

THE MEMBERS RETIREMENT PLAN

2075 FOXFIELD RD., SUITE 201, ST. CHARLES, ILLINOIS 60174 • (630) 752-8400

www.tmrplan.org

APPLICATION FOR PENSION BENEFITS

NAME: _____ SOCIAL SECURITY NUMBER: _____
(Please Print)

ADDRESS: _____
(Street & Number) (City) (State) (Zip)

EMAIL ADDRESS: _____ TELEPHONE NUMBER _____

I hereby apply for pension benefits in accordance with the provisions of Article V of the Trust Indenture of TMRP ("Retirement Plan" and "Plan"), and make the following statements and representations to the Trustees of the Retirement Plan with knowledge that said Trustees will rely on the information in approving any pension benefits. By signing this Application on Page 5, I acknowledge and agree that in the event of any overpayments of pension benefits by the Plan for whatever reason, I am responsible for reimbursing the Plan and, in the event of my death, I consent to the Plan seeking reimbursement of any pension overpayments from my estate or, absent an estate, from my beneficiaries.

I affirm that I am no longer engaged in any industry subject to the jurisdiction of my Local Union participating in the Retirement Plan. I agree that if I become reengaged in an industry subject to the jurisdiction of my participating Local Union while receiving any pension benefits, I shall immediately notify the Retirement Plan in writing. I understand that I am not eligible to receive pension benefits of any kind from the Retirement Plan during any period in which I am engaged in an industry subject to the jurisdiction of my participating Local Union or fail or refuse to submit information as required. Please complete all applicable sections of this 6 Page Application.

1. I have ceased (or will have ceased) working in the industry on: _____ (Required)

2. Month/Year I would like my pension benefits to start: _____ (Required)
(Note: Plan Office may change this date to conform to Plan rules.)

3. Date of Birth _____ (Attach proof of age and check applicable box below – original documents NOT required; copies acceptable.)

☐ Photocopy of Birth Certificate OR ☐ Other Proof (Examples: Photocopy of Driver's License, Baptismal Certificate, Marriage Records showing Date of Birth, Passport, Hospital Record, Immigration Papers, etc.)

4. I am applying for the following type of Pension:

- ☐ **Normal Retirement Pension: Age 65 or over**
- ☐ **Early Pension - Age 55 or over but under 65**
- ☐ **Disability Benefit:** (Credited with at least \$1,300 of Plan contributions and totally and permanently disabled (as defined by the Plan). If you are applying for a Disability Benefit, a Joint & Survivor election is NOT an option. Your spouse must sign the Waiver of the Joint & Survivor election below. Pension is reduced by ¼ of 1% for each month (3% per year) retirement precedes age 65. Minimum Benefit of \$10/month. (Complete the following Section))

FOR DISABILITY BENEFIT ONLY:

I understand that the Disability Benefit is payable during the life of the Applicant named above with no continuing pension to the Applicant's spouse after the Applicant's death. I, the Applicant's spouse, hereby waive any claim to the Joint and Survivor benefit. (Spouse to sign if applicable.)

(Signature of Applicant's Spouse)

(Date)

NOTE: If applying for Disability Pension, you must apply for a Social Security Disability Benefit but do not wait for Social Security ruling before applying for Disability Pension. If a Social Security ruling has been received, please attach ruling. If no ruling has been received, enter the date you applied for Social Security Disability Benefits.

Date applied for Social Security Disability Benefit: _____

ELECTION OR REJECTION/WAIVER OF JOINT & SURVIVOR OPTION

This page must be completed unless the Applicant is not married or is applying for a Disability Benefit – Check One

☐ I am married	☐ I am NOT married OR I am applying for a Disability Benefit
(Proceed to either Section 1 or Section 2 below)	(STOP - Proceed to Designation of Death Benefit Beneficiary – Do not complete Sections 1 or 2 below)

SECTION 1 – REJECTION AND WAIVER OF JOINT & SURVIVOR OPTION

IF THE APPLICANT WISHES TO REJECT THE JOINT AND SURVIVOR OPTION, COMPLETE THIS SECTION. THE APPLICANT'S SPOUSE MUST SIGN THIS WAIVER. PLEASE COMPLETE THE DESIGNATION OF BENEFICIARY SECTION ON PAGE 3 TO DESIGNATE A BENEFICIARY.

