

# OPERATIVE PLASTERERS LOCAL NO. 7 PENSION FUND

PH. (330) 779-8886

3660 STUTZ DR. STE. 101, CANFIELD, OH 44406

Fx. (330) 270-3582

## DISTRIBUTION APPLICATION

I hereby make application for benefits from the Operative Plasterers Local No. 7 Pension Fund and certify that the information listed below is correct:

### Participant Information:

Name \_\_\_\_\_

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

Address \_\_\_\_\_

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

### Spouse Information:

Name \_\_\_\_\_

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

### Type of Benefit:

\_\_\_\_\_ Normal Retirement or In-service Withdrawal (at least age 59 ½)

\_\_\_\_\_ Total and Permanent Disability: Submit evidence of Social Security Disability Award or medical evidence stating the disability is expected to last for a continuous period of not less than twelve (12) months and prevents such Participant from performing duties as an Employee.

\_\_\_\_\_ Termination of Employment: You must not engage in any work within the trade jurisdiction, as defined in the current Constitution of the Operative Plasterers and Cement Masons International Union within the Geographical Area of the Fund, for a period of 24 Consecutive months. The Plan will charge a \$75.00 fee to process this type of distribution. List the name and address of all employers you worked for during the last 24 consecutive months and type of work performed:

1. Date last employed \_\_\_\_\_ for \_\_\_\_\_  
(Employer)

Type of work you performed \_\_\_\_\_

2. Date last employed \_\_\_\_\_ for \_\_\_\_\_  
(Employer)

Type of work you performed \_\_\_\_\_

\_\_\_\_\_  
**Signature of Participant/Applicant      Date**

\_\_\_\_\_  
**Signature of Spouse, If Married      Date**

### **Documents required based on Marital Status:**

If Single, enclose a copy of your birth certificate and photo ID.

If Married, enclose a copy of your birth certificate, a copy of your spouse's birth certificate, copy of your photo ID, copy of your spouse's photo ID, and a copy of your Marriage Certificate/License (must show the date of marriage).

If Divorced, documents listed above, plus enclose a complete copy of your Divorce Decree(s) with all attachments, for any and all previous marriages.

If Widowed, documents listed above, plus enclose a copy of the Death Certificate, for any and all previous spouses.



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## LUMP SUM DISTRIBUTION ELECTION FORM

### Distributions Options:

\_\_\_\_\_ **Lump Sum Payment** (100% of Account Balance) (☐ Cash or ☐ Rollover\*)

\_\_\_\_\_ **Partial Distribution** (☐ Cash or ☐ Rollover\*) Not permitted more than once each calendar quarter.

**Amount of Distribution Requested \$** \_\_\_\_\_

\_\_\_\_\_ **50% Joint & Survivor Annuity**– Payable for the Life of the Participant,  
with a 50% survivor annuity for the life of the Spouse

\_\_\_\_\_ **Periodic Payments** (Specify Amount and Frequency)

Benefits may be taken in equal monthly installments or equal quarterly installments for a period not to exceed ten (10) years.

*Installment Amount:* \_\_\_\_\_ *Frequency* ☐ Monthly ☐ Annual

### Method of payment:

☐ Send payment by check.

☐ Direct Deposit: ☐ Checking ☐ Savings

Routing No. ☐☐☐☐☐☐☐☐☐ Account No. \_\_\_\_\_

### \* DIRECT ROLLOVER INSTRUCTIONS:

If you have elected a direct rollover of all or part of your benefit, please complete the section below:

Company Name of Custodian of your IRA: \_\_\_\_\_

Your IRA Account Number: \_\_\_\_\_

Address of the Custodian of IRA: \_\_\_\_\_

Printed Name of Custodian: \_\_\_\_\_

Phone Number of Custodian \_\_\_\_\_

\_\_\_\_\_  
**Signature of Participant/Applicant**      **Date**

\_\_\_\_\_  
**Signature of Spouse, If Married**      **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, 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.**

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

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

\*If you have had previous marriages, please list the names of your ex-spouses, the date(s) of marriage and date(s) of divorce (if any of your previous marriages ended due to the death of your spouse at the time, please list the date of death):

Ex-spouse's Name

Date of Marriage

Date of Divorce/Death

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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 spouses have 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. If you have previously sent these items, you do not need to resend them.

I hereby certify, subject to the penalty of perjury, that the above information is, to the best of my belief and knowledge, true and complete. ANY PERSON WHO SUPPLIES A FALSE CERTIFICATION IN CLAIMING A BENEFIT FORFEITS ANY RIGHT HE OR SHE MAY HAVE TO THE BENEFIT AND, UPON DISCOVERY, BECOMES LIABLE FOR FULL REPAYMENT OF ANY MONEY RECEIVED AS A CONSEQUENCE.

