



# United Brotherhood of Carpenters Pension Plan

## INSTRUCTIONS FOR COMPLETING THIS PENSION APPLICATION (page 1 of 4)

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 to the Fund Office **before** the month in which you wish your pension to become effective.
5. For Certified/Overnight Mailing please send to:  
8311 W. Sunset Road, Suite 250 • Las Vegas, NV 89113

### **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.
- Please note: The final processing of any applications cannot be completed until ALL divorce documents are reviewed and approved by the Plan's attorney.**

\* 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.
- ☐ For Disability Pensions - Copy of your Social Security Disability Entitlement Award letter that indicates that you are Total and Permanently Disabled or Medical Evidence.

Mailing Address: P.O. Box 400008 • Las Vegas, NV 89140  
8311 W. Sunset Road, Suite 250 • Las Vegas, NV 89113  
Toll Free 855-550-1696 • Fax (702) 257-5361

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# United Brotherhood of Carpenters Pension Plan

## PENSION APPLICATION (page 2 of 4)

### Participant Information

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

DOB \_\_\_\_\_ Phone Number \_\_\_\_\_

Address \_\_\_\_\_

\*I hereby apply for:

☐ **Regular Pension:**

For Employees age 62 or 65 (*depending on your commencement date*); or if your age plus your Pension Credits equals 65 and you have *at least* 5 Years of Vesting Service (*No LIO offered*)

☐ **Early Retirement:**

For Employees under their Normal Retirement Age and have at least 5 Years of Credited Service (*if commencement date is prior 1/1/2017*); or at least 15 Years of Credited Service (*if commencement date is after 1/1/2017*)

☐ **Disability Pension:**

For Employees who attained age 45 at separation of service from active employment and have *at least* 12 Years of Vesting Service and *at least* 5 Years of Credited Service (*please refer to page 1 of 4 of the application for the required documentation*)

☐ **LIO**

For Employees are eligible under the Early Retirement only (*You will need to submit an estimated Social Security Benefit form*)

Date you plan to retire \_\_\_\_\_

Last day of employment was/will be \_\_\_\_\_

Last Employer with United Brotherhood of Carpenters was \_\_\_\_\_

**Participant's Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_



# United Brotherhood of Carpenters Pension Plan

## CERTIFICATION OF MARITAL STATUS (page 3 of 4)

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, including signing it in front of a notary public (on the following page), and providing ALL documentation requested, will result in a delay of the processing of your application.**

Participant Name \_\_\_\_\_

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

## CURRENT SPOUSE INFORMATION

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

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

*\*If you have 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 Agreements, and any similar or related orders with any attachments). All divorce documents are reviewed by the Plan's legal counsel.*

## PRIOR SPOUSE INFORMATION

Name (if none, please indicate) \_\_\_\_\_

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

Marriage terminated due to \_\_\_\_\_  
(Death, divorce, dissolution, other (please specify))

*\*If you have had more than one divorce, please attach a separate sheet of paper providing the requested information.*



# United Brotherhood of Carpenters Pension Plan

## CERTIFICATION (page 4 of 4)

I hereby certify that all 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 my Judgments of Divorce and/or

### TO BE COMPLETED BY NOTARY

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

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

On \_\_\_\_\_, before me, \_\_\_\_\_  
(insert name and title of the office)

Personally appeared \_\_\_\_\_  
(insert participant and spouse name)

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 this state, that the foregoing paragraph is true and correct.  
WITNESS my hand and official seal

\_\_\_\_\_  
Signature of Notary Public

My Commission expires: \_\_\_\_\_

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). Your date of retirement will be no sooner than the first of the month after your application has been received in the Fund Office. ***\*\* Please note that Retirement under this Plan is a two-part process. Once the initial packet has been submitted, ages verified, and all other documents have been reviewed, the second packet will be mailed out with the dollar amounts that are applicable for the desired Pension.***

Participant's Signature \_\_\_\_\_ Date \_\_\_\_\_  
(Must be Notarized)

