

**PLUMBERS AND PIPEFITTERS LOCAL #333 PENSION FUND  
REQUEST FOR APPLICATION FORM**

To: **BOARD OF TRUSTEES  
PLUMBERS AND PIPEFITTERS LOCAL #333 PENSION FUND  
6525 CENTURION DRIVE  
LANSING, MI 48917-9275**

I hereby request a Pension Application form so that I might apply for:

**Normal Retirement Benefits  
Early Retirement Benefits  
Deferred Vested Benefits  
Total & Permanent Disability**

Requested Retirement Date (first day of the month): \_\_\_\_\_

**IMPORTANT NOTE: Retirement Benefits are effective on the latest of: (a) the first day of the month after your completed Pension Application is received by the Fund Office, (b) the requested retirement date on your Pension Application, or (c) the date you actually retire. In order to allow sufficient time to process your request, it is suggested that you return this form well before your requested retirement date. This Request for Application is not your Pension Application.**

If you are disabled from the trade or are totally and permanently disabled, please indicate the date you became disabled:  
\_\_\_\_\_

I hereby submit the following personal information (Please print clearly or type):

Participant: \_\_\_\_\_  
First Middle Last

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Your Address: \_\_\_\_\_  
Street

\_\_\_\_\_ City State Zip Code

Telephone Number: \_\_\_\_\_

Current Local Union Number(if any): \_\_\_\_\_

If you have had any contributions made in your behalf to another Pension Fund covering employees represented by the United Association of Plumbers and Pipefitters, please complete the following (attach additional sheets, if needed):

Name of Fund: \_\_\_\_\_ Location: \_\_\_\_\_

Local Union No.: \_\_\_\_\_ Years: \_\_\_\_\_

Name of Fund: \_\_\_\_\_ Location: \_\_\_\_\_

Local Union No.: \_\_\_\_\_ Years: \_\_\_\_\_

**LAST EMPLOYER**

On \_\_\_\_\_ I intend to retire and remain unemployed or return to work only in a position in another trade, craft and/or industry for someone other than a contributing Employer.

**Under the terms of the Plan and Federal Law, in order to retire and be eligible for a benefit from the Fund, you must stop all work for any contributing Employer, even if you are doing non-covered work, and stop all work at any craft or in any industry included within the Jurisdiction of the Union, regardless of who your employer is or whether you are self-employed.**

**You must retire with the intention of remaining unemployed or returning to work only in a position in another trade, craft and/or industry for someone other than a contributing Employer. If you return to work shortly after you retire, it will be evidence that you did not intend to and did not actually retire.**

Name of last contributing Employer: \_\_\_\_\_ Telephone: \_\_\_\_\_

The last date worked or expected to work for that Employer: \_\_\_\_\_

**MARITAL HISTORY**

Please indicate your marital status, where applicable:                      Married, number of times \_\_\_\_\_  
   Legally Separated  
   Divorced, number of times \_\_\_\_\_  
   Widowed  
   Single

If currently married, please provide the following:

Spouse's Name:                      First                                      Middle                                      Maiden                                      Last

Spouse's Social Security Number: \_\_\_\_\_                      Date of Marriage: \_\_\_\_\_

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

**CONTIGUOUS NON-COVERED EMPLOYMENT**

The Plan provides that employment you may have had with a contributing Employer(s) for which no pension contributions were required on your behalf may, under certain conditions, be considered for vesting purposes if you are less than 100% vested under the Plan. If you have ever worked in such a capacity, please complete the following:

I worked in contiguous non-covered employment.

<b><u>Name of Employer</u></b>	<b><u>Period Worked</u></b>	<b><u>Capacity</u></b>
_____	_____	_____
_____	_____	_____
_____	_____	_____

I did not work in contiguous non-covered employment.

**CREDIT FOR UNIFORMED SERVICE FOR THE UNITED STATES**

Under the terms of the Plan and Federal Law, you may be credited with Hours of Service and accrued Credit Years for the period of your service in the Armed Forces or other uniformed service for the United States, if you meet the following requirements:

1. You served in the Armed Forces or other uniformed services of the United States for five years or less, unless your service was extended by the government; and,
2. You resumed work as an Employee covered by this Plan within 12 months of the date of your discharge under honorable conditions, unless you were prevented from resuming employment within 12 months of discharge because of an illness or injury you incurred during or aggravated by your service in the Armed Forces or other uniformed service of the United States.

