

## INSTRUCTIONS AND HIGHLIGHTS FOR COMPLETING PENSION APPLICATION

### WHAT DO I NEED TO DO TO APPLY FOR MY PENSION?

- Please read this application carefully. Be sure to answer all questions. Attach additional sheets if you need more space.
- Look through your personal records for the best proof of age according to the instructions below and include it with your application.
- Be sure to date and sign your application on page 3.
- Mail your completed application, proof of age and any other supporting material to the Fund Office.
- **If you have been divorced, you must submit a copy of your Divorce Decree(s) and Marital Property Settlement Agreement(s) to the Fund Office. This information is needed by the Fund to determine if your former spouse is entitled to a portion of your pension. Your benefits cannot commence until the Fund Office receives this information. You must submit this information regardless of whether the marriage and/or divorce was prior to or subsequent to your employment in the baking industry.**
- Please complete the **Authorization to Obtain Earnings Data** from the Social Security Administration on page 5. This will enable the Fund to verify your employment history in the baking industry in order to allow you the maximum pension credit you are due.
- Please indicate if you are applying for a disability pension on page 2. If so, the Fund will send you additional forms and an **Authorization to Release Medical Information** for you to sign and return to the Fund, so that the Fund can obtain information from your doctors.

### WHAT HAPPENS NEXT?

- After you return this initial application, the Fund will determine whether you are eligible to receive benefits from the Fund and, if so, the amount of benefits you are entitled to receive.
- The Fund will send you an analysis describing the various benefit options available from the Fund, and the amount you are entitled to receive under each option. These options include: the **Regular Pension Option**, the **50% Husband and Wife Option**, the **75% or 100% Husband and Wife Option**, and the **10-Year Certain Option**.
- You must indicate on the analysis you receive from the Fund Office the type of pension you wish to receive and return it to the Fund Office. Your pension benefits cannot begin until you return this form.
- Some options (specifically, Regular Option, the Ten-year Certain Option and the Social Security Option) require that you (and your spouse, if you are married) sign the **Husband and Wife Rejection Form** and have it notarized. **This form must be signed no more than 90 days prior to your pension effective date. If the form is filed more than 90 days prior to your pension effective date, the Fund will send you another Rejection Form to complete and return within the 90-day period.**

## WHAT SHOULD I SUBMIT FOR PROOF OF AGE?

You may submit any one of the following documents as proof of age. Additional proof of age may be required if the document you submit is not convincing proof. If you submit an original document as proof of age, it will be returned to you immediately.

- A Birth Certificate (photocopy acceptable)
- A Baptismal Certificate or a statement as to the date shown by a church record, certified by the custodian of such record (photocopy acceptable)
- Notification of Registration of Birth in a public registry of vital statistics (original only)
- Certification of record of age by the U. S. Census Bureau (original only)
- Hospital Birth Record, certified by the custodian of such record (original only)
- A Medicare Card or Certificate of Social Security Insurance Award, if age or birth date is shown (photocopy permissible)
- A foreign church or government record (original only)
- A signed statement by the Physician or midwife who was in attendance at birth, as to the date of birth shown on their records (original only)
- Naturalization Record (original only)
- Immigration Papers (original only)

**If you do not have one of the above, then submit at least TWO of the items listed below:**

- Military Record (photocopy permissible)
- Passport (original only)
- School Record, certified by the custodian of such record (original only)
- Vaccination Record, certified by the custodian of such record (original only)
- An insurance policy which shows the age or date of birth (original only)
- Other evidence such as notarized signed statements from persons who have knowledge of the date of birth.

**PENSION APPLICATION**

<b>Last Day Worked:</b> Please give the last day you plan to work.	_____ <b>Month/Day/Year</b>
<b>Effective Date:</b> Please give the date you want your pension to begin. All pension benefits are payable on the first of the month. <b>Note:</b> You cannot work in the month you want pension benefits to begin and all vacation and severance pay has to be used before pension benefits can begin (unless) you attain age 65 in which case you would begin to receive your pension benefits even if you continue to work or have not received all of your vacation and severance pay).	_____ <b>Month/Year</b>

<b>Social Security Number:</b> _____	<b>Pension Number:</b> _____
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**I. PERSONAL DATA:** Please print or type

<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Miss	<b>Last Name</b>	<b>First</b>	<b>Middle</b>	<b>Other Last Name(s)</b>
<b>Address</b>	<b>Marital Status</b>		<b>Date of Birth</b>	
	<input type="checkbox"/> Single <input type="checkbox"/> Married		Month / Day / Year /       /	
<b>City, State, Zip</b>	<b>Place of Birth</b>		<b>Sex</b>	
			<input type="checkbox"/> Male <input type="checkbox"/> Female	
<b>Telephone Number</b> ( ) _____	<b>Year Started in Industry</b>	<b>Local Union No.</b>	<b>Mother's Maiden Name</b>	
<b>Area Code</b>				

<b>Name of Spouse</b>	<b>Social Security Number</b>	<b>Date of Birth</b>
		Month / Day / Year /       /

<b>Have you been divorced?</b>	<b>Is ex-spouse entitled to portion of your Pension?</b>	<b>Submit Copy of Divorce Decree and Marital Property Settlement Agreement</b>
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	

**LIST ALL PREVIOUS SPOUSES**

<u>Name</u>	<u>Date Married</u>	<u>Date Marriage Ended</u>	<u>Reason (Divorce, Death, Etc.)</u>
_____	Month/Year	Month/Year	_____
_____	Month/Year	Month/Year	_____
_____	Month/Year	Month/Year	_____
_____	Month/Year	Month/Year	_____

**Note: If divorced submit copy of all Divorce Decrees and Marital Settlement Agreements**



**V. IMPORTANT INFORMATION – WORKING AFTER RETIREMENT**

Once you begin to receive (or are entitled to receive) your pension, your benefits will be suspended in accordance with Fund Rules if you work in employment or self-employment in the Bakery and Confectionery Industry more than 39 hours per month prior to age 65. If you are age 65 or over, there is no limitation on what you may earn while receiving your pension. You may work outside the Bakery and Confectionery Industry at any age without affecting your pension.

