

# Roofers Local No. 71 Pension Fund

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33 FITCH BOULEVARD  
AUSTINTOWN, OHIO 44515  
(330) 270-0453



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.

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## SECTION I--TYPE OF PENSION

If eligible, I want to retire on a

To be eligible you must:

<u>Check one</u>	<u>Type of Pension</u>	<u>be at least</u>	<u>and meet this minimum pension credit requirement*</u>
A. _____	Normal	62 or over	10 or more years of service
B. _____	Disability	50 or over	15 years of service and actively participating in the Plan

If you checked Disability, 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 \_\_\_\_\_  
Number and Street

\_\_\_\_\_ City and State Zip code

Telephone Number \_\_\_\_\_ Local Union No. \_\_\_\_\_

Date of birth \_\_\_\_\_ Last Date Worked \_\_\_\_\_

Name of Spouse \_\_\_\_\_

Spouse's Date of Birth \_\_\_\_\_

Spouse's Social Security Number \_\_\_\_\_

Date of Retirement \_\_\_\_\_

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 received a Social Security Disability Award? Yes \_\_\_\_\_ No \_\_\_\_\_  
(if yes, enclose copy)

Have you been denied a Social Security Disability Award? Yes \_\_\_\_\_ No \_\_\_\_\_

\_\_\_\_\_ 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 spouse is alive at the time of my death, one-half (50 percent) of my reduced pension shall continue during the life of and shall be paid to my spouse.

\_\_\_\_\_ 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 spouse is alive at the time of my death, 100% percent of my reduced pension shall continue during the life of and shall be paid to my spouse.

\_\_\_\_\_ I elect to receive the life period certain pension benefit, which provides for equal monthly installments payable for the rest of my life. When I die, my beneficiary may be entitled to a death benefit. The amount of the death benefit is the difference between the total employer contributions received on my behalf and the total pension benefits paid to me during my lifetime.

**Under federal law, the Plan is required to provide you a comparison of the relative value of the optional forms of benefit available under the Plan in lieu of the qualified joint and survivor annuity which is the normal form of benefit for a married person. The relative value comparison is intended to help you compare the total value of benefit distributions paid in different forms. The relative value calculation is made by converting the value of the joint and survivor annuity to the value of the single life annuity using interest rate and life expectancy assumptions (7% and 1983 Group Annuity Mortality Table) and comparing it to the optional forms. All comparisons are based on the average life expectancies for someone at you and your spouse's ages. The ultimate value of any optional form of benefit will depend on how long you actually live. *Every optional form of benefit under the Plan has an approximately equal value to the regular or normal form of benefit.***

**SECTION IV -- SURVIVOR ANNUITY WAIVER**

Name of Participant \_\_\_\_\_

**ELECTION TO WAIVE JOINT AND SPOUSE SURVIVOR ANNUITY**

As a Participant in the Roofers Local No. 71 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 hereby consent to the foregoing election by my spouse, not to have benefits under the Roofers Local No. 71 Pension Plan paid in the form of a Joint and Spouse Survivor annuity. Further, I hereby acknowledge that I understand: (a) that the effect of my consent may be to forfeit benefits I would be entitled to receive upon my spouse's death; (b) that my spouse's waiver is not valid unless I consent to it; and (c) that my consent is irrevocable unless my spouse revokes the waiver during the applicable election period.

EXECUTED this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

Witnessed by:

\_\_\_\_\_  
Participant's Spouse

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

**SECTION V -- CERTIFICATION BY UNION**

1. a) Name of Employee \_\_\_\_\_

b) Social Security Number \_\_\_\_\_

c) Address \_\_\_\_\_

d) City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

2. a) Name of Union \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

3. The undersigned duly authorized Union official hereby certified to the following service record of the above named member:

a) This Member has held continuous membership in this Local Union since:

\_\_\_\_\_

Month

Day

Year

b) He was last reported to our International as a member in good standing

\_\_\_\_\_

Month

Day

Year

c) According to our records, his birthdate is \_\_\_\_\_

Month

Day

Year

Signed \_\_\_\_\_

Title \_\_\_\_\_

Date \_\_\_\_\_

**SECTION VI -- AFFIDAVIT OF TERMINATION**

STATE OF \_\_\_\_\_ )  
 ) ss:  
COUNTY OF \_\_\_\_\_ )

I, \_\_\_\_\_, being first duly sworn according to law, do  
(Print Name)  
hereby depose and state:

My Social Security Number is \_\_\_\_\_. I have worked in the jurisdiction of Roofers Local No. 71 (hereinafter "Union") under the terms and conditions of a collective bargaining agreement (hereinafter "Agreement") between the Union and the signatory employers and have had contributions paid on my behalf to the Roofers Local No. 71 Pension Fund (hereinafter "Plan"). I acknowledge I have made an application for benefits pursuant to the Plan, and affirm the following:

1. I am not working in the Roofing trade or work generally related to the trade and craft and which is performed within the geographic area covered by the Plan.

2. My current residence is \_\_\_\_\_  
(Street Address)  
\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
(City) (State) (Zip)

and my telephone number is \_\_\_\_\_.

3. My current employment status is \_\_\_\_\_  
(Retired, Employed, Disabled)

4. I am employed as a \_\_\_\_\_ for  
(Job Classification/Description)  
\_\_\_\_\_ at \_\_\_\_\_  
(Name of Employer) (Address of Employer)

Further Affiant sayeth naught.

Date: \_\_\_\_\_  
(Signature)

Sworn to before me and subscribed in my presence this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_.

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

**SECTION VII -- 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 Roofers Local No. 71 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 VIII -- 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.

1. A birth certificate or delayed 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 records.
3. Hospital birth record, certified by the custodian of such record.
4. Letter from Social Security Administration certifying your date of birth as established for their records. This may be obtained from your local agency.
5. A foreign Church or Government record with a notarized translation.
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. Family Bible, or other family record. (Don't remove pages from Bible).
8. An insurance policy which shows the age or date of birth\*, whether lapsed or active.
9. Naturalization records;
  - a) Certificate of Naturalization\*
  - b) Intent to become a Citizen\*
  - c) Citizen Identification Card\*
10. Immigration Records\*
11. Passport\*
12. 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.)\*
13. School Records.\*
14. Military Records.\*

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