

ARIZONA LABORERS' AND TEAMSTERS' PENSION TRUST FUNDS

PENSION TRUST FUND
(DEFINED BENEFIT)

ADMINISTRATIVE OFFICE

ANNUITY TRUST FUND
(DEFINED CONTRIBUTION)

2400 W. DUNLAP AVE., SUITE 250
PHOENIX, AZ 85021
(602) 249-3582

RE: PENSION BENEFIT APPLICATION

Dear Participant:

We are pleased to furnish the enclosed Pension Application forms. Please read and complete the forms thoroughly and return them to the Administrative Office as soon as you are able. A return envelope is enclosed for your convenience.

If you have reciprocal hours at another Local Union, it may take additional time to receive the information. You should also be aware that should it become necessary to request information from the Social Security Administration, it often takes several months to receive a response.

Please feel free to call and inquire about your application process at any time.

Sincerely,

Pension Department
Southwest Service Administrators Inc.

Enclosure

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HOW YOUR BENEFIT IS AFFECTED BY RETIRING EARLY

The Pension Protection Act of 2006 (PPA) requires notice to applicants of the consequences of taking a benefit early instead of deferring that distribution to a later date.

For the Pension Plan of the Arizona Laborers' and Teamsters' Pension Plan, unless you qualify for a Disability Pension, retirement before age 65 will result in a benefit reduction for early retirement. The amount of reduction depends on how much younger you are than age 65 when you retire. Generally this reduction is $\frac{1}{4}$ of 1% per month for each month under the age of 62. Please refer to pages 9 and 10 of your Summary Plan Description booklet (SPD) for more information about the amount of reduction and examples.

If you retire after Normal Retirement Age as defined in the Plan (usually age 65), unless benefits are suspended under the rules on page 22 of your SPD, benefits will be increased by 1% per month for the first 60 months after age 65, and $1\frac{1}{2}$ % per month thereafter, as noted in the "Delayed Retirement" provisions of the SPD on page 9. You must begin to receive your pension no later than April 1 of the year following the year in which you reach age $70\frac{1}{2}$. If this deadline is not met, you may be subject to an excise tax equal to 50% of the amount that should have been paid, which is in addition to any income taxes that are owed. Benefits you receive at any time are subject to the rules relating to tax withholding and taxation in effect at the time the benefits are paid. If you have any questions about your pension benefit or the forms of payment, please contact the Fund Office.

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PENSION APPLICATION

INSTRUCTIONS

1. PLEASE PRINT ALL INFORMATION.
2. PLEASE ANSWER ALL QUESTIONS. THIS WILL PREVENT DELAYS IN PROCESSING YOUR APPLICATION.
3. ATTACH A COPY OF YOUR BIRTH CERTIFICATE AND IF MARRIED, YOUR SPOUSE'S BIRTH CERTIFICATE ALONG WITH A COPY OF YOUR MARRIAGE CERTIFICATE.
4. SIGN AND DATE THIS APPLICATION.
5. MAIL COMPLETED APPLICATION TO THE FOLLOWING ADDRESS:

ARIZONA LABORERS' AND TEAMSTERS' PENSION TRUST FUND
SOUTHWEST SERVICE ADMINISTRATORS INC.
2400 WEST DUNLAP, #250
PHOENIX, AZ 85021-2811

PERSONAL DATA

NAME _____

MAILING ADDRESS _____ CITY _____ STATE: _____ ZIP _____

SOCIAL SECURITY NUMBER _____ / _____ / _____ PHONE NO. (_____) _____

DOB _____ / _____ / _____ (ATTACH PROOF OF AGE, E.G. BIRTH CERTIFICATE)

DATE YOU WISH TO START RETIREMENT PENSION BENEFITS: _____

MOST RECENT EMPLOYER _____

JOB TITLE WITH MOST RECENT EMPLOYER _____

DATE YOU LAST WORKED OR INTEND TO WORK WITH THE ABOVE EMPLOYER _____

TYPE OF PENSION BENEFIT: (CHECK ONE)

REGULAR PENSION (AGE 62 & OVER) EARLY PENSION (AGE 55 TO 62) DISABILITY PENSION (SEE BELOW)*

***IF APPLYING FOR A DISABILITY PENSION, PLEASE COMPLETE ITEMS (A) THROUGH (E) BELOW:**

(A) DATE YOU FIRST BECAME DISABLED _____

(B) HAVE YOU APPLIED FOR SOCIAL SECURITY DISABILITY BENEFITS? YES NO

IF NO, YOU SHOULD MAKE AN APPLICATION IMMEDIATELY, AS A SOCIAL SECURITY AWARD WILL BE THE ONLY PROOF OF DISABILITY ACCEPTABLE TO THE TRUSTEES.