\_\_\_\_\_  
Your Signature

\_\_\_\_\_  
Today's Date

Subscribed to and sworn to before me,

This \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

Notary Public \_\_\_\_\_

County \_\_\_\_\_

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

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

Seal

Place Notary Stamp Here

OR

Plan Representative \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_



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## SPOUSAL CONSENT FORM

### SPOUSAL CONSENT TO A PARTICIPANT'S ELECTION TO WAIVE PAYMENT IN THE FORM OF A 50% JOINT AND SURVIVOR ANNUITY

1. I acknowledge that I have read and understand the following:
  - (a) My spouse is a Participant in the Operative Plasterers Local No. 7 Pension Fund.
  - (b) The Plan is an Annuity Plan, which provides for several forms of distribution options. The normal form of benefit for a married Participant is a 50% Joint & Survivor Annuity, which means that the Participant will receive a monthly amount for the Participant's life and, if the Participant dies before his or her Spouse, the Spouse will receive a monthly benefit for his or her lifetime that is 50% of the monthly amount the Participant received during the Participant's lifetime.
  - (c) I have the right to have the Plan pay my spouse's retirement benefit in the form of a 50% Joint & Survivor Annuity. I agree to give up that right. By signing this waiver, I acknowledge that I may receive less money than I would have received under the 50% Joint & Survivor Annuity.
  - (d) If my spouse elects the lump sum or single life annuity forms of benefit, which may happen if I consent to a waiver of the 50% Joint & Survivor Annuity, then I will receive nothing after my spouse dies.
  - (e) I do not have to consent to this election and do not have to sign this waiver. I am signing this waiver voluntarily and understand that if I do not sign this agreement, then my spouse and I will receive payments from the Plan in the form of a 50% Joint & Survivor Annuity.
  - (f) As of the effective date of my spouse's retirement, my consent is irrevocable.
2. I acknowledge that I have read and understand the information set out in this form. I hereby consent to my spouse's election to waive and/or reject the 50% Joint & Survivor Annuity Form of distribution

\_\_\_\_\_  
Signature of **SPOUSE**

\_\_\_\_\_  
Date

I have witnessed the execution of the foregoing consent by \_\_\_\_\_, who identified herself/himself to me. (SPOUSE)

Subscribed to and sworn to before me,

This \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

Notary Public, \_\_\_\_\_

County \_\_\_\_\_

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

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

Place Notary Stamp Here

OR:

Plan Representative \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

**DO NOT SIGN AND DATE THIS FORM UNLESS YOU ARE IN THE PRESENCE OF A NOTARY OR PLAN REPRESENTATIVE.**



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## STATEMENT OF APPLICATION RECEIPT

**(Married participants ONLY)**

In order to comply with Federal Regulations related to the 30-day waiver form (enclosed with this application), the Fund Office must have a statement from you indicating the date you received an explanation of your benefit options.

Please indicate the date you received this application packet: \_\_\_\_\_

Your Signature: \_\_\_\_\_



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## WAIVER OF 30-DAY WAITING PERIOD (MARRIED PARTICIPANTS ONLY)

**\*\*\*BOTH SIGNATURES MUST BE WITNESSED BY A NOTARY PUBLIC OR PLAN REPRESENTATIVE\*\*\***

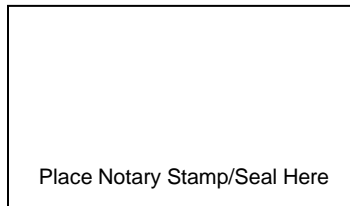
### PARTICIPANT WAIVER

I, \_\_\_\_\_, hereby 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% Joint and Survivor 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.

*By signing below, I hereby elect to waive the 30-day notice period:*

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

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_



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

My Commission Expires \_\_\_\_\_

OR:

Plan Representative \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

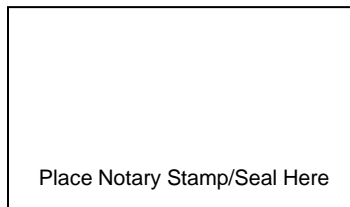
### SPOUSAL CONSENT TO WAIVER OF 30 DAY NOTICE REQUIREMENT

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% Joint and Survivor form, including my spouse's right to waive the 50% Joint and Survivor 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.

*By signing below, I hereby consent to the election of my spouse to waive the 30 day notice period:*

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

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_



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

My Commission Expires \_\_\_\_\_

OR:

Plan Representative \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

**IF THIS FORM IS NOT SIGNED AND RETURNED, YOUR APPLICATION WILL BE HELD FOR 30 DAYS AFTER  
RECEIPT OF YOUR APPLICATION.**

