

PLUMBERS LOCAL 14 PENSION PLAN

150 Main Street – Lodi, New Jersey 07644

Tele. (973) 473-5544

Union Trustees

Don Capasso
Rick Sabato
Pat Kelleher

Employer Trustees

Alan O'Shea
Salvatore Fichera
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Application For Pension Benefits

Please read this application carefully before answering any questions. Print your answers to all questions that apply. If any part of this application is not entirely clear, call the Fund Office for assistance, at the above phone number.

I make the following statements and representations to the Trustees of the Fund with the knowledge that said Trustees will rely on the same in granting said payment.

1) Name _____
FIRST NAME OF PARTICIPANT MIDDLE INITIAL LAST NAME SOCIAL SECURITY #

Applicant's Name for Death Benefit: _____
RELATIONSHIP TO DECEDENT

2) Address _____
NUMBER AND STREET CITY STATE ZIP CODE

3) Soc.Sec.#. _____ - _____ - _____ 4) Tele.# (_____) _____ Cell #(_____) _____

5) Date of Birth _____ (Submission of proof required)

6) Marital Status: [] Single, [] Married, [] Divorced (submit proof), [] Widowed, [] Other (explain below)
You must submit a copy of your marriage certificate if married or copy of death certificate if spouse is deceased.
We will also need a copy of your divorce decree and/or Domestic Relations Order if you are divorced.

7) Spouse's Name _____ Date of Birth _____ SS# _____

8) _____
DATE OF INITIATION NAME OF LAST EMPLOYER DATE LAST WORKED

9) Date you wish benefits to commence: (Month / Year) _____ / _____

10) Type of Benefit – Please indicate type of benefit you are applying for:

_____ Normal Retirement (Age 61 or April 1 following attainment of age 70)

_____ Early Retirement (Age 55-60 with 10 years of service)

_____ Deferred Retirement (Terminated employment below age 55 after 5 years of service)

_____ Disability Retirement (Any Age - 10 years required) _____ Date of Disability (*)

_____ Survivor Death Benefits - Date of Member's Death _____ (**)

* For Disability Retirement you must submit a copy of your Social Security Disability Award

** Death of Member – You must submit a copy of Member's Death Certificate

11) Notes or special Instructions: _____

12) _____
APPLICANT'S SIGNATURE RELATIONSHIP TO MEMBER TODAY'S DATE

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Benefit Option Election Form

THIS FORM MUST BE COMPLETED AND NOTARIZED IF MARRIED

Member's Name: _____

Date Mailed: _____

Note: If former Member is deceased, you are not required to complete this form. However, a copy of the death certificate and a completed application must be submitted to determine your possible entitlement to survivor benefits.

Since you are married and are eligible for Pension Benefits commencing ____/____ (insert month and year you wish Pension to start), the following choice **MUST BE MADE** prior to the final processing of your application for Pension Benefits. The options are of equivalent actuarial value:

Option I – Single Life Annuity with Unreduced 50% Survivor Benefit

I elect to receive \$_____ per month during my lifetime. Upon my death, my spouse will receive \$_____ per month during her/his lifetime. If my spouse dies before me, I will continue to receive \$_____ per month during my lifetime, and upon my death all payments will cease.

Please check if Option I is your choice / ____/.

Option II - Joint & 75% Survivor Benefit (effective May 1, 2008)

I elect to receive \$_____ per month during my lifetime. Upon my death, my spouse will receive \$_____ per month during her/his lifetime. If my spouse dies before me, I will continue to receive \$_____ per month during my lifetime, and upon my death all payments will cease.

Please check if Option II is your choice / ____/.

Supply the following information:

My Spouse's Name is: _____

Spouse's Date of Birth: _____ Spouse's Soc. Sec. # _____

Note: If your spouse is deceased, please submit a copy of the death certificate.

Signature of Member: _____ Today's Date: _____

Signature of Spouse: _____ Today's Date: _____

(If married, this form must be signed by spouse)

NOTARY PRINTED/STAMPED NAME: _____

NOTARY SIGNATURE:

NOTARY SEAL & EXPIRATION DATE:

Upon completion of entire form, please return to the address at the top of the page.

[c:BCJr14]Pens_Applic_ & Options_Form_12-28-07