

# Southeastern Ironworkers Annuity Plan

CompuSys, Inc.

Toll Free  
(844) 605-2402

2156 West 2200 South  
Salt Lake City, UT 84119-1376

Fax  
(801) 401-2716

Dear Participant,

Please complete the attached Application for Benefits in order for us to determine if you are eligible for benefits at this time. Please submit the following information (items 1-3 are required; item 4 & 5 are required if checked):

1. Complete the enclosed Application for Benefits in full and sign in the presence of a notary; and
2. Send proof of age for both you and your beneficiary. If your beneficiary is your spouse, please provide a copy of your Marriage Certificate; (see back side for acceptable proofs of age) and
3. Complete the enclosed Non-Applicability Form if you have ever been divorced.
4. IF YOU ARE APPLYING FOR A DISABILITY PENSION: Send proof of Disability from the Social Security Administration reflecting your "Award/Entitlement Date." **NOTE: DO NOT HOLD UP RETURNING THE PENSION APPLICATION WAITING FOR PROOF OF DISABILITY.**
5. Other:

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Once these documents have been reviewed and your benefits calculated, you will be sent a Benefit Election Packet to choose how your benefits will be distributed to you. Incorrect or incomplete information may delay payment of your benefits.

**PLEASE NOTE, THE FUND WILL HOLD BACK 10% OF YOUR ACCOUNT BALANCE WHICH WILL BE PAID TO YOU BE THE END OF THE FISCAL QUARTER ADJUSTED FOR MARKET CHANGES.**

Should you have any questions regarding this application, please contact the Fund's office at the number above.

Sincerely,

Plan Administrator  
Pension Department

## **INSTRUCTIONS CONCERNING SUBMISSION OF PROOF OF AGE**

In order to be eligible for retirement benefits, the applicant/participant is required to produce proof of age. The following is a list of documents which may serve as proof of age. The acceptable proofs of age are listed below in two groups. Submit a photo copy of one of the proofs listed in Group I, if you have it, or can possibly obtain it, since this class of proof of age is the more convincing.

If you cannot submit a proof in the Group I classification, submit photo copies of **two (2)** of the proofs listed in Group II. It is required that you furnish the best type of proof which is available. It is recognized of course, that in many cases, a birth certificate will not be available, particularly for those who were born outside of the United States. In that case, you should secure the next best type of proof.

Additional proofs of age may be requested if the documents you submit do not constitute convincing proof of your age.

### **GROUP I**

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. Certification of record of age by the U.S. Census Bureau.
5. Hospital birth record, certified by the custodian of such record.
6. A foreign government record.
7. A signed statement by the physician or midwife who was in attendance at birth, as to the date of birth shown on their records.
8. Naturalization record.
9. Immigration papers.

### **GROUP II**

1. Military record.
2. Passport.
3. School records, certified by the custodian of such record.
4. Vaccination record, certified by the custodian of such record.
5. An insurance policy which shows the age or date of birth.
6. Marriage records showing date of birth or age (application for marriage license or church record, certified by the custodian of such record; or marriage certificate).
7. Other evidence such as signed statements from persons who have knowledge of the date of birth.
8. Letter from Social Security stating your date of birth as shown in their records.

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## APPLICATION FOR BENEFITS

**Print all information legibly.** Sign the application and affidavits in the presence of a notary. Unsigned or incomplete applications will be returned.

### **PARTICIPANT INFORMATION**

FIRST NAME	MIDDLE INITIAL	LAST NAME
PERMANENT ADDRESS (including city, state and zip)		
DATE OF BIRTH (attach proof – see back side for examples)	Social Security No.	Fund/Local
Date you plan on Retiring – <u>Termination Date</u>	Last Date you expect Or are expected to work.	Date Initiated Into Local
List any period of interruption in your employment due to disability, military, maternity or paternity leave of work for a signatory employer(s) in non-covered employment:	Reason _____ _____	From (Month & Year) _____ _____
		To (Month & Year) _____ _____

### **TYPE OF RETIREMENT – Select one**

I elect to receive a distribution of my Account. I have ceased to work in Covered Employment (or will cease to work in Covered Employment) on the Termination Date listed above and I am eligible to receive a distribution of my Account due to the following event:

	<b>Normal Retirement</b> – I have attained Normal Retirement Age (age 62 <u>and</u> ceased working in Covered Employment for a Contributing Employer(s) for one (1) calendar month.
	<b>Early Retirement</b> – I am at least age 55 but not yet turned 62 <u>and</u> have permanently withdrawn from the service of all Employers as evidenced by the fact that no contributions have been received on my behalf for a period of one (1) calendar month.
	<b>Early Retirement</b> <u>and</u> retired under a participating Local Union’s Pension Plan <u>and</u> ceased working in Covered Employment for a Contributing Employer(s) for one (1) calendar month immediately following your retirement date. <b>If under age 55, please provide documentation that you are receiving retirement benefits and the effective date of those benefits.</b>
	<b>Permanent and Total Disability</b> – I have been deemed disabled and have received my Social Security Disability Award/Entitlement Letter. This letter must be attached to this application. <b><i>If you have applied but not yet received your Award/Entitlement Letter, please provide the date you applied to the SSA</i></b> _____
	<b>Termination of Employment</b> – I have not yet attained age 55 (Early Retirement), but have ceased to be working in Covered Employment for a Contributing Employer(s) – including reciprocal employers – for twelve (12) consecutive months
<b>EFFECTIVE SEPTEMBER 1, 2012</b> – If a participant takes an Early Retirement Benefit and then resumes employment with an Employer, he/she will not be permitted to receive another distribution until his/her normal retirement date (age 62); unless the participant is eligible for benefits on death or permanent and total disability benefits.	

