

SOUTHWEST OHIO DISTRICT COUNCIL OF
 CARPENTERS PENSION FUND
 33 Fitch Blvd Austintown, OH 44515
 1-800-435-2388

Name: _____

SSN: _____

This is your application for Pension Benefits. Complete this form and mail it to the Administrative Office.

It is recommended that your application and the best possible proof of age which you can obtain should be sent to this office at least 1 month in advance of the month on which you want your pension benefit payments to begin.

The accuracy and completeness of the information you send to us will speed the processing of your application and provide faster payment of the benefits to which you may be entitled. Please answer all questions carefully and we would like to refer particular attention to the various forms of retirement income payments, as explained under Section III on Page 3.

If any further information is required you will be advised by the Administrative Office. You also will be notified by letter of the decision of the Pension Board regarding your application.

SECTION I--TYPE OF PENSION

If eligible, I want to retire on a Type of Pension To be eligible you must: be at least and meet this minimum pension credit requirement*

A. ____	Normal	62 or over	5 or more years of service
B. ____	Unreduced Early	50 to 62	30 years of membership
C. ____	Early	55 to 62	5 or more years of Service
D. ____	Disability	No age requirement	5 years of service and actively participating in the Plan
E. ____	Disabled from the Trade	Under 55	

If you checked D or E, have your physician provide proof of disability.

*These are the general rules. The Plan contains the specific requirements which apply for each type of pension.

SECTION II -- PERSONAL INFORMATION

Name _____ Social Security _____
Number _____
Permanent mailing address _____
City and State _____ Zip code _____
Telephone Number _____ Local Union No. _____
Date of birth _____ Last Date Worked _____
Date of Retirement _____
Name of Spouse _____
Spouse's Date of Birth _____
Spouse's Social Security Number _____
During your active participation in the Pension Fund, did you engage in qualified military
service? _____ Yes _____ No

Complete this section **ONLY** if you are applying for a total and permanent **DISABILITY PENSION BENEFIT**.

- a) Nature of your disability _____
- b) Date you first became disabled _____
Month _____ Year _____
- c) Name of your physician _____
- d) Date you were first treated for your disability _____
- e) Have you applied for a Social Security Disability Award? Yes _____ No _____
Have you been denied a Social Security Disability Award? Yes _____ No _____

SECTION III -- ELECTION OF FORM OF RETIREMENT

_____ I elect to receive the 50% Joint and Survivor annuity benefit. This is a reduced pension benefit paid to me during my lifetime. If my beneficiary is alive at the time of my death, one-half (50 percent) of my reduced pension shall continue during the remaining lifetime of my beneficiary.

_____ I elect to receive the 75% Joint and Survivor annuity benefit. This is a reduced pension benefit paid to me during my lifetime. If my beneficiary is alive at the time of my death, 75% of my reduced pension shall continue during the remaining lifetime of my beneficiary.

_____ I elect to receive the 100% Joint and Survivor annuity benefit. This is a reduced pension benefit paid to me during my lifetime. If my beneficiary is alive at the time of my death, 100% percent of my reduced pension shall continue during the remaining lifetime of my beneficiary.

_____ I elect to receive the Life Annuity pension benefit which provides for equal monthly installments payable for the rest of my life. In the event that the accumulated pension benefits paid to me during my lifetime do not exceed the total amount of contributions which were credited on my behalf, the difference between the contributions credited to me and the pension benefits paid to me will be paid a lump sum benefit to my named beneficiary.

_____ I elect to receive the 10 Year Certain and Life pension benefit, which provides for equal monthly installments payable for the rest of my life. If I die before I receive 120 monthly payments, payments will continue to my beneficiary for the balance of the 120 month period.

Signature

Social Security Number

SECTION IV -- SURVIVOR ANNUITY WAIVER

Name of Participant _____

ELECTION TO WAIVE JOINT AND SPOUSE SURVIVOR ANNUITY

As a Participant in the Southwest Ohio Regional Council of Carpenters Pension Plan, I hereby acknowledge that I have been informed by the Plan Administrator that my benefits under the Plan will be paid to me in the form of a Joint and Spouse Survivor annuity; that I have the right to waive that form of payment, provided that my spouse consents in writing to the waiver, that I understand the terms of a Joint and Spouse Survivor annuity and the financial effect of a waiver; and that I may revoke any waiver in effect during the applicable election period.

() I hereby elect to waive the Joint and Spouse Survivor annuity form of payment.

EXECUTED this _____ day of _____, 20__

Witnessed by: _____

Participant: _____

Notary Public: _____

SPOUSE'S CONSENT TO WAIVER

I, _____, am the spouse of _____. I understand that I have the right to have the Southwest Ohio Regional Council of Carpenters Pension Plan pay my spouse's retirement benefits in the form of a QJSA and I agree to give up that right. I understand that by signing this Agreement, I may receive less money than I would have received under this QJSA form and I may receive no benefits after my spouse dies, depending upon the payment form and beneficiary my spouse chooses.

I understand that I do not have to sign this agreement. I am signing this agreement voluntarily.

I understand that if I do not sign this agreement, then my spouse and I will receive payments from the Plan in the QJSA payment form in either the 50%, 75%, or 100% survivor annuity form as elected in the attached Application for Benefits.

EXECUTED this _____ day of _____, 20__ .

Witnessed by: _____

Participant's Spouse: _____

Notary Public: _____

SECTION V: DESIGNATION OF BENEFICIARY

Name: _____ Sex: _____

SSN: _____

Relationship: _____

Date of Birth: _____

Address : _____
(Street and Number)

(City, State and Zip Code)

I hereby apply for a pension from the Southwest Ohio Regional Council of Carpenters Pension Fund. I certify under penalty of perjury that all the statements contained herein are true and correct to the best of my knowledge. I understand that a false statement may disqualify me for pension benefits and that the Trustees shall have the right to recover any payment made to me because of a false statement.

SECTION VI – SIGNATURES

Signature of Applicant: _____ Date: _____

Signature of Spouse: _____ Date: _____

Witness: _____ Date: _____

Instructions on Required Proofs:

Proof of birth date must be furnished for applicant and his joint annuitant, if any. Older documents, such as birth certificates, are preferred to those more recently established. Documents submitted will be photocopied or recorded and returned to you. One or more of the following are suggested. If we may advise you further, please let us know.

- A birth certificate or delayed birth certificate.
- A baptismal certificate or a statement as to the date of birth shown by a church record, certified by the custodian of such records.
- Hospital birth record, certified by the custodian of such record.
- Letter from Social Security Administration certifying your date of birth as established for their records. This may be obtained from your local agency.
- A foreign Church or Government record with a notarized translation.
- A signed statement by the physician or midwife who was in attendance at birth, as to the date of birth shown on their records.
- Family Bible, or other family record, (Don't remove pages from Bible)
- An insurance policy which shows the age or date of birth*, whether lapsed or active.
- Naturalization records;
 - a) Certificate of Naturalization*
 - b) Intent to become a Citizen*
 - c) Citizen Identification Card*
- Immigration Records*
- Passport*
- Other government records (Bureau of Census, Washington 25, D.C., will search its records for age evidence upon the execution of an application and the payment of a fee.)*
- School Records.*
- Military Records.*

Documents must show month, day, and year of birth. Those marked with an asterisk () may require additional evidence of birthdate.