

APPLICATION FOR PENSION

831 S. Nevada Ave. Ste. 120, Colorado Springs, CO 80903
Toll Free: 1-877-429-2488

Name (Print)

Mr. Ms. _____

Address: _____

Street

City

State

Zip

Social Security No. _____ Home Phone No. _____

Date of Birth: _____ (Documentary evidence such as a copy of **Birth Certificate**, Baptismal Certificate, Passport or Social Security correspondence showing date of birth must be supplied.)

Date I stopped/will stop working in the industry, trade or craft: _____

Date I want my pension to start: _____ Local No. _____

Place of employment during last 12 months: _____

I request the following pension under the provisions of the NPP and/or any applicable merged plan:

- Normal Pension (minimum age 65).
- Early Pension (minimum age 62 with 20 years of service credit or a Social Security Disability Award permanently **reduced** based on starting age.

Single: (If divorced, please submit copy of divorce decree and settlement agreement discussing pension)

Married: Spouse's name _____

Spouse's date of birth: _____ Spouse's Social Security Number _____

MARK ONE BOX TO SELECT A FORM OF MONTHLY PENSION PAYMENT:

If you have not received estimates of the available forms of payment, please contact the Plan Office. All options have approximately the same relative (actuarial) value. *The Joint & Survivor Options (3 through 5) are available only to married participants.*

1. **LIFE ONLY** Highest pension payable for your lifetime, but there are no benefits payable after your death.
2. **LIFE/10** Reduced pension payable for your lifetime, but in the event you die before receiving at least 120 monthly payments (10 year minimum guarantee), the remaining guaranteed payments will be made to your beneficiary(ies).
3. **50% SPOUSE** Reduced pension payable for your lifetime. Upon your death, 50% of your monthly pension will be paid to your eligible surviving spouse for his/her lifetime.
4. **75% SPOUSE** Reduced pension payable for your lifetime. Upon your death, 75% of your monthly pension will be paid to your eligible surviving spouse for his/her lifetime.
5. **100% SPOUSE** Reduced pension payable for your lifetime. Upon your death, 100% of your monthly pension will be paid to your eligible surviving spouse for his/her lifetime.

The eligible surviving spouse is the person married to you when payments begin. If your spouse dies, you will continue to receive the same lifetime pension amount and payments end with your death. If you select a joint & survivor pension but die before you have been married for one year, the survivor provisions will not apply and benefits will continue as if you selected the LIFE/10 form of pension.

PLEASE COMPLETE PAGE 2 AND SIGN

NOTICE TO MARRIED PARTICIPANTS

If you are married when your pension starts, federal law requires that your pension be paid as a joint & survivor Pension (50%, 75%, or 100%) unless you waive this form of payment with the written, notarized consent of your spouse. **If you select the LIFE ONLY or LIFE/10 pension** on page 1, we are required to send you a Selection and Spouse Consent form giving estimates for all of the forms of pension payment (using your spouse's date of birth as listed for calculating the joint & survivor amounts). The Selection and Spouse Consent form should then be used to make a final selection, waive the joint & survivor pension if you wish with the consent of your spouse, and to designate your beneficiary. The date you sign this application will be used in establishing the effective date of your pension, even if another selection is needed. If you select the 50%, 75%, or 100% Spouse Option, no further election is required.

AUTHORIZATION AGREEMENT FOR DIRECT DEPOSIT

Your first pension payment will be mailed to your home address along with a letter explaining your benefits. Thereafter, your pension will be electronically deposited into your designated bank or credit union account. Please provide your bank information here and attach a voided check below (or deposit slip if savings account).

I hereby authorize my pension to be deposited into my account named below. I also authorize reversal of ineligible payments, if any.

Bank Name: _____ Bank Phone No. _____

Bank Address: _____

Bank ABA Routing No. (9 digits): _____

My Account No. is: _____ Checking Savings

Emergency Contact Person: _____ Telephone: _____
(other than your spouse)

Please notify Plan Office if your bank information or home address changes.

SUBSTITUTE FOR IRS FORM W-4P - WITHHOLDING CERTIFICATE FOR PENSION

*If you want federal income tax withheld from your monthly pension, please state a dollar amount below. If you do **not** want tax withheld, write "0".*

I want the following **dollar amount** withheld from each monthly pension payment: \$ _____

By signing below, I certify that the information in this application is accurate and complete, and I understand that:

1. Once payment begins, I can no longer change the form of payment throughout my lifetime.
2. To be eligible for pension, I must retire from the industry.* After terminating all service in the industry, I can become re-employed and still receive pension payments as long as I do not work more than 10 days per month in the industry as provided in section 7.03 of the Plan. *(Early Pensioners must wait at least 30 days after their termination date before they can be re-employed with the same employer, to ensure the payments are not considered an "in-service distribution" under IRS regulations.)* If I later become employed (or self-employed) within the industry more than 10 days per month*, I will not be entitled to a monthly pension, and must notify the Plan Office.

*The retirement requirement and re-employment restriction no longer apply April 1st of the year after turning age 70½.
3. All pension payments are governed by the applicable Plan provisions, as amended. The Trustees have the right to recover any sum paid in excess of that to which I was entitled.

Signature of Participant

Date

**** *Attach voided check here* ****