(C) ARE YOU RECEIVING SOCIAL SECURITY DISABILITY BENEFITS? YES NO

IF YES, ATTACH A COPY OF YOUR SOCIAL SECURITY APPROVAL LETTER. IF NO, PLEASE REMEMBER TO FILE A COPY OF YOUR APPROVAL LETTER WITH THE ADMINISTRATIVE OFFICE AS SOON AS YOU RECEIVE IT FROM SOCIAL SECURITY.

(D) IF SOCIAL SECURITY HAS NOT YET APPROVED YOUR DISABILITY CLAIM AND IF YOU HAVE ATTAINED AGE 55, DO YOU WISH TO ACCEPT EARLY PENSION AT THIS TIME, PENDING A CHANGE TO DISABILITY PENSION WHEN YOU FILE THE SOCIAL SECURITY AWARD LETTER WITH OUR OFFICE? YES NO

(E) WERE YOU REFUSED A SOCIAL SECURITY DISABILITY BENEFIT? YES NO

EMPLOYMENT HISTORY – FOR PAST SERVICE CREDIT

A PARTICIPANT IS ENTITLED TO **PAST SERVICE CREDIT** FOR EACH PERIOD OF EMPLOYMENT IN THE GEOGRAPHICAL TERRITORY IN THE CONSTRUCTION AND/OR AGGREGATE INDUSTRY TO WHICH THE COLLECTIVE BARGAINING AGREEMENT WAS APPLICABLE, PRIOR TO JANUARY 1, 1966. SUCH CREDIT IS ALSO GIVEN TO A PARTICIPANT WHO WAS REGULARLY EMPLOYED BY THE LOCAL UNION.

THE PURPOSE OF THE INFORMATION BELOW IS TO ASSURE RECEIPT OF ALL PENSION CREDITS YOU ARE ENTITLED TO. PLEASE LIST YOUR PERIODS OF EMPLOYMENT IN THE BUILDING AND CONSTRUCTION INDUSTRY WITHIN THE STATE OF ARIZONA, PRIOR TO JANUARY 1, 1966.

PLEASE ATTACH COPIES OF ANY TYPE OF DOCUMENTS OR RECORDS WHICH WILL TEND TO VERIFY THE INFORMATION STATED BELOW, E.G. W-2 FORMS, SOCIAL SECURITY WAGE TRANSCRIPT, BY EMPLOYER, ETC.

NAMES(S) OF EMPLOYER(S) AND JOB LOCATION(S) OR AREA	DATES OF EMPLOYMENT		JOB CLASSIFICATION JOURNEYMAN/FOREMAN OTHER
	FROM MO/YR	TO MO/YR	

(IF ADDITIONAL SPACE IS NEEDED, PLEASE ATTACH A SEPARATE SHEET TO THIS APPLICATION)

RELATIVE TO YOUR ABOVE EMPLOYMENT RECORD, PLEASE ANSWER THE FOLLOWING QUESTIONS EITHER YES OR NO. IF YOU ANSWER YES, PROVIDE A WRITTEN EXPLANATION CONCERNING SUCH EMPLOYMENT IN THE SPACE PROVIDED BELOW.

A. WERE YOU DURING ANY PERIOD OF SUCH EMPLOYMENT WORKING IN CLASSIFICATIONS SUCH AS ESTIMATOR, SUPERINTENDENT, OR ANY OTHER JOB CLASSIFICATION NOT SUBJECT TO THE THEN EXISTING LABOR AGREEMENT?