☐ **NO JOINT AND SURVIVOR OPTION.** Full monthly pension is payable during the Applicant's lifetime with no continuing pension payable to the surviving spouse after the Applicant's death. By signing below, the Applicant's spouse hereby waives any claim to pension payments under the Joint and Survivor Option.

Spouse's Signature (Required)

Print Spouse's Full Name

Date

SECTION 2 – ELECTION OF JOINT & SURVIVOR OPTION

IF THE APPLICANT WISHES TO ELECT THE JOINT AND SURVIVOR OPTION, CHECK ONE BOX BELOW AND PROVIDE THE INFORMATION REQUESTED. PLEASE ALSO COMPLETE THE DESIGNATION OF BENEFICIARY SECTION ON PAGE 3 TO DESIGNATE A SUCCESSOR BENEFICIARY IN THE EVENT OF YOUR SPOUSE'S DEATH.

I understand that the reduced monthly pension under both Option A and B below will be calculated by the Plan's actuaries based on the present ages of my spouse and myself so that the aggregate of all payments which are expected to be made to my spouse and myself will be actuarially equivalent to the payments that would have been expected if I had rejected the Joint and Survivor Option. I understand further that I may not revoke this election for any reason.

Option A ☐ I elect to receive a reduced monthly pension during my lifetime. If my spouse survives me, my spouse will receive a pension equal to 2/3rds of my reduced pension for life after my death. If my spouse predeceases me, there are no changes in my pension amount and no surviving spouse pension is payable.

Option B ☐ I elect to receive a Joint and Survivor Option as described above but with a "pop-up." I will receive a reduced monthly pension during my lifetime and if my spouse survives me, my spouse will receive a pension equal to 2/3rds of my reduced pension for life after my death. However, if my spouse dies *before* me, my pension after my spouse's death will be increased for the rest of my life to the amount I would have received had I rejected the Joint and Survivor Option (to the full amount of my pension).

Full Name of Spouse _____ Spouse's Date of Birth _____

Spouse's Social Security Number ____ - ____ - ____ Date of Marriage _____

Submit one of the following documents as proof of marriage:

☐ Photocopy of marriage certificate OR ☐ _____ (List other proof of marriage submitted)

Submit proof of spouse's age: ☐ Photocopy of spouse's birth certificate OR ☐ _____
(List other proof of spouse's age – see suggested list of documents for proof of birthdate on page 1)

GO ON TO NEXT PAGE

DESIGNATION OF DEATH BENEFIT BENEFICIARY

I hereby designate the following named beneficiary(ies) (or successor beneficiary(ies) in the event of your spouse's death if the Joint and Survivor Option is elected above) to receive any moneys payable by The Members Retirement Plan in the event of my death. In the event that any of the named beneficiary(ies) should die before me, their shares shall be divided equally among the remaining beneficiaries.

NOTE: If more than one beneficiary is named herein, the moneys shall be distributed in equal shares unless you indicate the percentage to be received by each. To designate successor beneficiary(ies), insert the words "in the event the above-named is deceased" on a line between the beneficiaries named.

IMPORTANT NOTE: Today's date _____:

The following beneficiary designations cancel any previous designations made by me. Required.

Full Name of Beneficiary	Address, City, State	Relationship	Share to be paid

ELECTION FOR INCOME TAX WITHHOLDING

Information concerning the taxability of your pension is available from the Plan Office, but you are encouraged to consult with a qualified tax advisor. Although the Plan is not legally required to withhold amounts from your pension for Federal income tax purposes, the Plan is willing to do so at your request. Please indicate below if you would like the Plan to withhold any portion of your pension benefits for Federal income tax purposes. To have withholding, you must complete and submit an IRS Form W-4P, either with your Pension Application or later. Copies of the Form W-4P are available from the Plan Office or www.irs.gov website.

Your election concerning withholding will remain in effect until you revoke it. You may make or revoke any election at any time by providing a signed and dated revocation to the Plan Office. Any withholding election or revocation will be effective no later than the January 1, April 1, July 1 or October 1 after it is received so long as it is received at least 30 days before any of the forgoing dates.

