

Instructions

- √ Please print or type all information.
- √ Be sure to read carefully and complete **BOTH** sides of the application.
- √ Before completing the Application for Pension, you should carefully read the IUE-CWA Pension Fund Booklet (Summary Plan Description). It is advisable to file an application two or three months before the date your pension is to begin.

Applicant Information

Name _____ Phone (_____) _____
First Middle Last

Social Security Number _____ E-mail address _____

Address _____
Street City State Zip

Date of Birth _____ Marital Status: _____ Never Married _____ Married
Month / Day / Year _____ Widowed _____ Divorced

Sex _____ Male _____ Female Date of Marriage _____
Month / Day / Year

Required Documentation -- applications received without the proper documentation **cannot be processed**. Please be sure to include all documents for both you and your Spouse. If you have questions about what is required, please contact the Plan office.

YOU MUST SUBMIT PROOF OF YOUR DATE OF BIRTH, SUCH AS BIRTH CERTIFICATE OR BAPTISMAL CERTIFICATE
****Driver's License, State Identification Card, etc ARE NOT acceptable as proof of your date of birth****

I am submitting _____ as proof of my birth date

If you are **MARRIED**, you must provide a copy of your Marriage Certificate

If you are **SEPARATED**, you are still considered Married under the Plan

If you are **DIVORCED**, you must provide a copy of your **COMPLETE** Divorce Decree

If you are **WIDOWED**, you must provide a copy of your spouse's Death Certificate

Spouse's Name _____ Spouse's Social Security Number _____
First Middle Last

Spouse's Date of Birth _____ I am submitting _____ as proof of my Spouse's birthdate
Month / Day / Year

Employment Information

I worked for the following company(ies) which contributed to the IUE-CWA Pension Fund on my behalf: (If you worked for more than one Participating Employer of the IUE-CWA Pension Fund, list all the companies which made contributions to the Fund on your behalf.)

Name(s) of Company(ies)	Approximate Dates of Employment	
	From	To
_____	_____	_____
_____	_____	_____

My last day of employment was (will be): Month _____ Day _____ Year _____

I request that my pension begin on the first day of: Month _____ Year _____

CONTINUE TO REVERSE SIDE TO COMPLETE APPLICATION

Type of Benefit

Check the type of Pension Benefit for which you wish to apply. The types of pension benefits available, if you qualify, are as follows

Normal Retirement Pension - If you are age 65 or older at the time you retire or cease to be a Participant, you should apply for a Normal Retirement Pension. If you are over age 65, additional calculations are required and your benefit start date may be adjusted to the closest month.

Early Retirement Pension - If you are between the ages of 55 and 65, you may choose to apply for an Early Retirement Pension (there may be reductions to your benefit for Early Retirement. If you are applying for an Early Retirement Pension, benefits will not be paid retroactively for more than 3 months preceding the date your application is received by the Pension Fund Office.

Lump Sum - *Only available if*, at the date of your application, the net value of your benefit is **\$5,000 or less**, you may be eligible to receive a single lump sum payment, in lieu of a monthly benefit. This is payable in check form only.

Disability Retirement Pension - If you become disabled within two years after you cease to be an Active Participant of the Plan and you qualify for a Social Security Disability Pension, you may apply for a Disability Retirement Pension.

I have read the IUE-CWA Pension Plan and hereby apply for the following type of Pension Benefit (choose one)

_____ Normal Retirement Benefit _____ Early Retirement Benefit
_____ Lump-Sum Benefit _____ Disability Retirement Benefit (YOU MUST SUBMIT PROOF OF YOUR
SOCIAL SECURITY DISABILITY PENSION AWARD)

After your application has been received and processed by the Fund office, you will be furnished with an explanation of the Options available to you, including the benefits payable under each Option, and you will be given the opportunity to elect the Option of your choice.

Payment of Benefits-Benefits will be paid directly to your Savings or Checking account unless you will be receiving a Lump Sum payment. Please complete the information below. Remember, the name on the bank account MUST be the name of the Pensioner.

Until I give you further notice in writing, I hereby authorize the **IUE-CWA Pension Fund as Agent for the Trustees** to issue all Benefits in payment of amounts due me under said Trust payable, **VIA ACH TRANSFER**, to the order of:

Name of Bank _____ Branch Phone Number _____

Address of Bank Branch _____

Account Number _____

Type of Account-- **choose one only** _____ Savings _____ Checking

ABA Number (Bank Routing Number) _____

For Checking account deposits, please attach a voided Check

Sign Below -- The application will be returned to you unprocessed without your signature.

I hereby certify that the representations made in the above application are accurate. I recognize that the Trustees have a right to rely upon such representations in determining the benefits payable hereunder.

I acknowledge receipt of a copy of the IUE-CWA Summary Plan Description. I agree that pension eligibility and payments are to be governed in all respects by the provisions of the Pension Plan, or as the same may hereafter be amended, and that the making of any pension payment and its acceptance by me shall not prevent the Trustees from recovering or in any other way affect their right to recover any payment to me in excess of the amount to which I am entitled under the provisions of the Plan, nor shall the making of any pension payments to me obligate the Trustees in any way to make any further payments in any amount whatsoever, except as the same may be provided for by the Plan, as it may from time to time be amended.

I agree to notify the Trustees of the IUE-CWA Pension Fund in writing immediately upon acceptance by me of employment with a Participating Employer of the Pension Plan. If I am receiving a Disability Award Pension, I will notify the Trustees of the IUE-CWA Pension Fund in writing immediately of any change in Social Security determination, or the withholding or discontinuance of monthly Disability Payments by Social Security.

Applicant's Signature _____ Date _____