Yes No

B. WERE YOU DURING ANY PERIODS OF YOUR EMPLOYMENT, WORKING AS EITHER THE SOLE OWNER OR AS A PARTNER OF AN UNINCORPORATED EMPLOYER? Yes No

C. WERE YOU DURING ANY PERIODS OF YOUR EMPLOYMENT, A CORPORATE OFFICER OF YOUR INCORPORATED EMPLOYER?

Yes No

D. WERE YOU DURING ANY PERIODS OF YOUR EMPLOYMENT, WORKING IN ANOTHER KIND OF WORK **NOT** IN THE CONSTRUCTION TRADE, WHETHER YOU WERE REFERRED BY THE LOCAL UNION OR NOT? Yes No

EXPLANATION FOR ANY ITEMS ANSWERED YES ABOVE, INCLUDE NAME OF EMPLOYER, PERIODS OF SUCH EMPLOYMENT AND THE JOB CLASSIFICATION OR DESCRIPTION _____

EMPLOYMENT HISTORY INFORMATION – FUTURE SERVICE CREDIT

WITH RESPECT TO FUTURE SERVICE CREDIT (AFTER JANUARY 1, 1966) PLEASE ANSWER THE FOLLOWING QUESTIONS EITHER YES OR NO. IF YOU ANSWER YES, PROVIDE A WRITTEN EXPLANATION IN THE SPACE PROVIDED BELOW.

- A. DID YOU WORK IN A CLASSIFICATION SUCH AS A SUPERINTENDENT, ESTIMATOR, WORKING MEMBER OF THE FIRM, OR OTHER CLASSIFICATION FOR WHICH THE THEN EXISTING LABOR AGREEMENT DID NOT REQUIRE A REFERRAL OR "CLEARANCE" FROM THE LOCAL UNION? YES NO
- B. DID YOU WORK EITHER AS A SOLE OWNER OR AS A PARTNER OF AN UNINCORPORATED EMPLOYER?
 YES NO
- C. WERE YOU A CORPORATE OFFICER OF YOUR INCORPORATED EMPLOYER? YES NO

EXPLANATION OF ITEMS ANSWERED YES _____

MEMBERSHIP HISTORY – INCLUDING APPRENTICESHIP

LIST BELOW YOUR LOCAL UNION AFFILIATION IN THE STATE OF ARIZONA AND THE APPROXIMATE DATES:

LOCAL UNION NUMBER _____ FROM _____ TO _____
 LOCAL UNION NUMBER _____ FROM _____ TO _____

RECIPROCITY DATA

LIST BELOW ANY PENSION PLAN OR PROGRAM OTHER THAN THIS PLAN IN WHICH YOU HAVE PARTICIPATED, REGARDLESS OF LOCATION AND UNION INVOLVED. THE PURPOSE OF THE INFORMATION BELOW IS TO DETERMINE IF YOU MAY BE ELIGIBLE FOR PARTIAL OR PRO-RATA PENSION BENEFITS FROM ANOTHER PENSION FUND – PROVIDED A RECIPROCITY AGREEMENT IS IN EFFECT.

NAME OF PENSION PLAN (OR LOCAL UNION No.)	LOCATION OF PLAN		DATE OF PENSION CREDITS OR CONTRIBUTION	
	CITY	STATE	FROM (Mo/Yr)	To (Mo/Yr)

NON-CONSTRUCTION EMPLOYMENT

SINCE YOU FIRST BEGAN WORK IN THE STATE OF ARIZONA IN THE CONSTRUCTION, AGGREGATE OR ANY RELATED INDUSTRY, HAVE YOU BEEN EMPLOYED IN OTHER KINDS OF WORK, NOT IN THE CONSTRUCTION TRADE, WHETHER OR NOT AS A UNION MEMBER? YES NO

IF YES, PLEASE IDENTIFY THE NAME OF THE EMPLOYER, PERIODS OF EMPLOYMENT, AND THE JOB CLASSIFICATION:

MARITAL STATUS – CHECK ALL THAT APPLY AND PROVIDE DATES WHERE APPLICABLE.

