

EIGHTH DISTRICT ELECTRICAL PENSION FUND

APPLICATION FOR RETIREMENT BENEFITS

Page 1

1. Read each question carefully and answer all applicable questions.
2. Print all information.
3. BE SURE TO DATE AND SIGN THE APPLICATION.
4. Make certain that you attach sufficient evidence of your birth date. You must also attach evidence of your spouse's date of birth and a copy of your marriage license/certificate if you wish to consider the Husband and Wife Pension.
5. If you were divorced, please provide final divorce decrees and/or Qualified Domestic Relations Orders.
6. Refer to your Pension Fund Summary Plan Description for the explanation of the difference between the various pensions.
7. BE SURE TO SIGN THE RETIREMENT DECLARATION(S).
8. Mail your completed application and all required documents to:

Eighth District Electrical Pension Fund
PO Box 30751
Salt Lake City, UT 84130

When you submit your application, you will receive a letter acknowledging its receipt. If any additional information is required, you will be advised.

EIGHTH DISTRICT ELECTRICAL PENSION FUND

APPLICATION FOR RETIREMENT BENEFITS

Page 2

The following documents **must** be submitted with your application for benefits. You do not have to furnish the original of any these documents; you may submit photocopy.

- State Birth Certificate for you and your spouse (see below for alternative documents)
- Marriage Certificate with State Seal
- Copy of current driver's license or current state I.D. (with photo) for you and your spouse
- If you ever 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).
- If you ever served in the military or other uniformed services of the United States, please submit copies of your induction and discharge papers and the Credit for Uniformed Service for the United States Form. If you never served, please indicate so in a brief, written statement.
- If you are applying for a disability pension, copy of Social Security Disability Award Letter

PROOF OF AGE

In order to be eligible for retirement benefits, you are required to produce proof of age. The following is a list of the documents that may serve as proof of age. Some of these documents are better proof than others. The list is arranged starting with the best type of proof and going down to the less desirable types of documents. You are required to furnish the best type of proof that is available.

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. Hospital birth record certified by a custodian of such record.
5. A foreign church or government record.
6. A signed statement by the physician or midwife who was in attendance at birth, as to the date of birth shown on their records.
7. Naturalization record.
8. Immigration papers.
9. Military record.
10. Passport.
11. School record certified by the custodian of such record.
12. Vaccination record certified by the custodian of such record.
13. An insurance policy which shows the age or date of birth.
14. Marriage records showing date of birth or age (applications for marriage license or church record certified by the custodian of such record, or marriage certificate).
15. Document showing approval of Social Security Pension.
16. Other evidence, such as signed statements from persons who have knowledge of the date of birth, voting records, poll-tax receipts, driver's license, etc.

EIGHTH DISTRICT ELECTRICAL PENSION FUND

APPLICATION FOR RETIREMENT BENEFITS

10. Are you still working in covered employment in the jurisdiction of the fund?

Yes No If yes, go to 10(c). If no, answer 10(a) and 10(b):

a. Date last worked as an Electrical Worker _____
Month Day Year

b. Name of employer and job location _____

c. Present employer, job description and job location _____

11. Have you ever been absent from work due to disability for which you have received (1) Workers' Compensation Benefits? Yes No

If yes, provide the dates you were absent. You may be entitled to a Credited Service and Benefit Units subject to the rules of the Plan.

From _____ To _____

From _____ To _____

12. Have you ever served in the Armed Forces of the United States?

Yes (You must attach a copy of your discharge papers, DD 214) No

If yes, provide the branch of service, dated entered and dated separated or discharged.

Branch of service _____ Date entered _____ Date discharged _____

13. Have you ever been absent from work due to the Family Medical Leave Act (FMLA)?

Yes No

If yes, provide the dates you were absent.

From _____ To _____

From _____ To _____

From _____ To _____

14. I am applying for the following pension under the terms of the Eighth District Electrical Pension Fund:

- Regular Pension
- Service Pension
- Early Retirement Pension
- Deferred Pension
- Disability Pension/ Contingent Early Retirement Pension
- Disability Pension

I hereby apply for benefits from the Eighth District Electrical Pension Fund. The foregoing statements are true to the best of my knowledge and belief. I understand that a false statement may disqualify me for pension benefits and that the Board of Trustees shall have the right to recover any payments made to me because of a false statement. I further understand that if a benefit is granted to me, I agree to be bound by all the Rules and Regulations of the Plan.

