

TILE INDUSTRY RETIREMENT SAVINGS TRUST FUND

APPLICATION FORM

P.O. Box 2559

West Covina CA 91793

(626) 646-1075; Toll Free (877) 908-9996; Fax (626) 931-1368

I hereby make application for benefits from the Tile Industry Retirement Savings Trust Fund and certify that the information listed below is correct:

I. PARTICIPANT INFORMATION

FULL PARTICIPANT NAME: _____ SS#: _____

ADDRESS: _____ DATE OF BIRTH: _____

PHONE: _____

SPOUSE NAME: _____ SS#: _____

SPOUSE DATE OF BIRTH: _____ DATE OF MARRIAGE: _____

II. DISTRIBUTION REQUEST:

☐ **NORMAL RETIREMENT** - You must be vested and Age 65 or older.

☐ **EARLY RETIREMENT** - You must be vested and Age 55 OR
Age 45 & Classified by the Union as a Class B-10 or a Class B-30 on
May 31, 1999.

Effective April 1, 1999, all Early Retirement applicants must provide a Detail Earnings Report from the Social Security Administration showing employers/earnings from April 1, 1999 through the date of application for benefits. Applications will NOT be considered complete until this information is provided to the Trust Fund Office.

☐ **DISABILITY RETIREMENT** - You must be vested, ceased employment and be entitled to a Social Security Administration Disability Benefit or request an Independent Medical Examination from the Board of Trustees. If applicable, you must furnish a copy of your NOTICE OF AWARD from the Social Security Administration.

Disability Benefits: If 50% or more vested at time disability is incurred and have not incurred a break-in-service, benefit is paid as 100% vested. If less than 50% vested at time of disability or you incurred a break-in-service prior to becoming disable, benefit is paid at vested percentage level. Benefit is payable as of the 1st day of the month coincident with or next following the date of permanent disability and up to a maximum of five (5) months prior to the date of any Social Security Administration Disability Award. Benefits will be terminated if Social Security Disability Benefits are no longer payable or if determined by the Trustees to no longer be disabled.

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III. EMPLOYMENT HISTORY

NAME AND ADDRESS OF LAST EMPLOYER IN THE TILE UNION:

EMPLOYER PHONE: _____ CONTACT PERSON: _____

LAST DAY WORKED: _____

NAME AND ADDRESS OF CURRENT EMPLOYER, if applicable:

EMPLOYER PHONE: _____ CONTACT PERSON: _____

CURRENT OCCUPATION / JOB POSITION: _____

(If you are currently unemployed, disabled or retired, please state so: _____)

AUTHORIZATION FOR RELEASE OF INFORMATION

I, _____, authorize the release of any information by any Employer, Union, Government Agency, Medical Facility, Physician or any other organization as deemed necessary by Benesys, Inc., as the Administrators of the TILE INDUSTRY RETIREMENT SAVINGS TRUST FUND. The information being collected is necessary for the processing of my application for distribution of my Retirement funds.

Signature of Participant

Date

IV. ACKNOWLEDGMENT & CERTIFICATION

Please be advised that I do hereby acknowledge withdrawing retirement funds from the Tile Industry Retirement Savings Trust Fund.

I also acknowledge that, for all applications for Early Retirement benefits filed with the Trust Fund Office on or after April 1, 1999, payment of Early Retirement benefits will be delayed six (6) months for every calendar quarter in which I performed at least one (1) hour of Non-Covered Tile employment. (A copy of my Detailed Earnings Report from the Social Security Administration must be furnished as proof that I did not perform Non-Covered Tile employment from April 1, 1999 to the present date.)

I certify under penalty of perjury, that all of the above statements are true and correct to the best of my knowledge and belief.

I also agree that Pension payments are to be governed in all respects by the provisions of the Plan, or as same may hereafter be amended, and that the issuance of any Pension payment and its' acceptance by me shall not prevent the Fund from recovering, or otherwise affect its' right to recover, any payments issued to me in excess of the amount to which I am entitled under the provisions of the Plan, nor shall the issuance of any Pension payments to me obligate the Fund in any way to make any further payments in any amount whatsoever except as the same may be provided by the Plan as it may be amended from time to time.

Signature of Participant

Date

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CERTIFICATION OF MARITAL/SINGLE STATUS

Federal Law requires the Trustees 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 providing ALL documentation requested, will result in a delay of the processing of your application.**

Participant Name: _____ SSN: _____

- Current marital status:
- ☐ SINGLE, NEVER MARRIED
 - ☐ SINGLE, PREVIOUSLY MARRIED*
 - ☐ MARRIED, NO PREVIOUS MARRIAGES
 - ☐ MARRIED, WITH PREVIOUS MARRIAGE(S)*
 - ☐ LEGALLY SEPARATED*

Regardless of your marital/single status, please provide a copy of your birth certificate. If you are currently married, please provide a copy of your current marriage certificate and your current spouse's birth certificate.

For each of your previous marriages, please list the name of your ex-spouse, the date of marriage and the date of divorce or separation (if any of your previous marriages ended due to the death of your spouse at the time, please list the date of death):

<u>Ex-spouse's Name</u>	<u>Date of Marriage</u>	<u>Date of Divorce/Death</u>
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Please provide complete copies of ALL marriage certificates, divorce decrees, separation agreements, Qualified Domestic Relations Orders and any other accompanying documents related to the termination of your previous marriage(s). If any previous spouse(s) passed away, please provide a copy of the death certificate(s).