**MARITAL STATUS**

1. (check one)  Single       Married (complete the Spouse Information Section)  
 Widowed       Divorced (complete questions 2 a & b)
  
2. Have you been previously divorced?  Yes  No  
 If yes, answer the following questions and provide non-applicability form and attach a complete copy of your divorce decree(s).
  - a. Has a portion or all of your benefit been awarded to an ex-spouse?  Yes  No  
 If yes, please furnish a copy of the Qualified Domestic Relations Order (QDRO) approved by the court.
  - b. If No, is a QDRO in process of being prepared?  Yes  No

**SPOUSE INFORMATION**

FIRST NAME	MIDDLE INITIAL	LAST NAME
DATE OF BIRTH <small>(attach proof – see back side for examples)</small>	DATE OF MARRIAGE <small>(attach proof)</small>	SOCIAL SECURITY NO.

**PRIMARY BENEFICIARY (if unmarried)**

Full Name of Beneficiary	Address-if Different than Yours	Relationship	Social Security No.	Date of Birth	Percentage

**CONTINGENT BENEFICIARY(IES)**

Full Name of Beneficiary	Address-if Different than Yours	Relationship	Social Security No.	Date of Birth	Percentage (if applicable)

**PARTICIPANT’S AFFIDAVIT**

I certify that I have ceased working in Covered Employment (or will cease working in Covered Employment no later than \_\_\_\_\_). I certify that all of the information set forth above, including my marital status is accurate. I certify that I have provided the Fund’s office with a copy of any Qualified Domestic Relations Order (i.e. court order entered in connection with a divorce action) or divorce decree that awards all or a portion of my Account to an Alternate Payee (i.e. former spouse or children).

Signature of Applicant: \_\_\_\_\_  
 Date: \_\_\_\_\_

Before Me, the undersigned authority, personally appeared \_\_\_\_\_, the participant herein, who after being duly sworn states that all of the representation herein are true and correct.

Date: \_\_\_\_\_ Signature of Notary: \_\_\_\_\_

For the State of: \_\_\_\_\_  
 County of: \_\_\_\_\_  
 My Commission Expires: \_\_\_\_\_  
 Affix notary stamp/seal under your signature

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## VERIFICATION OF NON-APPLICABILITY OF JOINT & SURVIVOR OPTION

Known All Men By These Presents, that

**Whereas**, The undersigned is a participant in the Southeastern Iron Workers' Annuity Fund and Trust (the "Plan");

**Whereas**, The undersigned has applied to the Board of Trustees ("the Trustees") of the Plan for a retirement benefit under the Plan; and

**Whereas**, The undersigned acknowledges that he/she has been advised that the standard form of retirement benefit available under the Plan is a Joint and Survivor Annuity benefit; and

**Whereas**, The undersigned acknowledges that he/she has been advised that the benefit must be calculated and paid in this form unless, for a married participant, the spouse elects out of the Joint and Survivor form or, for an unmarried participant, the participant satisfies the requirements of the Trustees for evidence that no spouse exists or cannot be located; and

**Whereas**, The undersigned has represented to the Trustees in his/her application for pension benefits that he/she has no lawful spouse (or that he/she has a lawful spouse who cannot be located); and

**Whereas**, The undersigned desires to make the necessary appropriate representations to the Plan's Administrative Manager of this fact so the Trustees may act upon his/her application for a retirement benefit under the Plan.

**Now, Therefore**, in consideration of these premises, the agreement of the Trustees to act upon the application of the undersigned for a retirement benefit under the Plan and other good and valuable consideration, the undersigned warrants and represents to the Trustees as follows:

1. (a) At the present time, I am an unmarried person and have no lawful spouse. Attached hereto as Exhibit "A" is a listing of any prior spouse(s) which I may have had and an explanation of the termination of that marriage.  
(b) I am a married person with a lawful spouse, but she cannot be located because

\_\_\_\_\_

2. I have received and read the explanations of the Joint and Survivor Annuity and the Pre-Retirement Survivor Annuity from the Plan's Administrative Manager, and I am fully advised as to the standard form of benefit applicable under the Plan.
3. The statements and representations made by me in this application are true, correct, and complete.
4. The Trustees of the Plan and the Plan's Administrative Manager may rely upon my representations in processing and reviewing my application for pension benefits.
5. I have been fully advised of all my rights and the facts in connection with my application for retirement benefits, including this verification of non-spousal situation, and I have been given the opportunity to consult with advisors of my choice before completing the application and make these representations.

Name: \_\_\_\_\_

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

Before Me, the undersigned authority, personally appeared \_\_\_\_\_, the participant herein, who after being duly sworn states that all of the representation herein are true and correct.

Date: \_\_\_\_\_

Signature of Notary: \_\_\_\_\_

For the State of: \_\_\_\_\_

County of: \_\_\_\_\_

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

Affix notary stamp/seal under your signature

**Exhibit "A"**

Please list below the names of each and every spouse and the requested information regarding the termination of your marriage to that spouse.

NAME OF SPOUSE	DATE OF MARRIAGE	IS THERE A QDRO	STATE & COUNTY IN WHICH MARRIAGE WAS TERMINATED

If marriage was terminated by order of the court, please attach a certified copy of the order. If the marriage was terminated by death of a spouse, please attach a copy of the death certificate. If neither an order nor death certificate terminating the marriage is available, please explain why.

Name: \_\_\_\_\_

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

Before Me, the undersigned authority, personally appeared \_\_\_\_\_, the participant herein, who after being duly sworn states that all of the representation herein are true and correct.

Date: \_\_\_\_\_

Signature of Notary: \_\_\_\_\_

For the State of: \_\_\_\_\_

County of: \_\_\_\_\_

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

Affix notary stamp/seal under your signature