

***Please attach a copy of your Disability Benefits Notice of Award from the Social Security Administration.**

- ☐ **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