



CALIFORNIA IRONWORKERS FIELD PENSION APPLICATION

131 N. El Molino Ave., Ste 330 • Pasadena, CA 91101-1878

1 (626) 792-7337 • 1 (800) 527-4613 • Fax (626) 578-0450

GENERAL INSTRUCTIONS

1. Please read the application and instructions carefully.
2. Type or print all information in ink.
3. Be sure to answer all applicable questions. This will avoid delay in having your application processed.
4. Be sure to date and sign the application and have the signatures notarized.
5. Call the Pension Department with any questions or for help in completing the application.

Name _____
(last) (first) (middle)

Address _____
(Street number) (City) (State) (Zip)

Social Security No. _____ Telephone No. _____

Date of Birth _____ Date Last Worked or Will Work _____

Last Employer _____

Marital Status: Single Married Separated Divorced Divorced/Remarried Widowed

Spouse's Name _____ Date of Marriage _____

Spouse's Date of Birth _____ Spouse's Social Security No. _____

If Divorced, Date of Dissolution _____ Former Spouse's Name _____

Information regarding Qualified Domestic Relations Orders (QDROs):

Before this plan will make distributions to a divorced or legally separated participant it will require proof either that the former spouse is not entitled to any portion of the account or an endorsed filed copy of a QDRO allocating a portion of the account to a former spouse. If applicable, please supply all relevant court orders

I HEREBY APPLY FOR THE DISTRIBUTION OF MY PENSION AS FOLLOWS:

- Regular Pension (At least 5 years of Vesting Service Credit and age 62 – must have been Active June 1, 1998, otherwise you must have 10 years of Future Service Credit and age 62)
- Service Pension/Golden 85 (Pension Credits + Age = 85, at least 10 Credits must be earned in this Plan's Jurisdiction and you must not have been previously awarded an Early Retirement Pension)
- Early Retirement (10 years of Pension Credit and at least age 45 if you were an Active Participant on or after September 1, 1993, otherwise age 55)
- Level Income Option (Plan provides supplemental income until Social Security Age. May be Early Retirement or Service Level Income Option)

I would like an estimate of my benefits under this option. I will retire on Social Security at age 62 65.

You must submit an estimate of benefits from the Social Security Administration in order for us to calculate this benefit.

- Pro-Rata Pension (See Pension Booklet for Details)
- Disability Pension (5 years of Pension Credit with this Plan, see attached summary for additional Information).
- Vested Pension (5 years of Vesting Service and age 65 if you were an Active Participant on June 1, 1998. Otherwise, you must have 10 years of Vesting Service)

Conversion of Early Retirement Pension to Disability Pension – The rules and regulations of the Plan require that if you are permanently disabled, you must apply to the Social Security Administration Office for a Social Security Disability Benefit *and submit evidence of your having been awarded a Social Security Disability Benefit (“Award Notice”) within 90 days after the date of the Award Notice to the Trust* in order to be eligible to convert your Early Retirement Pension to a Disability Pension.

You must be approved for Social Security Disability Benefits within 36 months of the effective date of your Early Retirement Pension. You must also submit a copy of your Award Notice and a written request to convert your Early Retirement Pension to a Disability Pension within 90 days after the date of the Award Notice. If your request to convert your Early Retirement Pension to a Disability Pension or the Award Notice is filed later than 90 days after the date of the Award Notice, you will **not** be eligible to convert your Early Retirement Pension to a Disability Pension.

Please refer to the Pension Plan Rules & Regulations for specific language:

Section 6. Eligibility for Disability Pension.

