



United Union of Roofers, Waterproofers and Allied Workers

AFFILIATED WITH AFL-CIO AND U.S. DEPARTMENT OF LABOR CONSTRUCTION TRADES DEPARTMENT

Marshall & Moss Administrative Services: 1400 Old Country Rd, Suite 406 Westbury, NY 11590

Application For Benefits (Please Print or Type)

INSTRUCTIONS:

- a. Read and complete all sections of this application.
- b. Both you and your spouse must sign this application and your signatures must be witnessed by a Notary Public.
- c. Submit acceptable proof of date of birth for yourself and your spouse, if any, such as birth certificate, baptismal certificate or naturalization record. If you are married, submit a copy of your marriage certificate.
- d. If you are applying for a Disability Benefit, submit a copy of your Award Certificate from Social Security indicating that you have qualified for federal disability retirement.

SECTION I - Type of Benefit For Which You Are Applying

I hereby apply for (check one) to become effective _____ 1st, 20____
(Month) (Year)

Normal Retirement

Early Retirement

Disability Benefit

Nature of Disability _____

Date Total Disability Started ____/____/____

Date Applied For Social Security Benefits ____/____/____

SECTION II - Personal Information

Name of Applicant _____ Soc Sec # _____

Street Address _____

City, State, Zip _____

Date of Birth ____/____/____ Telephone # () _____

Date Last Employed ____/____/____ Last Employer _____

Marital Status (circle one): Single Married Divorced Widow(er)

Name of Spouse _____

Spouse's Soc Sec # _____ Spouse's Date of Birth ____/____/____

SECTION III - Form of Payment

You may elect to receive your benefits under one of the following forms of payment. Please elect the form of payment you desire by checking the applicable box below:

- 1. **Spouse's Joint and 50% to Survivor Life Annuity** - I have a spouse to whom I am lawfully married and want my pension paid to me under this form of payment. I will receive a reduced monthly pension benefit during my lifetime, with the provision that if I am survived by my spouse, she or he will receive 50% of such reduced monthly pension benefit for the remainder of her of his lifetime. The reduction in my monthly pension benefit depends on my age and my spouse's age.

- 2. **Spouse's Joint and 75% to Survivor Life Annuity** - I have a spouse to whom I am lawfully married and want my pension paid to me under this form of payment. I will receive a reduced monthly pension benefit during my lifetime, with the provision that if I am survived by my spouse, she or he will receive 75% of such reduced monthly pension benefit for the remainder of her of his lifetime. The reduction in my monthly pension benefit depends on my age and my spouse's age.

- 3. **Single Life Annuity** - - I elect to receive my pension payments for my lifetime with the provision that, if I die before I have received at least 120 monthly payments, the payments up to a maximum of \$50.00 will continue to my Beneficiary until a total of 120 monthly payments have been made to me and my Beneficiary.

All forms of benefit are approximately equal in value. This relative value comparison is made by converting the value of the optional forms to the single life annuity form using interest and life expectancy assumptions. While all comparisons are based on average life expectancies, the relative value of payments ultimately made under an optional form will depend on actual longevity. Current actuarial assumptions used to calculate the relative value of optional forms of benefits will be provided upon your request.

SECTION IV - Beneficiary Designation

(Do not complete this section if you have elected the Spouse's Joint and 50% or 75% to Survivor Life Annuity. Your spouse is automatically your beneficiary.)

I hereby designate the following Beneficiary to receive any death benefits under the Pension Plan:

Beneficiary _____ Relationship _____

Address of
Beneficiary _____

Social Security # of Beneficiary _____

If the above Beneficiary is not living when I die or does not live to receive all payments due, then the death benefit or remaining payments shall be paid to the following Contingent Beneficiary:

Contingent
Beneficiary _____ Relationship _____

Address of
Contingent Beneficiary _____

Social Security # of Contingent Beneficiary _____

SECTION V - Income Tax Withholding

The benefits you receive under this Plan will be subject to Federal Income Tax. Compliance with the Tax Equity and Fiscal Responsibility Act of 1982 requires that certain conditions be met with regard to Federal Income Tax Withholding. If you elect not to have withholding apply to your payments, or if you do not have enough Federal Income Tax withheld from your payments, you may be responsible for payment of estimated tax. You may incur penalties under the estimated tax rules if your withholding and estimated tax payments are not sufficient. Please note that withholding is a method of paying taxes and does not increase or decrease your taxable income, or the total amount of taxes that you pay.

Federal Income Tax

- A. _____ I elect to have \$_____ withheld from my payment.
- B. _____ I do not want to have Federal Income Tax withheld from my payments.
- C. _____ I elect to have withholding from my benefit payments based on the applicable withholding tables and withholding allowances.

I am entitled to _____ withholding allowances

SECTION VI - Direct Deposit Arrangements (REQUIRED FOR MONTHLY PAYMENTS)

So that your monthly benefit payment can be forwarded directly to your bank and deposited to your checking or savings account, please complete the information below: **If possible, it is preferable to simply attach a voided blank check (provided it bears the magnetic numbers along the bottom) to this section of the application.**

(Name of Bank)

(Account Number)

(Street Address)

Account Type: _____ Checking
(Check One Only) _____ Savings

(City, State, Zip)

(Bank's ABA Number)

I authorize the Roofers Local Union 154 Pension Fund (the "Plan") to initiate credit entries to my designated account shown above (this includes authorization to correct any entries made in error). I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. This authorization will remain in full force and effect until the Plan has received written notification from me to change it in such time and manner as to afford the Plan and Bank a reasonable opportunity to act.

I understand and agree to the following:

- A. If after I retire, I again accept employment in the Industry or work for an employer in a capacity for which employer contributions must be made to the Pension Fund, I shall, within one week thereafter, notify the office of the Pension Fund in writing.
- B. If I am receiving a disability pension, the Trustees may require me to have physical examinations, but not more than once in any period of six months and not after I have attained age 65. If I recover from total and permanent disability before age 65, my disability pension will stop.
- C. I will furnish to the Board of Trustees any information or proof requested by it and reasonably required to administer the Plan.
- D. I hereby agree to sign the necessary authorization form for the Trustees to receive from the Social Security Administration the identities of all my employers and periods of employment since the inception of the F.I.C.A. if needed to verify my work in the Industry.
- E. The statements made by me are true to the best of my knowledge and belief. I understand that a false statement may disqualify me from pension benefits and that the Trustees shall have the right to recover any payments made to me because of a false statement.

(Signature of Applicant)