**PLEASE CHECK THE BOX THAT APPLIES TO YOU:**

I **served** in the Armed Forces or other uniformed service for the United States and I meet both of the above requirements.

Date of entry \_\_\_\_\_ Date of discharge \_\_\_\_\_

**You must submit a copy of your honorable discharge from military service or civilian service discharge papers with this Request for Application.**

I **did not serve** in the Armed Forces or other uniformed service for the United States **or** I served in the Armed Forces or other uniformed service for the United States, but I do not meet both requirements.

**CREDIT FOR OTHER EMPLOYMENT**

Employment you may have had with any of the following Employers for which no pension contributions were required on your behalf may, under certain conditions, be considered for vesting purposes if you are less than 100% vested:

- Michigan State Council of the Operative Plasterers' and Cement Masons' International Association of the United States and Canada, AFL-CIO, or any affiliated local union
- Operative Plasterers' and Cement Masons' International Association of the United States and Canada, AFL-CIO
- Building and Construction Trades Council
- Central Labor Body
- State or Federal Department of Labor
- American Federation of Labor-Congress of Industrial Organizations (A.F.L.-C.I.O.), or any of its Departments

If you have ever worked in such a capacity, please complete the following:

I worked in such employment.

<u>Name of Employer</u>	<u>Period Worked</u>	<u>Capacity</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

I did not work in such employment.

**Please return this completed form and all required attachments (see below) to the attention of the Board of Trustees, Plumbers and Pipefitters Local #333 Pension Fund at 6525 Centurion Drive, Lansing, Michigan 48917-9275.**

- 1. Proof of Birth (See the last page of this form for acceptable proofs)**
- 2. Spouse's Proof of Birth (See the last page of this form for acceptable proofs)**
- 3. Marriage Certificate or Licenses**
- 4. Death Certificate(s) of any late or former spouse(s)**
- 5. All Judgments of Divorce, Separation Agreements and/or Qualified Domestic Relations Order(s) (including Property Settlement Agreements and any similar or related orders with any attachments) (If you provide a copy of the docket report for your divorce case(s), the review required by the Fund can be significantly expedited.)**
- 6. If you have ever served in the military or other uniformed services of the United States, please submit a copy of your honorable discharge from military service or civilian service discharge papers.**

### **CERTIFICATION**

I hereby certify that all the information furnished by me on this form is to the best of my belief and knowledge, true and complete. I understand that this completed form will be attached to and made part of my Application for Benefits and that, when I do submit such Application, I must also submit acceptable proof of my age and, if I am then married, proof of my spouse's age, as well as a copy of my marriage license or certificate. I also understand that, if I am divorced, I must submit a complete copy or copies of my Judgment(s) of Divorce and/or Qualified Domestic Relations Order(s) (including Separation Agreements, Property Settlement Agreements and any similar or related orders with any attachments) and/or the death certificate(s) of any late spouse(s) or former spouse(s).

I further understand that any material misrepresentation of such as my marital status constitutes fraud and may result in a complete loss of my pension benefit.

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**Signature of Participant**

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**Date Signed**

### **Acceptable Proof of Birth/Age**

In order to be eligible for retirement benefits, you are required to produce proof of your birth/age. The following is a list of the documents that may serve as proof of your birth/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. You do not have to furnish the original of any of these documents; you may submit a photocopy.

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 your 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.

## **EXPLANATION OF FORMS OF BENEFITS**

(This explanation is not a substitute for the detailed definitions and conditions set out in the Plan itself. It is simply a summary of the forms of benefits available under the Plan)

### **SINGLE LIFE MONTHLY ANNUITY**

#### **Normal form of payment for single participants**

Under the Straight Life Benefit you will received a monthly benefit payment to you for your lifetime. All benefits will cease upon your death. There are no survivor benefits paid to any beneficiary. This benefit requires spousal consent.