- (a) A Participant who has retired and filed an application for benefits in accordance with Article VIII, Section 1 shall be entitled to a Disability Pension if he meets the following requirements:
 - (1) He is younger than age 62; and
 - (2) He has completed at least 350 Hours of Service in Covered Employment (hours of Pension Credit for Disability may also be counted for this purpose) in the Plan Year in which he became totally and permanently disabled as defined in subsection (b) below or in either of the two Plan Years preceding the Plan Year in which he became totally and permanently disabled as defined in subsection (b) below;
 - (3) He has at least 5 years of Future Service Credit accrued under this Plan; and
 - (4) He is totally and permanently disabled as defined in subsection (b), below.
- (b) An Employee shall be deemed to be totally and permanently disabled within the meaning of this Section if:
 - (1) He has been awarded a Social Security Disability Benefit by the Federal Social Security Administration in connection with his Old Age and Survivor’s Insurance Coverage, and
 - (2) He is unable to engage in any substantial gainful activity by reason of any medically determinable physical or mental impairment which can be expected to result in death or to continue for the individual’s lifetime, and such bodily injury or disease is not due to such individual’s commission of or attempt to commit a felony, or the engagement in any felonious activity or occupation, or the self-infliction of any injury, or as a result of habitual drunkenness or the use of narcotics, unless the same were administered pursuant to the orders of a licensed physician.
- (c) The Board of Trustees may at any time, or from time to time, require evidence of continued entitlement to such Social Security Disability Benefits and may at any time, notwithstanding the prior granting of a Disability Pension under the Plan, require that the individual satisfy the provisions of Subsection (b) of this Section as a prerequisite to the continuance of the Disability Pension granted under the Plan.

DISABILITY INFORMATION

- 1. Date you first became disabled - _____
- 2. Are you receiving Social Security Disability Benefits? _____ If yes, attach a copy of your Social Security Award Letter. If no, have you applied for Social Security Disability? _____

From the date you first became disabled, have you engaged in any employment? If so, give details such as dates and type of employment.

UNION MEMBERSHIP

List all Local Unions affiliated with the International Association of Bridge, Structural & Ornamental Ironworkers in which you have worked (use additional paper if necessary):

LOCAL UNION	CITY AND STATE	FROM	TO

Do you want the Trust Fund Staff to contact these funds to determine eligibility for Pro Rata Benefits? **Yes, I am interested in knowing my eligibility with all funds**
 No, I am interested only in my credits from California

INSTRUCTIONS ON PROOF OF AGE:

Submit *one* of the following:

A certified copy of birth certificate or a certified copy of baptismal certificate or statement as to the date of birth shown by a church record certified by the custodian of such record.

If you cannot submit a certified copy of either a birth certificate or baptismal certificate, submit photocopies of two (2) of the proofs listed below. You are cautioned, however, that Naturalization records, United States Passports and Immigration records may not be photocopied. If you are submitting any of these, you must submit the original; it will be returned to you. Additional proofs of age may be required if the documents you submit do not constitute convincing proof of your age. Passports and Immigration records should be sent by certified mail.

1. Notification of registration of birth in a public registry of vital statistics.
2. Certification of age by the United States Census Bureau.
3. Hospital birth records certified by the custodian of such record
4. A foreign church or government record.
5. A signed statement certifying date of birth by the physician or midwife who was in attendance at birth.
6. Naturalization record (Photocopy not permitted; submit original).
7. Immigration record (Photocopy not permitted; submit original).
8. Military record.
9. Passport (United States Passport may not be Photocopied; submit original).
10. School record, certified by the custodian of such record.
11. Vaccination record, certified by the custodian of such record.
12. An insurance policy at least 5 years old.
13. Marriage record (application for marriage license or church record certified by the custodian of such record, or marriage certificate only if date of birth is listed).
14. Confirmation record (only if date of birth is listed).
15. Other evidence, such as voting record, poll tax receipts, driver's license, or 2 signed statements from persons who have knowledge of the date of birth (statements must be notarized.)

NOTE

BE SURE THAT NAME(S) PRIOR TO MARRIAGE AGREES WITH PROOF OF AGE. IF NOT, PLEASE PROVIDE WRITTEN EXPLANATION AND DOCUMENTATION

If you are married, your pension will be paid automatically in the form of a Husband and Wife Pension unless rejected. Under the Husband and Wife Pension, you will receive a reduced monthly benefit during your lifetime, and upon your death, your surviving spouse will receive a monthly benefit equal to 50%, 75%, or 100% of the amount you were receiving at death for the rest of your spouse's life. The amount payable to you is reduced to compensate for the fact that the benefit will be paid over two lifetimes rather than one. How much benefits will be reduced with a Husband and Wife Pension depends on the difference in age between you and your spouse. If your spouse is much younger than you, benefits will be reduced more that if you were close to the same age or if your spouse is older than you. The reduction is calculated as follows:

TYPE OF PENSION	SINGLE LIFE BENEFIT REDUCTION (NON-DISABILITY PENSIONS)
50% Husband and Wife	92% minus .4% for each full year your spouse is younger or plus .4% for each full year your spouse is older than you
75% Husband and Wife	88% minus .4% for each full year your spouse is younger or plus .4% for each full year your spouse is older than you
100% Husband and Wife	85% minus .5% for each full year your spouse is younger or plus .5% for each full year your spouse is older than you