- SINGLE** (NEVER BEEN MARRIED)
- MARRIED** - NUMBER OF MARRIAGES _____
 - 1. MARRIED DATE _____ NAME OF SPOUSE _____
 - 2. MARRIED DATE _____ NAME OF SPOUSE _____
 - 3. MARRIED DATE _____ NAME OF SPOUSE _____

**PLEASE PROVIDE A COPY OF YOUR CURRENT MARRIAGE CERTIFICATE AND SPOUSE’S BIRTH CERTIFICATE.*

- SEPARATED** – SPOUSE _____ DATE OF SEPARATION _____
- DIVORCED** - NUMBER OF DIVORCES _____
 - 1. DIVORCE DATE _____ NAME OF EX-SPOUSE _____
 - 2. DIVORCE DATE _____ NAME OF EX-SPOUSE _____
 - 3. DIVORCE DATE _____ NAME OF EX-SPOUSE _____

**PLEASE PROVIDE A COPY OF ALL APPLICABLE DIVORCE DECREES AND ANY QUALIFIED DOMESTIC RELATIONS ORDERS (QDROS).*

- WIDOWED** – DECEASED SPOUSE _____ DOD _____

**PLEASE PROVIDE A COPY OF YOUR SPOUSE’S DEATH CERTIFICATE.*

PENSION PAYMENT TYPE – (CHECK ONE)

- SINGLE LIFE OPTION**

THE MONTHLY AMOUNT WILL BE PAID TO THE PARTICIPANT FOR HIS OR HER LIFETIME ONLY WITH THE GUARANTEE THAT IF THE PENSIONER SHOULD DIE BEFORE HE/SHE RECEIVED 36 MONTHLY PENSION PAYMENTS FROM THE PLAN THE REMAINDER OF THE 36 MONTHLY PAYMENTS WILL BE PAID TO THE PENSIONER’S BENEFICIARY.

ONCE MONTHLY BENEFITS HAVE STARTED TO YOU UNDER A SINGLE LIFE PENSION, PAYMENTS MUST CONTINUE IN THAT FORM, EVEN IF YOU SUBSEQUENTLY MARRY.
- HUSBAND AND WIFE OPTION**

THE MONTHLY AMOUNT TO BE PAID TO THE ELIGIBLE SURVIVING SPOUSE IS **50% OR 75%** (DEPENDENT UPON LEVEL SELECTED) OF THE MONTHLY AMOUNT RECEIVED BY THE PENSIONER AT THE TIME OF HIS DEATH HAD HIS PENSION BEEN IN EFFECT ON THE DAY BEFORE HE DIED AND AS IF THE HUSBAND-AND-WIFE PENSION HAD BEEN IN EFFECT ON SUCH DATE.

ONCE MONTHLY BENEFITS HAVE STARTED TO YOU UNDER A HUSBAND-AND-WIFE PENSION, PAYMENTS MUST CONTINUE IN THAT FORM, EVEN IF YOUR MARRIAGE IS DISSOLVED OR IF YOUR SPOUSE SHOULD DIE BEFORE YOU.

SPOUSE’S NAME _____

SOCIAL SECURITY # _____ / _____ / _____ BIRTHDATE _____

BENEFICIARY DESIGNATION

FOR COMPLETE INFORMATION REFER TO THE SECTION TITLED "DEATH BENEFIT" IN YOUR SUMMARY PLAN DESCRIPTION

I HEREBY DESIGNATE THE FOLLOWING BENEFICIARY TO RECEIVE ANY PAYMENTS UNDER THE PLAN WHICH MAY BE DUE IN THE EVENT OF MY DEATH, UNLESS A DIFFERENT BENEFICIARY IS HEREBY PROPERLY DESIGNATED BY ME.

I UNDERSTAND THAT IF I AM SINGLE, OTHER OPTIONS CAN BE PROVIDED REGARDING PRIMARY BENEFICIARY UPON WRITTEN REQUEST.

I UNDERSTAND THAT IF I AM MARRIED AND CHOOSE AN OPTION OTHER THAN THE HUSBAND & WIFE OPTION, MY SPOUSE AND I MUST SIGN THE WAIVER FORM PROVIDED BY THE PENSION FUND OFFICE. THE SIGNATURES OF THE WAIVER MUST BE NOTARIZED WHEN MY SPOUSE'S IDENTITY IS VERIFIED.

NAME OF BENEFICIARY _____ RELATIONSHIP _____

DATE OF BIRTH _____ SOCIAL SECURITY NUMBER ____ / ____ / ____

BENEFICIARY'S ADDRESS _____

CITY _____ STATE _____ ZIP _____

CERTIFICATION

I HEREBY CERTIFY THAT ALL OF THE INFORMATION FURNISHED BY ME, INCLUDING ANY ATTACHMENTS OR ADDENDA TO THIS FORM, AS WELL AS ANY RECORDS OR DOCUMENTS SUPPLIED IN SUPPORT OF THIS APPLICATION IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, COMPLETE AND CORRECT. I UNDERSTAND I MUST SUBMIT PROOF OF MY AGE AND IF APPLICABLE, PROOF OF MY SPOUSE'S AGE. I ALSO UNDERSTAND THAT, IF I AM MARRIED, I MUST SUBMIT A COPY OF MY MARRIAGE LICENSE OR CERTIFICATE.

