

Phoenix Painting Industry Trust Funds

HEALTH AND WELFARE

ADMINISTRATIVE OFFICE

PENSION

Southwest Service Administrators, Inc.
2400 W. Dunlap Ave., Suite 250
Phoenix, Arizona 85021

Phone (602) 249-3582
Fax (602) 336-0895
www.southwestservicefpa.com

PENSION APPLICATION

INSTRUCTIONS

1. PLEASE PRINT ALL INFORMATION
2. PLEASE ANSWER ALL QUESTIONS. THIS WILL PREVENT DELAYS IN PROCESSING YOUR APPLICATION.
3. SIGN AND DATE THIS APPLICATION.
4. MAIL COMPLETED APPLICATION AND PROOF OF AGE TO:

PHOENIX PAINTERS' PENSION TRUST FUND
SOUTHWEST SERVICE ADMINISTRATORS INC.
2400 WEST DUNLAP, SUITE 250
PHOENIX, AZ 85021

PERSONAL DATA

NAME _____ PHONE _____
(LAST) (FIRST) (M.I.)

ADDRESS _____
(MAILING ADDRESS) (CITY) (STATE) (ZIPCODE)

SOCIAL SECURITY # _____ / _____ / _____ BIRTHDATE _____
(ATTACH PROOF OF AGE)

DATE LAST WORKED WITH UNION EMPLOYER _____

NAME OF LAST UNION EMPLOYER _____

MEMBERSHIP HISTORY WITH PHOENIX PAINTERS' LOCAL #86:

FROM:	TO:
FROM:	TO:

DATE LAST WORKED WITH NON -UNION EMPLOYER _____

NAME OF LAST NON-UNION EMPLOYER _____

DATE YOU WISH TO START RETIREMENT PENSION BENEFITS _____

TYPE OF PENSION

REGULAR EARLY DISABILITY VESTED SERVICE PARTIAL PENSION

***IF APPLYING FOR A DISABILITY PENSION, PLEASE COMPLETE ITEMS A THRU D BELOW:**

- (A). DATE YOU FIRST BECAME DISABLED _____
- (B). HAVE YOU APPLIED FOR SOCIAL SECURITY DISABILITY BENEFITS? YES NO
- (C). ARE YOU RECEIVING SOCIAL SECURITY DISABILITY BENEFITS? YES NO
- (D). WERE YOU REFUSED A SOCIAL SECURITY DISABILITY BENEFIT? YES NO

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 _____
 4. 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 _____
 4. 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 OPTIONS – SELECT ONE

- A. **SINGLE**
The monthly amount will be to the participant for his or her lifetime only.
- B. **HUSBAND AND WIFE OPTION**
Dependent upon the level selected, the monthly amount to be paid to the eligible surviving spouse is 50% or 75% of the monthly amount received by the Pensioner at the time of his death or, if applicable, one-half the amount that would have been paid to the Active Participant or Vested Participant under this Article 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.
- C. **JOINT-AND-SURVIVOR OPTION**
Instead of the pension otherwise payable to him, a participant who is not married but who is entitled to a Regular, Early Retirement or Disability Pension may elect to receive payment on the basis of a Joint-and-Survivor Option in accordance with which he will receive a lower monthly amount but with 100% or 66 2/3% of that lower amount (whichever the participant elects) continuing after his death for the lifetime of the co-annuitant named by him subject to IRC section 401(a)(9).

EMPLOYMENT HISTORY

LIST BELOW YOUR PERIODS OF COVERED EMPLOYMENT **PRIOR TO DECEMBER 1, 1965:**

NAMES OF EMPLOYERS AND JOB LOCATIONS OR AREA	DATES OF EMPLOYMENT		JOB CLASSIFICATION
	FROM MO/ YR	- TO MO/YR	
		-	
		-	
		-	

(IF ADDITIONAL SPACE IS NEEDED, PLEASE ATTACH A SEPARATE SHEET TO THIS APPLICATION)
 The Trustees will require proof of such employment and will accept your W-2's check stubs, or a Wage statement from Social Security (by Year and by Employer) attesting to the number of hours worked for employers during the periods of employment prior to December 1, 1965, (Forms for Wage Statement Request can be obtained from the Administrative Office).