TYPE OF PENSION	SINGLE LIFE BENEFIT REDUCTION (DISABILITY PENSIONS)
50% Husband and Wife	82% minus .4% for each full year your spouse is younger or plus .4% for each full year your spouse is older than you
75% Husband and Wife	76% minus .4% for each full year your spouse is younger or plus .4% for each full year your spouse is older than you
100% Husband and Wife	70% minus .5% for each full year your spouse is younger or plus .5% for each full year your spouse is older than you

If you and your spouse do not want the Husband and Wife Pension, you will receive a lifetime pension with 36 payments certain. However, you cannot reject the Husband and Wife Pension more than 90 days before the effective date of your pension, and the Fund will disregard a rejection that is dated too early.

UNMARRIED PARTICIPANTS

If you are not married, your pension benefits will be paid automatically in the form of a lifetime pension with 36 payments certain. Under this form of benefit, you will receive a monthly pension benefit during your lifetime, with a guarantee that if you die before receiving 36 monthly payments, the monthly benefit will be continued to your designated beneficiary until a total of 36 payments have been made.

EFFECTIVE DATE

Under IRS regulations, you may have at least 30 days after receiving the explanation of our Plan's benefit payment options to decide how you want your pension paid before payments commence. If you do not want to wait, we are willing to start payments earlier, with your express consent and that of your spouse. Under the rules of the Plan, you will be permitted to change your choice of a form of payment at any time during the first 90 days after you file your application, even if your pension benefits have already begun. However, if you are married when you retire you cannot reject the Husband and Wife Pension more than 90 days before the effective date of your pension, and the Fund will disregard a rejection of that pension form that is dated too early.

ELECTION

Prior to electing or rejecting the Husband and Wife Pension, I would like an estimate of the pension payable to me under each form (Single, 50%, 75%, or 100%). **Enclosed is my spouse's proof of age and proof of our marriage.**

I hereby reject the Husband and Wife Pension and elect the lifetime pension with 36 payments certain.

I have applied for pension benefits from the California Ironworkers Field Pension Trust with an effective date of _____. I recognize that, under federal law and regulations, the Plan would ordinarily not start to pay my benefits for at least 30 days after my spouse and I receive an explanation of the Plan's benefit payment options. Because I do not want to wait for the payments, and possibly lose benefits as a result, and because the Plan's retroactive election feature give me and my spouse ample time to make an informed decision, acting on behalf of myself, my heirs, successors and assigns, I hereby authorize the Plan to dispense with that 30-day advance waiting period and agree not to challenge the validity of my choice of payment form based on when benefit payments began.

I hereby apply for a Pension from the California Ironworkers Field Pension Trust and acknowledge all choices and designations are made voluntarily. I certify under penalty of perjury that all of the above statements are true and correct. I also understand that a false statement may disqualify me for pension benefits, and that the Trustees shall have the right to recover any payments made to me because of a false statement.

Participant's Signature

Date

State of _____

County of _____

Subscribed and sworn to (or affirmed) before me on this _____ day of _____, 20_____, by _____ proved to me on the basis of satisfactory evidence to be the person who appeared before me.

Signature of Notary _____

seal

SPOUSE'S CONSENT

My spouse has applied for pension benefits from the California Ironworkers Field Pension Trust with an effective date of _____. I recognize that, under federal law and regulations, the Plan would ordinarily not start to pay his benefits for at least 30 days after he and I receive an explanation of the Plan's benefit payment options. Because we do not want to wait for the payments, and possibly lose benefits as a result, and because the Plan's retroactive election feature give ample time to make an informed decision, acting on behalf of myself, my heirs, successors and assigns, I hereby authorize the Plan to dispense with that 30-day advance waiting period and agree not to challenge the validity of my spouse's choice of payment form based on when benefit payments began.

I have read and understand my spouse's election of benefit as set forth in this application and I understand the effect such election may have on the benefits which may become payable in the event of his death and I hereby agree to said election.

Spouse's Signature

Date

State of _____

County of _____

Subscribed and sworn to (or affirmed) before me on this _____ day of _____, 20_____, by _____ proved to me on the basis of satisfactory evidence to be the person who appeared before me.

Signature of Notary _____

seal