

Printing Local 72 Industry Pension Fund

911 Ridgebrook Road
Sparks, Maryland 21152-9451
Telephone: (888) 834-6966
www.associated-admin.com

8400 Corporate Drive, Suite 430
Landover, Maryland 20785-2361
Telephone: (888) 834-6966
www.associated-admin.com

Dear Participant:

Please provide this office with the following documents when you submit your pension application. The submission of a pension application does not guarantee that you will receive a pension. Your application should be submitted to this office 60 to 90 days prior to your effective date of pension benefits.

PLEASE DO NOT SEND ORIGINAL DOCUMENTS. SEND COPIES ONLY. ORIGINALS WILL NOT BE RETURNED.

DOCUMENTS REQUIRED WITH YOUR PENSION APPLICATION:

- **Never Been Married** – Your Birth Certificate
- **Married** – Your Birth Certificate, Your Spouse's Birth Certificate, Marriage Certificate
- **Married, Previously Divorced** - Your Birth Certificate, Your Spouse's Birth Certificate, Marriage Certificate, the *entire* Decree(s) of Absolute Divorce, Signed by a Judge
 - If the divorce decree states there is a qualified domestic relations order, you must submit the *entire* qualified domestic relations order with the divorce decree.
 - If the divorce decree states there is any type of property/marital/separation/financial agreement incorporated into the divorce decree, you must submit the *entire* agreement with the *entire* divorce decree.
- **Divorced** – Your Birth Certificate, the *entire* Decree(s) of Absolute Divorce, signed by a Judge
 - If the divorce decree states there is a Qualified Domestic Relations Order (QDRO), you must submit the entire qualified domestic relations order with the divorce decree.
 - If the divorce decree states there is any type of property/marital/separation/financial agreement incorporated into the divorce decree, you must submit the entire agreement along with the entire divorce decree.
- **Legally Separated** – Your Birth Certificate, Marriage Certificate, *entire* Legal Separation Agreement
- **Separated (but not legally separated)** – Your Birth Certificate, Your Spouse's Birth Certificate, Your Marriage Certificate
- **Widowed** – Your Birth Certificate, Your Spouse's Death Certificate

We cannot process this pension application until all of the above information is received. Thank you in advance for your cooperation and understanding in this matter.

PENSION PROCESSING STEPS

1. Submit the completed pension application and all applicable documents listed above.
2. Please send **copies** of the original documents only. **ORIGINAL DOCUMENTS WILL NOT BE RETURNED.**
3. **THE ENTIRE PENSION APPLICATION MUST BE COMPLETED OR IT WILL BE RETURNED TO YOU FOR COMPLETION. THIS WILL CAUSE A DELAY IN PROCESSING YOUR APPLICATION.**
4. Upon receipt of the completed application, the Fund Office will send you forms to complete and return if you are eligible for retiree health and welfare benefits.
5. Approximately one month prior to the date of your retirement, the Fund Office will send your final pension election form, tax forms and an electronic transfer form for you to complete.

PLEASE NOTE: Before your pension can be processed, the Fund Office must receive all contributions from your employer. This will ensure that you receive all benefit service due. This may mean a delay in receiving your first pension check, but you will be paid retroactively to your date of retirement.

Sincerely,

Fund Office

Printing Local 72 Industry Pension Fund

Pension Application Instructions

Most items on the Pension Application are self-explanatory. Items which require further explanation are listed below. Please contact the Fund Office with any questions.

Number 4: Zip Code – Please provide your 9-digit zip code. (If not known, call your local Post Office.)

Numbers 5 and 11: Proof of Age – You must attach proof of age. The following list of types of proof of age are listed in order of preference, with a birth certificate being the most preferable proof of your age and school records being the least preferable proof of your age. You should provide the most preferable proof of age possible.

Note: *A driver's license is not an acceptable form of proof of age.*

- A. Birth Certificate
- B. Notification of Registration of Birth in a Public Registry of Vital Statistics
- C. Hospital Birth Record, Certified by Custodian
- D. Foreign Church or Government Record
- E. Naturalization Record
- F. Immigration Papers
- G. Military Record/Discharge Form
- H. Passport
- I. Baptismal Certificate Showing Infant's Date of Birth on Church Record, Certified by Custodian
- J. School Record which States Date of Birth, Certified by Custodian

Number 6: You **must** select your applicable marital status.