**Please Note:** Employment in the Bakery and Confectionery Industry includes both union and non-union jobs, ownership of or partnership in a Bakery and Confectionery Business, and consulting in the Industry.

If you are under age 65 and return to employment in the Bakery and Confectionery Industry, you must notify the Fund in writing within twenty-one (21) days of such employment. In addition, if the Fund requests information from you regarding employment you may currently have or have had since you began receiving pension benefits, you must comply within sixty (60) days of the request.

If you have not given such written notice within the 21-day period or provided the requested information within the 60-day period as described above, your pension benefits shall be suspended for an additional 12 months over and above the suspension period. Please refer to Article VIII, Section 8.06 of the Rules and Regulations for rules governing Suspension of Benefits.

**VI. APPLICANT’S AFFIDAVIT**

I hereby apply for a pension from the Bakery and Confectionery Union and Industry International Pension Fund. The above statements are true to the best of my knowledge and belief. I understand that if I make a willfully false or fraudulent statement material to this application, or at any time in the application process, or furnish fraudulent information or proof material to this claim, benefits paid solely on account of my false statement will be denied, suspended or discontinued, and that the Trustees shall have the right to recover any payments made to me because of a false statement. Further, I understand that any false or fraudulent statement made during the application process may subject me to sanctions or prosecution under Federal and State law.

I also understand that, under certain circumstances, my pension benefit will be suspended and a one-year penalty will be assessed if I perform work in the Bakery and Confectionery Industry as explained in Section V above and in Section 8.06 of the rules and Regulations.

\_\_\_\_\_ Date

\_\_\_\_\_ Signature of Applicant

If an (X) mark is used for signature, a witness must sign and include his or her Social Security Number.

\_\_\_\_\_ Signature of Witness

\_\_\_\_\_ Social Security Number of Witness

## PENSION BENEFICIARY FORM

### To the Board of Trustees:

I hereby designate as my beneficiary(ies) to receive any benefits that may be payable after my death under the Pension Plan or P-Plan, the following: **Please note:** "Benefits are paid for the pensioner's lifetime and, if the pensioner meets the requirements of Article VI, Section 6.04 and is married at the time of death, benefits continue at a 50% level for the spouse's lifetime. In some circumstances, particularly for unmarried participants, there may be some benefits (such as the 36-Month Guarantee under Article VIII, Section 8.02(b)(iii) and the Ten-Year Certain Pension under Article VII, Section 7.02) that remain payable after the participant's death. In case any of these other benefits apply to you, you should name a beneficiary (and, if you desire, a secondary beneficiary) to receive those benefits."

### BENEFICIARY:

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Name	Relationship
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Address

I hereby designate as my second beneficiary (CHECK ONE)

\_\_\_\_\_ (A) Jointly with the above beneficiary.

\_\_\_\_\_ (B) Only, if the above beneficiary is not alive at my death.

### BENEFICIARY (Second Choice):

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Name	Relationship
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Address

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Date	Signature of Pensioner
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### APPLICANT'S AFFIDAVIT:

I hereby apply for a Pension Evaluation from the Bakery and Confectionery Union and Industry International Pension Fund. The above statements are true to the best of my knowledge and belief. I understand that a false statement may result in inaccurate information being provided to me. I also understand that I must complete a pension application before pension benefits can be paid to me. I understand that if I provide false information on a pension application I may be disqualified for receipt of pension benefits or my pension amount may be reduced or suspended, and that the Trustees have the right to recover any payments made to me because of a false statement.

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Date

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Signature of Applicant

If an (X) mark is used for signature, a witness must sign and include their Social Security Number

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Signature of Witness

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Social Security Number of Witness



## **PRIVACY ACT STATEMENT:**

Section 205 (c) (2) (A) of the Social Security Act allows us to ask for the information you give us on this form. The information is needed so that the Social Security Administration can quickly identify your record or the record of the deceased individual who is the subject of a request you are making and prepare the earnings statement you want. You do not have to give us this information. However, without the information we may not be able to process your request. The information you provide will be used primarily for issuing the earnings statement you request. The information you provide may be given out if a Federal law requires that we give out the information; if a congressman or the President's office needs this information to answer questions you ask them; or the Department of Justice needs the information for investigating or prosecuting violations of the Social Security Act.

We may also use the information you give us when we match records by computer. Matching programs compare our records with those of other Federal, State, or local government agencies. Many agencies may use matching programs to find or prove that a person qualifies for benefits paid by the Federal government. The law allows us to do this even if you do not agree to it.

Explanations about these and other reasons why information about you may be used or given out are available in Social Security offices. If you want to learn more about this, contact any Social Security office.

## **PAPERWORK REDUCTION ACT STATEMENT:**

This information collection meets the clearance requirements of 44 U.S.C. §3507, as amended by Section 2 of the Paperwork Reduction Act of 1995. You are not required to answer these questions unless we display a valid Office of Management and Budget control number. We estimate that it will take you about 2 minutes to read the instructions, gather the necessary facts, and answer the questions.