

**Application for Pension**

12/2020

**Instructions**

- \* Before completing the Application, you should carefully read the IUE-CWA Pension Fund Booklet (Summary Plan Description).
- \* This is the first of several steps of the Pension Application Process. This can take several weeks or months to complete, depending on documents provided, final hours from your Employer, and other factors. Once your application is processed, you will receive a packet of additional forms from the Plan to complete which will include your final benefit calculations, your Optional Forms of Benefit, tax withholding, and other important information.
- \* Be sure to read carefully and complete all sections of the application.
- \* Please send your completed Pension Application no more than 3 months prior to your requested Pension starting date.

**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

Gender: \_\_\_\_\_ Male \_\_\_\_\_ Female Date of Marriage \_\_\_\_\_  
Month / Day / Year

**Required Documentation** -- applications received without the proper documentation **cannot be processed and will be returned.** 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 DATE OF BIRTH PROOF**

**Approved documents are Birth Certificate, Baptismal Certificate, Passport and/or Naturalization Certificate**

**\*\*Driver's License or State Identification Cards ARE NOT acceptable documents for date of birth proof\*\***

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 **WIDOWED**, you must provide a copy of your spouse's Death Certificate
- If you are or have ever been **DIVORCED**, you must provide a copy of your **COMPLETE** Divorce Decree, which must contain the **Division of Assets/Separation Agreement. You do not need to provide their name or Social Security Number below.**

Current Spouse's Name \_\_\_\_\_ Current Spouse's Social Security Number \_\_\_\_\_  
First Middle Last

Current 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 which contributed to the IUE-CWA Pension Fund on my behalf:

\_\_\_\_\_

My last day of employment with the above employer was (will be): Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

I request that my pension begin on the first day of: **Month** \_\_\_\_\_ **Year** \_\_\_\_\_

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**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.

**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.

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**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 provide your Social Security Disability Notice of Award that includes the Date of Entitlement)**

**After your application has been received and processed by the Fund office, you will receive a packet of information that has an explanation of the Options available to you, including the dollar amount of benefits payable under each Option, and you will be given the opportunity to elect the Option of your choice, select tax withholdings, etc..**

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**Payment of Benefits** - Benefits will be paid directly to your Savings or Checking account. 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**

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**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** \_\_\_\_\_