

Plumbers & Steamfitters Local 486

Pension Fund

911 Ridgebrook Road
Sparks, Maryland 21152-9451
Telephone: (410) 683-6500
(888) 494-4443

www.associated-admin.com

Dear Applicant:

In accordance with your request to the Fund office, we are enclosing the forms needed to make application for retirement benefits from the Plumbers and Steamfitters Local 486 Pension Fund. You will find the following forms included:

- Application for Retirement Pension
- Designation of Beneficiary for Retirement - Pension Fund
- Certification of Bona Fide Retirement
- Employer Certification of Bona Fide Retirement
- Suspension of Benefits
- Notice to Participants Under Section 204(h) of ERISA
- Application for Retirement Status - Medical Fund (if applicable)

Please read each form carefully and completely. Answer all questions that apply to you, and make your answers complete and accurate.

Your application should be submitted at least sixty days before the date on which you plan to retire. When your pension is approved, your monthly benefit will begin with the first month following the date determined by the Trustees which you are eligible for benefits under the Rules and Regulations of the Pension Plan.

The Board of Trustees will be the final judge of your eligibility for a pension benefit. Your application will be given prompt attention and you will be advised of the Trustees action as soon as possible.

Sincerely,

Fund Office

Enclosures

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APPLICATION FOR RETIREMENT PENSION

NAME: _____
(First) (Middle) (Last)

ADDRESS: _____

(CITY) (STATE) (ZIP CODE)

SOCIAL SECURITY NO _____ - _____ - _____ PHONE NO. _____

DATE OF BIRTH _____ (Copy of Birth Certificate Required)

INITIATION DATE _____ DATE I STOPPED WORK UNDER 486's JURISDICTION _____

CIRCLE ONE: PLUMBER STEAMFITTER

CIRCLE TYPE OF RETIREMENT: **NORMAL** **EARLY REDUCED** **SERVICE** **DISABILITY**
(Age 62) (Age 55-61) (55 w/ 30 credits) (Provide Social Security Disability Award)

MARITAL STATUS: Married Widowed Never Been Married Separated Divorced- If divorced or separated, is there any judgment or order that required the Plan to pay benefits to an Alternate Payee pursuant to a Domestic Relations Order?
 No Yes- If so, include a copy of the document.

SPOUSE'S NAME _____

SPOUSE'S DATE OF BIRTH _____ (Copy of Birth Certificate Required)
(Month) (Day) (Year)

I CERTIFY THAT I WILL **RETIRE AND PERMANENTLY WITHDRAW** from employment in the Plumbers & Steamfitters Industry within the State of Maryland and any intersecting metropolitan areas on the 1st day of _____ 20____.

_____ Date

_____ Signature of Applicant

FOR OFFICE USE ONLY - PLEASE DO NOT WRITE IN SPACES BELOW

THE TRUSTEES OF THE PLUMBERS & STEAMFITTERS LOCAL 486 PENSION FUND APPROVE FOR RETIREMENT THE ABOVE PARTICIPANT AT A MONTHLY PENSION OF \$_____ .00 PER MONTH & LUMP SUM OF \$_____ STARTING ON THE FIRST DAY OF _____ , 20_____.

APPROVAL DATE: _____

CHAIRMAN: _____

SECRETARY: _____

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DESIGNATION OF BENEFICIARY FOR RETIREMENT

The purpose of this form is to allow you to name the person or persons to receive any benefits which may be payable upon your death under the provisions of the fringe benefit Funds listed above. If you wish to designate different beneficiaries to receive benefits under any of the four Funds, you must use a separate designation of beneficiary form with respect to each Fund. These forms are available at the Fund Office.