### **50% JOINT AND SURVIVOR FORM WITH 120 PAYMENT GUARANTEE**

#### **Normal form of payment for married participants**

Under the 50% Joint & Survivor Option you will receive a monthly benefit payable to you for your lifetime and should you predecease your spouse, she will receive 50% of your benefit, payable for the remainder of her lifetime. If both you and your spouse die before 120 payments have been made, the balance of the 120 payments will be paid to your designated beneficiary. For example if you and your spouse die after only 30 monthly payments have been made, 90 monthly payments would be made to your designated beneficiary. If your designated beneficiary dies before the combined 120 payments have been made, the present value of the balance of payments will be paid in a lump sum to the beneficiary's estate.

### **66 2/3% JOINT AND SURVIVOR FORM**

Under the 66 2/3% Joint & Survivor Option you will receive a monthly benefit payable to you for your lifetime and should you predecease your spouse, she will receive 66 2/3% of your benefit, payable for the remainder of her lifetime. Should your spouse predecease you, your benefit will then revert to the higher amount of the Single Life Annuity.

### **75% JOINT AND SURVIVOR FORM**

Under the 75% Joint & Survivor Option you will receive a monthly benefit payable to you for your lifetime and should you predecease your spouse, she will receive 75% of your benefit, payable for the remainder of her lifetime. Should your spouse predecease you, your benefit will then revert to the higher amount of the Single Life Annuity.

### **100% JOINT AND SURVIVOR FORM**

Under the 100% Joint & Survivor Option you will receive a monthly benefit payable to you for your lifetime and should you predecease your spouse, she will receive 100% of your benefit, payable for the remainder of her lifetime. Should your spouse predecease you, your benefit will then revert to the higher amount of the Single Life Annuity.

**Please not that if you remarry after retirement and have originally selected any one of the Joint & Survivor options, your new spouse will not be eligible for a survivor benefit after your death.**

## **LIFE-TWENTY YEAR CERTAIN FORM**

Under the 20 Year Certain Option you will receive a monthly benefit payable to you for your lifetime. However, if you should die before receiving 240 months of benefits, your named beneficiary will receive the balance of months left, at the same rate. For example, if you die after receiving only 70 monthly payments, 170 monthly payments would be made to your designated beneficiary. Upon completion of those months, there are no further benefits. If you receive 240 or more months of benefits before your death, there are **no** further benefits. This benefit requires spousal consent.

## **LIFE-TEN YEAR CERTAIN FORM**

Under the 10 Year Certain Option you will receive a monthly benefit payable to you for your lifetime. However, if you should die before receiving 120 months of benefits, your named beneficiary will receive the balance of months left, at the same rate. For example, if you die after receiving only 70 monthly payments, 50 monthly payments would be made to your designated beneficiary. Upon completion of those months, there are **no** further benefits. If you receive 240 or more months of benefits before your death, there are no further benefits. This benefit requires spousal consent.

## **LIFE-FIVE YEAR CERTAIN FORM**

Under the 5 Year Certain Option you will receive a monthly benefit payable to you for your lifetime. However, if you should die before receiving 60 months of benefits, your named beneficiary will receive the balance of months left, at the same rate. For example, if you die after receiving only 40 monthly payments, 20 monthly payments would be made to your designated beneficiary. Upon completion of those months, there are **no** further benefits. If you receive 60 or more months of benefits before your death, there are no further benefits. This benefit requires spousal consent.

### **Relative Value of Benefits**

The relative value of the forms of benefit are all approximately the same value as the Single Life form of benefit, assuming that you and your spouse will each live to an average age. The actual value of payments will ultimately depend upon how long you and your spouse live. Should you live to a below average age, the value of annuity payments will be less than anticipated, increasing the relative value of a form of benefit that provides for a greater survivor payment to your spouse or other beneficiary. Conversely, if you and your spouse live to be nearly the same age, the relative value of a form of benefit offering increased survivor payments will be reduced.

The Pension Fund's optional benefits are intended to be the actuarial equivalent of one another. The valuation of each optional form of benefit assumes that investment would earn the annual interest rate on 30-year Treasury Securities, and that participants would live to the age set forth in the mortality table described in Rev. Rul. 2001-62, as may be amended from time to time.

**All of the forms explained above are subject to the Suspension of Benefit Provisions of the Plan as explained in the Summary Plan Description.**