



# Application for Pension

**IUE-CWA Pension Fund**  
2001 E 3rd Street \* Bloomington, IN 47401  
(812) 671-0690 phone \* (812) 671-9696 fax  
www.iuepension.org

## Instructions

- \* Please print or type all information.
- \* Be sure to read carefully and complete **BOTH** sides of the application.
- \* Before completing the Application, you should carefully read the IUE-CWA Pension Fund Booklet (Summary Plan Description).

## 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 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.

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**

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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. 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.

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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 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.

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**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**

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