You may name one Primary Beneficiary, and more than one Contingent Beneficiary. A Contingent Beneficiary would be entitled to receive benefits only if the designated Primary Beneficiary predeceases you. **This form MUST be signed and notarized regardless of your designation.**

Print your full name _____
(Last) (First) (Middle)

Address _____
(Number and Street) (City) (State) (Zip Code)

Social Security # _____ Date of Birth _____ Phone # _____

I hereby designate my Primary Beneficiary to receive benefits, if any are payable at my death, under the provisions of the Fund listed above. **If you are married and you designate someone other than your spouse, your spouse is required to sign page 2 and have it notarized.**

1. Name _____ Relationship _____ Sex _____

Social Security # _____ Date of Birth _____ Phone # _____

Address _____
(Number and Street) (City) (State) (Zip Code)

Members Signature _____ **Date** _____

State Of _____ County of _____

On the _____ day of _____ 20_____ before me came _____ to me known and known to me to be the person described in and who executed the foregoing statement and (s)he duly acknowledged to me that (s)he executed the same.

Notary Public Date Commission Expires (seal)

IN ADDITION, I hereby designate as my Contingent Beneficiary in case no Primary Beneficiary survives me, to receive benefits, if any are payable at my death, under the provisions of the Fund listed above. If more than one Contingent Beneficiary is designated and no Primary Beneficiary survives you, payment will be made in equal shares to the surviving Contingent Beneficiary or Beneficiaries.

2A. Name _____ Relationship _____ Sex _____

Social Security # _____ Date of Birth _____ Phone # _____

Address _____
(Number and Street) (City) (State) (Zip Code)

2B. Name _____ Relationship _____ Sex _____

Social Security # _____ Date of Birth _____ Phone # _____

Address _____
(Number and Street) (City) (State) (Zip Code)

2C. Name _____ Relationship _____ Sex _____

Social Security # _____ Date of Birth _____ Phone # _____

Address _____
(Number and Street) (City) (State) (Zip Code)

Spouse's Statement

I understand that my spouse has chosen a form of payment that does not guarantee me a survivor benefit after his or her death, and I consent to that election. I consent to my spouse's designation of beneficiary on this form. I understand that my spouse's change in beneficiary will not be effective unless I consent to it in writing.

Spouse's Signature

Date

Sworn and subscribed to before me this _____ day of _____, 20_____.

Notary Public

Date Commission Expires

(seal)

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CERTIFICATION OF BONA FIDE RETIREMENT

(Must be completed by you)

I do hereby certify that I have permanently ceased any and all employment with my employer, who is a contributing employer to the Pension Fund. I have no intention to return to service with the employer, be it in covered employment or any other type of service for the employer. My termination of employment occurred/will occur on _____.

I also understand that if I return to work in Unauthorized Employment, including supervisory employment in the industry, trade, craft and jurisdiction with any employer, my pension benefits may be suspended.

Signature of Participant

Date

I HEREBY CERTIFY that on this ____ day of _____, 20____, _____, the participant whose signature appears above, personally appeared before me, and gave oath in due form of law that the statements made in this Certification of Bona Fide Retirement are true and correct.

Notary Public

Date Commission Expires

(seal)

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EMPLOYER CERTIFICATION OF BONA FIDE RETIREMENT

(Must be completed by your Employer)

I do hereby certify that _____ (“the Employee”) has permanently ceased any and all employment with _____, (“the Employer”) which is a contributing employer to the Pension Fund. The Employer has no intention to call the Employee back to work for the Employer, be it in covered employment or any other type of service. I certify that I have the authority to make hiring and firing decisions on behalf of the Employer. The Employee’s termination of employment occurred/will occur on _____. The Employer hereby agrees to indemnify the Plumbers & Steamfitters Local 486 Pension Fund for any benefit payments that the Pension Fund makes to the Employee, plus the costs of collections, in the event that the Employee has not ceased working for the Employer.

Signature of Employer Representative

Date

Printed Name of Employer Representative

Title of Employer Representative

I HEREBY CERTIFY that on this ____ day of _____, 20____, _____, the individual whose signature appears above, personally appeared before me, and gave oath in due form of law under penalties of perjury that the statements made in this Employer Certification of Bona Fide Retirement are true and correct.

Notary Public

Date Commission Expires

(seal)