If you do not have these documents, you should contact the appropriate court through which the proceedings occurred in order to obtain certified copies.

WAIVER OF 30-DAY NOTICE REQUIREMENT

I, _____, acknowledge that I have been informed that federal law prohibits the Fund from paying benefits to me until at least 30 days after my spouse and I have received a written explanation of the 50 % Husband and Wife form, including my right to waive that form with the written consent of my spouse, the effect of such a waiver and the right my spouse and I each have to revoke that waiver and consent. I have also been informed that I may waive that 30 day notice period and instead elect a 7 day notice period, which will permit the Fund to commence payment of benefits to me no less than 7 days after my spouse and I received the written explanation, provided my spouse also consents in writing to waiver of the 30 day notice period.

{ ☐ } I elect to waive the 30 day notice period.

Date

Participant Signature

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: _____

***Notice to Notaries:** Federal Law (i.e., the Retirement Equity Act of 1984) requires that the above Form must be executed in the presence of an authorized Plan representative or a Notary Public. Accordingly, it is most important that you not only witness the actual signature identified above, but also examine their credentials to satisfy yourself that they are, in fact, the same persons as the ones identified.

SPOUSAL CONSENT TO WAIVER OF 30-DAY NOTICE REQUIREMENT

I am the legal spouse of _____. I acknowledge that I have been informed that my spouse wishes to waive the requirement that we receive, at least 30 days before the Fund pays benefits to my spouse, a written explanation of the 50 % Husband and Wife form, including my spouse's right to waive the 50% Husband and Wife form with my written consent, the effect of such a waiver and the right my spouse and I each have to revoke that waiver and consent, and to elect instead a 7 day notice period as permitted by federal law. I consent to the election of my spouse to waive the 30 day notice period.

Date

Spouse Signature

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: _____

***Notice to Notaries: Federal Law (i.e., the Retirement Equity Act of 1984) requires that the above Waiver must be executed in the presence of an authorized Plan representative or a Notary Public. Accordingly, it is most important that you not only witness the actual signatures identified above, but also examine their credentials to satisfy yourself that they are, in fact, the same persons as the ones identified.**

INSTRUCTIONS CONCERNING SUBMISSION OF PROOFS OF AGE

The acceptable proofs of your age are listed below in two groups. If you have it or can possibly obtain it, please submit a Photostat copy of one of the proofs listed in Group I, as this class of proof of age is the more convincing.

IF YOU CANNOT SUBMIT A PROOF IN THE GROUP I CLASSIFICATION, PLEASE SUBMIT PHOTOSTAT COPIES OF TWO (2) OF THE PROOFS LISTED IN GROUP II. YOU ARE CAUTIONED, HOWEVER, THAT NATURALIZATION PAPERS, UNITED STATES PASSPORTS AND IMMIGRATION PAPERS MAY NOT BE PHOTOSTATIC COPIES. IF YOU ARE SUBMITTING ANY OF THESE DOCUMENTS, YOU MUST SUBMIT THE ORIGINAL(S). THE ORIGINAL DOCUMENT(S) WILL BE COPIED AND RETURNED TO YOU.

Additional proofs of age may be requested if the documents you submit do not constitute satisfactory evidence of your age.

GROUP I (One Item)

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. CERTIFICATION OF RECORD OF AGE BY THE U.S. CENSUS BUREAU.
5. HOSPITAL BIRTH RECORD OF AGE BY THE U.S. CENSUS BUREAU.
6. A FOREIGN CHURCH OR GOVERNMENT RECORD.
7. A SIGNED STATEMENT BY THE PHYSICIAN OR MIDWIFE WHO WAS IN ATTENDANCE AT THE BIRTH, CONFIRMING DATE OF BIRTH SHOWN ON THEIR RECORDS.
8. NATURALIZATION RECORD. *(Please submit original document.)*
9. IMMIGRATION RECORD. *(Please submit original document.)*

OR

GROUP II (Two Items)

1. MILITARY RECORD.
2. PASSPORT. *(Please submit original document.)*
3. SCHOOL RECORDS, CERTIFIED BY THE CUSTODIAN OF SUCH RECORDS.
4. VACCINATION RECORD, CERTIFIED BY THE CUSTODIAN OF SUCH RECORDS.
5. AN INSURANCE POLICY WHICH SHOWS THE AGE OR DATE OF BIRTH.
6. MARRIAGE RECORDS SHOWING DATE OF BIRTH OR AGE (application for marriage license or church record, certified by the custodian of such records; or marriage certificate.)

NOTE: IF YOUR PRESENT NAME IS DIFFERENT FROM YOUR NAME ON YOUR BIRTH DATE EVIDENCE, PLEASE SUBMIT A COPY OF THE DOCUMENT(S) TO SHOW THE NAME CHANGE. (Adoption records, legal name change records, etc.) TO SHOW A CHANGE IN MAIDEN NAME, PLEASE SUBMIT A MARRIAGE CERTIFICATE.