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 LIST BELOW THE JOBS HELD **AFTER DECEMBER 1, 1965** IN WHICH YOU WERE EMPLOYED IN THE TYPE OF WORK COVERED BY THE COLLECTIVE BARGAINING AGREEMENT IN THE GEOGRAPHICAL AREA COVERED BY THE PLAN:

NAMES OF EMPLOYERS AND JOB LOCATIONS OR AREA	DATES OF EMPLOYMENT		JOB CLASSIFICATION
	FROM MO/YR	- TO MO/YR	
		-	
		-	
		-	
		-	
		-	
		-	

RECIPROCITY DATA

LIST BELOW ANY PENSION PLAN OR PROGRAM OTHER THAN THIS PLAN REGARDLESS OF LOCATION OF THE UNION INVOLVED IN WHICH YOU BELIEVE YOU MAY HAVE ACCUMULATED PENSION CREDIT:

NAME OF PENSION PLAN (OR LOCAL UNION NO.)	LOCATION OF PLAN		DATE OF PENSION CREDITS OR CONTRIBUTIONS	
	CITY	STATE	FROM(MO/YR)	TO (MO/YR)
				-
				-
				-

BENEFICIARY DESIGNATION

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 AND 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.

BENEFICIARY DATA

BENEFICIARY _____ RELATIONSHIP _____

BENEFICIARY'S ADDRESS _____

DATE OF BIRTH _____ SOCIAL SECURITY NUMBER _____

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 contingent annuitant's age acceptable to the trustees. I also understand that, if I am married, I must submit a copy of my marriage license or certificate.

SIGNATURE DATE

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RETIREMENT DECLARATION

NAME _____ SOCIAL SECURITY #: _____

AS A RETIREE FROM **THE PHOENIX PAINTERS LOCAL NO. 86** PENSION TRUST FUND, I DECLARE THAT I WILL BE BOUND BY ALL THE RULES AND REGULATIONS OF THE PENSION PLAN AND THAT:

1. **BEFORE** NORMAL RETIREMENT AGE (65) I MUST COMPLETELY WITHDRAW FROM AND REFRAIN FROM EMPLOYMENT OR FROM ACTING AS A CONTRACTOR, BUSINESSMAN, OR OTHERWISE IN THE PAINTING INDUSTRY AND RELATED INDUSTRIES, WHEREVER SUCH EMPLOYMENT OR ACTIVITY MAY BE PERFORMED.
 - a) I UNDERSTAND THAT SHOULD I BECOME EMPLOYED IN WORK OF THE TYPE DESCRIBED ABOVE, I MUST NOTIFY THE TRUSTEES, IN WRITING, WITHIN 21 DAYS FOLLOWING THE COMMENCEMENT OF SUCH EMPLOYMENT AND THAT MY PENSION BENEFITS WILL BE SUSPENDED FOR ANY CALENDAR MONTH IN WHICH I AM SO EMPLOYED AND AT THE DISCRETION OF THE BOARD OF TRUSTEES, FOR 6 ADDITIONAL CALENDAR MONTHS AFTER CEASING SUCH EMPLOYMENT BUT NOT BEYOND NORMAL RETIREMENT AGE. FAILURE TO NOTIFY THE TRUSTEES IN WRITING OF SUCH WORK WITHIN 21 DAYS MAY RESULT IN A SUSPENSION PERIOD OF 6 MONTHS OVER AND ABOVE THE SUSPENSION PERIOD, BUT NOT BEYOND NORMAL RETIREMENT AGE.
2. **AFTER** NORMAL RETIREMENT AGE (65) I MUST WITHDRAW AND REFRAIN FROM EMPLOYMENT FOR WAGES OR PROFIT IN EXCESS OF FORTY (40) HOURS IN A CALENDAR MONTH, IN THE SAME INDUSTRY, IN THE SAME TRADE OR CRAFT, AND IN THE SAME GEOGRAPHIC AREA COVERED BY THE PLAN. IF I WORK IN EXCESS OF FORTY (40) HOURS I WILL LET THE TRUSTEES KNOW IN WRITING WITHIN 21 DAYS.

LAST DAY WORKED IN *COVERED* EMPLOYMENT: _____

EMPLOYER: _____

LAST DAY WORKED IN *ANY* EMPLOYMENT: _____

EMPLOYER: _____

SIGNATURE

DATE