SIGNATURE _____ **DATE** _____

PARTICIPATION IN THE RETIREE HEALTH AND WELFARE SELF-PAY INSURANCE PROGRAM

YOU MUST HAVE HAD CONTRIBUTIONS MADE ON YOUR BEHALF BY A SIGNATORY EMPLOYER FOR 24 OF THE LAST 36 MONTHS PRIOR TO YOUR RETIREMENT DATE IN ORDER TO QUALIFY FOR RETIREE BENEFITS.

IF YOU HAVE A DISABILITY PENSION PENDING, REMEMBER TO FURNISH A COPY OF YOUR SOCIAL SECURITY DISABILITY APPROVAL LETTER WITH THE ADMINISTRATIVE OFFICE AS SOON AS IT IS RECEIVED. WHEN YOU RECEIVE YOUR MEDICARE CARD, FURNISH OUR OFFICE WITH A COPY.

BEFORE RETIREMENT, PROOF OF AGE MUST BE FURNISHED BY ALL APPLICANTS

IF HUSBAND AND WIFE OPTION OR JOINT AND SURVIVOR OPTION HAS BEEN ELECTED, THE SAME IDENTIFICATION RULES APPLY TO BOTH PARTIES.

THE ACCEPTABLE PROOFS OF AGE ARE LISTED IN TWO CATEGORIES. YOU MAY SUBMIT A COPY OF ONE OF THE PROOFS OF AGE LISTED IN GROUP I OR TWO OF THE ITEMS LISTED IN GROUP II. ITEMS ARE LISTED BY ORDER OF PREFERENCE.

I SUBMIT ONE OF THE FOLLOWING PROOF OF AGE:

GROUP I

- A CERTIFIED BIRTH CERTIFICATE
- A BAPTISMAL CERTIFICATE OR STATEMENT OF DATE OF BIRTH SHOWN BY A CHURCH RECORD AND CERTIFIED BY THE CUSTODIAN OF SUCH RECORD.
- NOTIFICATION OF REGISTRATION OF BIRTH IN A PUBLIC REGISTRY OF VITAL STATISTICS.
- CERTIFICATION OF RECORD OF AGE BY THE U.S. CENSUS BUREAU
- HOSPITAL BIRTH RECORD, CERTIFIED BY THE CUSTODIAN OF SUCH RECORD.
- FOREIGN CHURCH OR GOVERNMENT RECORD.
- A SIGNED STATEMENT OF THE DATE OF BIRTH BY THE PHYSICIAN OR MID-WIFE WHO WAS IN ATTENDANCE AT BIRTH.
- NATURALIZATION RECORD *
- IMMIGRATION PAPERS. *

OR I SUBMIT TWO OF THE FOLLOWING DOCUMENTS:

GROUP II

- DRIVER'S LICENSE OR STATE IDENTIFICATION CARD
- MILITARY RECORD
- PASSPORT
- SCHOOL RECORDS, CERTIFIED BY THE CUSTODIAN OF SUCH RECORD
- VACCINATION RECORD, CERTIFIED BY THE CUSTODIAN OF SUCH RECORD
- AN INSURANCE POLICY WHICH SHOWS THE AGE OR DATE OF BIRTH
- MARRIAGE RECORDS SHOWING DATE OF BIRTH OR AGE (APPLICATION FOR MARRIAGE LICENSE OR CHURCH RECORD, CERTIFIED BY THE CUSTODIAN OF SUCH RECORD OR A MARRIAGE CERTIFICATE)
- OTHER EVIDENCE SUCH AS SIGNED STATEMENTS FROM PERSONS WHO HAVE KNOWLEDGE OF THE DATE OF BIRTH

* PLEASE BE AWARE THAT NATURALIZATION PAPERS, UNITED STATES PASSPORTS AND IMMIGRATION PAPERS MAY NOT BE PHOTO STATED.