If you elect not to have withholding apply to your pension payments or if you do not have enough Federal income tax withheld from your pension payments, you may be responsible for payment of estimated tax. You may incur penalties under the estimated tax rules if your withholding and estimated tax payments are insufficient. **PLEASE CHECK ONE BOX BELOW:**

☐ I DO NOT want to have any Federal income tax withheld from my pension OR

☐ I want to have Federal income tax withheld from my pension and am submitting IRS Form W-4P

GO ON TO NEXT PAGE

ELECTRONIC TRANSFER OF PENSION PAYMENTS

It is the policy of the Plan to make all pension payments by electronic transfer directly into your bank account on the first day of each month. This makes your pension payments immediately available for your use. Electronic transfer eliminates the risk that your check will get lost in the mail and eliminates the need to personally deposit your check each month. Please complete the following information which is needed for electronic transfer of your pension and sign the authorization.

In the event of your death, your family must contact the Plan office immediately in order to determine whether any further benefits are payable on your behalf after your death. Failure to do so may result in the unlawful receipt of benefits and subject your family to legal action to recover any benefit overpayments.

I hereby authorize The Members Retirement Plan to electronically transfer my pension benefits, including

corrections, to my: ☐ Checking Account -OR- ☐ Savings Account

at the Financial Institution named below which is authorized to receive them.

This authorization shall remain in full effect until the Retirement Plan has received written notification of its termination or until the Plan has sent me written notice of its termination. I hereby acknowledge that any funds received after my death by my designated Financial Institution pursuant to this authorization must be returned to the Retirement Plan.

NAME OF FINANCIAL INSTITUTION IN WHICH MY PENSION BENEFITS ARE TO BE DEPOSITED:

NAME: _____

BRANCH ADDRESS: _____

Bank Routing Number
(The first nine (9) digits at
the bottom of your check)

Your Account Number

☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐

*

☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐

Your signature: _____ Date: _____
(Required)

****PLEASE ATTACH A VOIDED CHECK HERE****

IF YOU ARE UNABLE TO ATTACH A
VOIDED CHECK PLEASE ENCLOSE A
COPY OF YOUR BANK STATEMENT
SHOWING THE ACCT NUMBER AND
YOUR NAME.

GO ON TO NEXT PAGE

THIS APPLICATION MUST BE SIGNED AND WITNESSED BELOW

I have examined all five pages of this Pension Application and affirm that all statements are true and correct, and that the elections and beneficiary designations reflect my desires in all respects. NOTARIZATION IS NOT REQUIRED.

Signature of Applicant (Required)

**Signature of Applicant's Spouse
(If applicable, then Required)**

Witness to Signatures* (Required)

***This Witness cannot be the above-named
Applicant or Applicant's Spouse or a Beneficiary**

Date signed by all parties

THIS APPLICATION CANNOT BE PROCESSED WITHOUT ALL REQUIRED SIGNATURES

DO NOT FAX OR E-MAIL THIS APPLICATION

APPLICATION CHECKLIST

(Missing information may result in a possible delay and/or return of your application.)

- 1) Please be sure on Page 1, Question #1 to fill in the last date that you worked in the industry. If you cannot recall the exact date, please provide an estimated year. **This question must be filled in.**
- 2) Please be sure on Page 1, Question #2 to fill in a date that you want your benefit to begin. **This question must be filled in.**
- 3) If you are married and are **NOT** choosing the Joint and Survivor benefit, your spouse's signature is **required** on Page 2 under "SECTION 1 – REJECTION AND WAIVER OF JOINT AND SURVIVOR OPTION."
- 4) Please complete the beneficiary section and include the beneficiaries' addresses.
- 5) **Did you include all the required signatures?** Missing signatures may result in the delay in the processing of your application.
- 6) **Did you remember to include the required documents?**

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LOCAL UNION CERTIFICATION
USE ONLY INFORMATION CONTAINED IN OFFICIAL LOCAL RECORDS

To the Trustees, TMRP

The following information is from our Local's official records.

1. Name of Applicant _____

2. Applicant held membership in this Local as follows:

From _____ to _____ From _____ to _____

3. Applicant ceased working in the industry on _____
(If this date does not correspond with the date on question #2, page #1, please explain.)

4. All of the applicant's pension contributions have been forwarded to TMRP, except an amount of \$ _____
which will be forwarded on _____ (Date).

We have examined this pension application and certify that the above information is a part of the official records of our Local.

Date _____

Local No. _____

President

Secretary

THE MEMBERS RETIREMENT PLAN

This pension application of _____ is (approved)
(disapproved) and payment of \$ _____ per month,
effective _____ is hereby authorized so long as the applicant remains eligible under the terms of TMRP.

Date _____

by _____
Authorized Signature