Spouse's Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Must be Notarized)

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# United Brotherhood of Carpenters Pension Plan

## **BENEFICIARY DESIGNATION**

Participant Name: \_\_\_\_\_ SSN: \_\_\_\_\_

Address: \_\_\_\_\_

DOB: \_\_\_\_\_ Phone: \_\_\_\_\_

Marital Status: ☐ Married ☐ Divorced ☐ Remarried ☐ Never Married

### **Reason for Change**

☐ Retirement ☐ Divorced ☐ Remarried ☐ Not Previously Filed ☐ Spouse's Death

☐ Other \_\_\_\_\_

\*If change is due to a divorce or if you have been previously divorced & remarried please enclose a complete copy of your divorce decree **and** property settlement to ensure there is no entitlement to benefits by prior spouse.

I hereby designate the following as my beneficiary in the event of my death for the following benefits if they are available: United Brotherhood of Carpenters Death Benefit and any other benefits that may be payable due to my death. **I am aware that I may not designate someone other than my spouse without my spouse's written, notarized approval.**

Beneficiary Name: \_\_\_\_\_ SSN: \_\_\_\_\_

Relationship: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_

**I hereby revoke any prior beneficiary designation executed prior to this date.**

Participant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_



# United Brotherhood of Carpenters Pension Plan

I hereby consent to my spouse's designation of the above beneficiary for death benefits payable through the Plans. I fully understand that by signing below, I will not be eligible for the receipt of the benefits payable on behalf of my spouses in the event of his or her death.

Spouse's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Spousal Consent to Alternate Beneficiary Designation as noted above**

**THIS SECTION TO BE COMPLETED BY NOTARY PUBLIC**

**A NOTARY PUBLIC OR OTHER OFFICER COMPLETEING THIS CERTIFICATE VERFIES ONLY THE IDENTIY OF THE INDIVIDUAL WHO SIGNED THE DOCUMENT TO WHICH THIS CERTIFICATE IS ATTACHED, AND NOT THE TRUTHFULLNESS, ACCURACRY, OR VALIDY OF THAT DOCUMENT.**

Province \_\_\_\_\_ City of \_\_\_\_\_

On \_\_\_\_\_, before me, \_\_\_\_\_, personally  
appeared \_\_\_\_\_ who proved

to me on 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



# United Brotherhood of Carpenters Pension Plan

## DIRECT DEPOSIT AGREEMENT

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

Address \_\_\_\_\_

\_\_\_\_\_ Phone \_\_\_\_\_

I, the undersigned, hereby authorize the Board of Trustees of the United Brotherhood of Carpenters Pension Plan to deposit all amounts due to me under the Defined Benefit Pension Plan in my account at the Financial Institution named below. This authorization shall remain in force until I revoke it in writing or until my death, whichever occurs first. If, due to lack of knowledge of my death, the Pension Plan distributes benefit checks after my death for deposit in my account, I authorize and direct the Financial Institution to refund to the Pension Plan any amounts paid.

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

Name of Financial Institution \_\_\_\_\_

Can you accept "Automated Clearing House" transactions? ☐ Yes ☐ No

Bank ABA Number: \_\_\_\_\_ Account Number: \_\_\_\_\_

Type of Account: ☐ Checking/Share Draft ☐ Savings

**The following is to be completed by the Financial Institution**

### AGREEMENT OF FINANCIAL INSTITUTION

The Financial Institution named below agrees to accept for deposit in the account specified below, benefit checks payable by the United Brotherhood of Carpenters Pension Plan. The Financial Institution agrees to refund, upon written request, to the Defined Benefit Pension Plan, the amount of any pension benefit checks deposited in the Payee's account which represents pension benefits paid after the death of the Payee, provided that the amount of the deposits remain in the account at the time the request for a refund is received from the Pension Plan

Branch \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

\_\_\_\_\_  
Signature of Authorized Representative

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

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