



Utah Pipe Trades Trust Funds

Pension
Health and Welfare

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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Participant Information (Please print)

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: _____

If you are not retiring directly from Covered Employment, please indicate your current employment status:

Pension Benefit Start Date: _____, _____.
(Month) (Year)

I hereby apply for:

☐ **Normal Retirement** At Normal Retirement Age. Normal Retirement Age is the later of: age 65, or the earlier of (1) the 5th anniversary of commencement of participation in the Plan, disregarding participation prior to 1/1/1988; or (2) the 10th anniversary of participation in the Plan.

☐ **Early Retirement** Must be at least age 55; must have at 10 years of Eligibility Service; must have worked at 1,500 Hours of Service in Covered Employment after 12/31/1988; and except as provided under the Waiver of Certain Early Retirement Eligibility Requirements*; effective date of Early Retirement must be within 3 years of the calendar month you last worked in Covered Employment. **If you are considering filing for a Social Security permanent disability as defined in the Plan or are in the process of applying for a Social Security permanent disability, please choose *Contingent Early Retirement* on Page 2.**

*See Summary Plan Description for requirements.

☐ **Alternative Early Retirement** Must be at least age 55; must have attained Vested Status; and has not retired under Early Retirement.

☐ **Deferred Retirement** May remain in the service of any Employer after Normal Retirement date.

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☐ **Disability Retirement**

Must become totally and permanently disabled as defined in the Plan*; has worked at least 500 Hours of Service in Covered Employment during the consecutive Plan Years prior to the Plan Year in which he became totally and permanently disabled; has attained Vested Status; and has not qualified for benefits under the Plan.

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

☐ **Contingent Early Retirement** Has applied for a Disability Retirement; Eligible for Early Retirement, has worked at least 500 Hours of Service in Covered Employment during the consecutive Plan Years prior to the Plan Year in which he became totally and permanently disabled; has attained Vested Status; and has not qualified for benefits under the Plan. A copy of your Disability Benefits Notice of Award from the Social Security Administration is required upon receipt.

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 _____

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).

Prior Spouse Name (if none, please indicate NONE) _____

Date of Marriage _____ Date of Separation _____

Marriage terminated due to: _____

Name and Complete Address (if living) _____

<p>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.</p>

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CERTIFICATION OF MARITAL STATUS

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

Name _____ SSN _____

Signature _____ Date _____
(Must be notarized by a Notary Public)

ARIZONA / OREGON / NEVADA / NEW MEXICO / OKLAHOMA / UTAH

STATE OF _____)

COUNTY OF _____)

On this ____ day of _____, 20____, before me, the subscriber, a Notary Public in and for said State and County, personally appeared _____, known or identified to me to be the person whose name is subscribed to the within instrument, and in due form of law acknowledged that he/she is authorized on behalf of said company to execute all documents pertaining hereto and acknowledged to me that he/she executed the same as his/her voluntary act and deed on behalf of said company.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my seal in said State and County on the day and year last above written.

Notary Seal

(Signature of Notary)

My Commission Expires: _____