Participant Signature

Date

EIGHTH DISTRICT ELECTRICAL PENSION FUND

APPLICATION FOR RETIREMENT BENEFITS

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.

Federal Law requires the Trustees to confirm whether a previous spouse is entitled to any portion of your defined contribution plan benefits. As such, it is necessary that we request the following certification and supporting documentation.

Your Name: _____ SSN: _____

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

*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):

<u>Ex-spouse Name</u>	<u>Date of Marriage</u>	<u>Date of Divorce/Death</u>
-----------------------	-------------------------	------------------------------

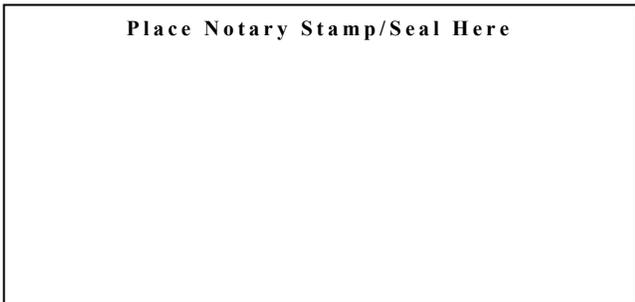
Please provide **complete** copies of ALL marriage certificates, divorce decrees, separation agreements, Qualified Domestic Relations Orders and any other accompanying documents related to the termination of your previous marriage(s). If any previous spouses have passed away, please provide a copy of 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. For additional ex-spouses, please use the back of this form.

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

Your Social Security No.

Today's Date



Subscribed to and sworn to before me,
 This _____ day of _____, 20____.

Notary Public, _____ County

State of _____

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.

The following suspension rules are in accordance with the regulations issued by Department of Labor and found in section 2530.203-3 of the regulations of the Department of Labor. *Please read this Notice in its entirety.*

Definition of Suspension

Suspension of benefits means non-entitlement to benefits. If benefits were paid for a month for which benefits were later determined to be suspended, the overpayment may be deducted from future pension payments.

Prior to Normal Retirement age, A pensioner shall have 100% of their monthly benefit withheld until the amount of overpayments is recovered, or, if earlier, until he reaches Normal Retirement Age. After Normal Retirement Age, a Pensioner shall have 25% of their monthly benefit withheld until the amount of overpayments is recovered. If Pensioner dies prior to overpayments being recovered, deductions shall be made from the benefits payable to their Beneficiary or Surviving Spouse subject to the age limitations noted above.

Prohibited Employment

Before Normal Retirement Age (generally age 65)

Before Normal Retirement Age, a Pensioner is engaged in Prohibited Employment if he works in Covered Employment or any employment anywhere for wages or profit of the type covered by the Collective Bargaining Agreement. However, if a Pensioner is employed by an employer who is signatory to an agreement providing for the making of contributions to the Pension Fund, their Pension will not be suspended until after they have earned through Covered Employment the maximum amount which then current laws and regulations allow the Pensioner as a Social Security Retiree under age 65 to earn in a calendar year without loss of Social Security Benefits.

After Normal Retirement Age (generally age 65)

After Normal Retirement Age, a Pensioner is engaged in Prohibited Employment if he is working forty (40) hours or more during any calendar month in employment:

- (a) in an industry in which Employees covered by the Plan were employed and accrued benefits under the Plan as a result of such employment when the payment of pension benefits to the Participant commenced, or would have commenced had the Participant not remained in or returned to employment;
- (b) in work which requires, directly or indirectly, the same skills used by the Participant at any time while he was employed under the Plan; and
- (c) in the Geographic Area covered by the Plan when payment of pension benefits to the Participant commenced or would have commenced had the Participant not remained in or returned to employment.

If, in any calendar year, a Pensioner employed in Prohibited Employment as described above by an employer who has not entered into an agreement with the Board providing for the making of Contributions to the Pension Fund, his pension benefits shall be suspended for each calendar month thereafter in which he performs forty (40) or more hours in such Prohibited Employment for such non-contributory employer.

Additional Information

Notwithstanding any other provision of this Notice, as of April 1 of the calendar year following the year in which you attain age seventy and one-half (70 ½), no employment will be considered Prohibited Employment.