Number 6A: **If you have ever been divorced, you must answer question 6A.** A Qualified Domestic Relations Order is a judicial order that recognizes that your former spouse may be legally entitled to an interest in your pension plan or retirement account.

Number 7: You must check Yes or No. If yes, enter the name of all of your *current* employers.

Number 8: The last day that you physically worked for a participating employer. This does not include vacation days, personal holidays, etc.

Number 9: The first day of the month following the last day that you physically worked, as entered in question 8, or later. This is the date your benefits will commence, not the date you stop working. **You must enter a date of retirement/benefit commencement date to process this application.** Please contact this office if you need assistance.

Number 10: Please provide the information for everywhere you have worked since terminating your employment with a Participating Employer of this Fund. (See page 3)

****You must sign and date the pension application. Pension applications received without a signature will be returned for your signature and may cause a delay in processing.***

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Application for Pension

Submission of this application does not guarantee you a pension benefit. Please print and complete this form in full according to the attached instructions. Return completed form to:

**Printing Local 72 Industry Pension Fund
911 Ridgebrook Road, Sparks, MD 21152-9451**

Personal Information

1. Name (Last, First, Middle) _____ 2. Social Security Number _____ - _____ - _____ 3. Telephone Number _____ - _____ - _____

4. Home Address (No., Apt. No., and Street) _____ City _____ State _____ 9-Digit Zip Code _____ - _____

PO Box No.: _____

(If using a PO Box, be sure to provide a street address, as well. All information will be sent to the PO Box.)

5. Birth Date (Mo./Day/Yr.) _____/_____/_____
Attach proof of age.
Examples of accepted forms of proof listed in the instructions.

6. Marital Status: **(Attach a copy of Marriage Certificate, Divorce Decree, Legal Separation Agreement, or Death Certificate as Applicable.)**
☐ Married ☐ Married, Previously Divorced ☐ Divorced
☐ Never Been Married ☐ Separated ☐ Widowed

6A. **If you have ever been divorced, is there a Qualified Domestic Relations Order (QDRO) in place or pending?** ☐ Yes ☐ No

Work History

7. Are you working now? ☐ Yes ☐ No If yes, list all present employers: _____

8. Actual last day worked or to be worked for a Participating Employer: (Mo./Day/Yr.) _____/_____/_____
9. Date you plan to retire (Benefit Commencement Date) (Mo./Day/Yr.) _____/_____/_____

Note: Normal Retirement Age is 65 Years of Age

10. Please provide the information below for everywhere you have worked since terminating your employment with a Participating Employer of this Fund.

Employers	City/State	Type of Industry	Dates of Employment

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Spouse's Information

11. Name (Last, First, Middle) Social Security Number Date of Birth (Mo./Day/Yr.)

_____ - ____ - ____ ____/____/____

I hereby certify that the above information is true and correct to the best of my knowledge and belief. I understand that a false statement may disqualify me for pension benefits, and that the Trustees have the right to recover payments made to me as a result of false statements.

Signature: _____ Date: _____

Retirement Declaration

You must complete this form in full and return it to the Fund Office or it will be returned to you for completion. There could be a delay in processing your application.

Name of Member: _____

Social Security Number: _____

I declare that I will be bound by the rules and regulations of the Printing Local 72 Industry Pension Fund's Plan Document and Summary Plan Description as they now exist or be hereafter amended and that:

1. I am not engaged in any "prohibited employment" for 40 or more hours per month in the same industry and geographical area covered by the Pension Fund, except as provided in the Plan. See the definition of "prohibited employment" in the Summary Plan Description and Plan Document.
2. If I accept employment in "prohibited employment", I will notify the Fund Office in writing within 15 days after I start such employment or activity, regardless of the number of hours I work.
3. I understand that I must personally endorse each check unless I have made provisions for direct deposit in a banking institution. (Contact the Fund Office for the detailed regulations for direct deposit.)
4. Date I stopped working or plan to stop work: _____

I hereby certify that I have read and understand the above statements.

Signature: _____ Date: _____