RETIREMENT DECLARATION

It shall not be considered prohibited employment for a Pensioner to be employed, either before or after normal retirement age, as an instructor for a training program in the field of electrical work if the Pensioner is employed by an IBEW-NECA sponsored training program. Prior written notice of such employment should be provided to the Trustees by the Pensioner.

It shall not be considered prohibited employment for a Pensioner to be employed, either before or after normal retirement age, as an electrical inspector or as an instructor for a training program in the field of electrical work if the Pensioner is employed by an IBEW sponsored training trust. Prior written notice of such employment should be provided to the Trustees by the Pensioner.

If you do return to work as described above, you must notify the Plan in writing within 21 days after starting any work, regardless of the number of hours. You must also notify the Plan in writing when you stop working and your pension payments to begin again. Payments shall resume no later than the first day of the third calendar month following the calendar month in which you cease prohibited employment, however failure to notify the Plan when you return to work in prohibited employment may cause your Pension to be suspended an additional period of six (6) months over and above the suspension period described above.

If you believe that your benefits have been suspended in error, you have the right to review this decision by following the Appeals Section in the Summary Plan Description. If you need a copy of the Summary Plan Description, you may obtain one from the Fund Administrator.

If you have any questions about your benefit or the rules described in this notice, please contact the Fund Administrator. You may ask the Board whether particular employment will be Prohibited Employment, an you will receive the Boards determination.

Acknowledgement

I have read and understand the rules as stated above. I understand that I must furnish, at the request of the Board of Trustees, any information or proof reasonably required to determine my rights to benefits. If I willfully make a materially false statement, or I furnish fraudulent material, information, or proof to my claim, or I fail to provide the notification required, benefits under this Plan may be denied, suspended or discontinued. The Trustees have the right to recover any benefit payments made: 1) in reliance on any willfully made false or fraudulent statement, information or proof, or 2) prior to the receipt of any required notifications. Upon retirement with a pension from the Eight District Electrical Pension Fund, I declare that I will be bound by the Rules and Regulations of the Plan.

Participant Name (Print)

Effective Date of Pension

Participant Signature

Date

DISABILITY RETIREMENT DECLARATION

Upon retiring with a Disability Pension from the Eighth District Electrical Pension Fund, you will be bound by the Rules and Regulations of the Plan as follows:

Proof of Continued Disability or entitlement

The Board of Trustees at any time, or from time to time, may require evidence of continued Disability or entitlement, and shall have the right and opportunity at its own expense to examine the Participant when and as often as it may reasonable require during any period of Disability. If at any time prior to Normal Retirement Age, the Board determines that a Participant is no longer Disabled or entitled to a Social Security disability benefit, or if a Participant refuses to submit proof of continued Disability or entitlement to Social Security disability benefit when requested, the Board may discontinue his Disability Pension.

Effect of Recovery by a Disability Pensioner

A Disability Pensioner must notify the Plan in writing within 21 days of the date they:

- (a) are no longer Disabled, or;
- (b) lose entitlement to Social Security Disability Benefits, or;
- (c) don't receive Social Security Disability benefits any month during re-entitlement period, or;
- (d) return to work of a type that is or may be subject to suspension of benefits regardless of the number of hours.

Reemployment of a Disability Pensioner

A Disability Pensioner who is no longer Disabled or entitled to a Social Security disability benefit may again return to Covered Employment and resume the accrual of Credited Service and be entitled to a Regular, Early Retirement, or Disability Pension unaffected by the prior receipt of a Disability Pension.

Acknowledgement

I have read and understand the rules as stated above. I understand that I must furnish, at the request of the Board of Trustees, any information or proof reasonably required to determine my rights to benefits. If I willfully make a materially false statement, or I furnish fraudulent material, information, or proof to my claim, or I fail to provide the notification required, benefits under this Plan may be denied, suspended or discontinued. The Trustees have the right to recover any benefit payments made: 1) in reliance on any willfully made false or fraudulent statement, information or proof, or 2) prior to the receipt of any required notifications. Upon retirement with a pension from the Eight District Electrical Pension Fund, I declare that I will be bound by the Rules and Regulations of the Plan.

Participant Name (Print)

Social Security Number

Participant Signature

Date