

TRI-STATE CARPENTERS AND JOINERS
PENSION TRUST FUND
HIXSON, TENNESSEE 37343

APPLICATION FOR PENSION BENEFITS

I HEREBY APPLY FOR THE FOLLOWING BENEFITS: (CHECK ONE ONLY)

- NORMAL PENSION BENEFIT (MUST BE AGE 65 AT RETIREMENT DATE)
 EARLY PENSION BENEFIT (REDUCED 1/2 OF 1% FOR EACH MONTH PRIOR TO AGE 65)
 DISABILITY PENSION BENEFIT (MUST HAVE S.S. AWARD FOR DISABILITY)
 AUXILIARY DISABILITY BENEFIT (MEDICAL RELEASE FORM REQUIRED)

HAVE YOU APPLIED FOR PENSION BENEFITS BEFORE? YES NO

DO YOU HAVE PENSION CREDITS WITH ANY FUNDS OTHER THAN TRI-STATE? YES NO

IF YES, HAVE YOU APPLIED WITH THAT FUND? YES NO, (IF NOT, PLEASE DO SO IMMEDIATELY) IF YOU KNOW OF ANY OTHER FUND WHERE YOU MAY HAVE PENSION CREDITS, PLEASE LIST ON THIS APPLICATION THE NAME AND ADDRESSES OF THE FUNDS:

1. _____ 2. _____ 3. _____

EFFECTIVE DATE OF PENSION REQUESTED _____ (1ST DATE OF THAT MONTH)

LAST WORKED (MONTH AND YEAR) _____ NAME OF CONTRACTOR _____

MY FULL NAME _____ SOCIAL SECURITY # _____

COMPLETE MAILING ADDRESS: _____

TELEPHONE # _____

BIRTH DATE: (MONTH-DAY-YEAR) _____ (ACCEPTABLE PROOF ATTACHED)

CURRENT LOCAL UNION # _____ LOCATED IN (CITY & STATE) _____

ORIGINAL LOCAL UNION # _____ INITIATION DATE IN ORIGINAL LOCAL UNION _____

BENEFICIARY: _____ SOCIAL SECURITY # _____

SPOUSE: YES NO BIRTH DATE _____ MARRIAGE DATE _____

ADDRESS: _____

I UNDERSTAND THAT THIS APPLICATION FOR BENEFITS MUST INCLUDE PROOF OF AGE, WHICH IS ATTACHED. I ALSO UNDERSTAND, THAT IF I RETURN TO WORK AFTER MY RETIREMENT STARTS, I WILL NOTIFY THE TRUSTEES; AND IF I WORK MORE THAN THE ALLOWED HOURS, THEN I UNDERSTAND THAT MY CHECK WILL BE WITHHELD FOR THAT MONTH, OR ANY SUBSEQUENT MONTH THAT I WORK MORE THAN ALLOWED HOURS FOR WORKING RETIREES. I WILL ALSO NOTIFY THE TRUSTEES OF THE DATE THAT I QUIT THE JOB. I UNDERSTAND THAT THE ABOVE APPLIES TO A NORMAL OR EARLY PENSION. I ALSO UNDERSTAND THAT ENGAGING IN ANY EMPLOYMENT IN THE CONSTRUCTION INDUSTRY WILL DISQUALIFY ME FOR A DISABILITY PENSION OR AUXILIARY DISABILITY BENEFIT.

DATE: _____ MY LEGAL SIGNATURE _____

AN APPLICATION MUST BE SUBMITTED AT LEAST TWO FULL CALENDAR MONTHS BEFORE THE DATE ON WHICH PENSION PAYMENTS, IF APPROVED, ARE TO BEGIN. A DISABILITY PENSION WILL BEGIN ON THE 1ST DAY OF THE SIXTH MONTH AFTER THE MONTH IN WHICH S.S DECLARES THE TOTAL AND PERMANENT DISABILITY OCCURRED; BUT NO EARLIER THAN TWO FULL CALENDAR MONTHS AFTER YOU APPLIED FOR A DISABILITY PENSION. AUXILIARY DISABILITY BENEFITS WILL BEGIN ON THE 1ST DAY OF THE SIXTH MONTH AFTER THE MONTH IN WHICH MEDICAL EVIDENCE DECLARES THE TOTAL AND PERMANENT DISABILITY OCCURRED; BUT NO EARLIER THAN TWO FULL CALENDAR MONTHS AFTER YOU APPLIED FOR AUXILIARY DISABILITY BENEFITS. YOU WILL RECEIVE A LETTER FROM THIS OFFICE ACKNOWLEDGING RECEIPT OF YOUR APPLICATION. YOU WILL BE ADVISED IF ANY FURTHER INFORMATION IS REQUIRED. YOU WILL BE NOTIFIED IN WRITING OF THE DECISION MADE BY THE BOARD OF TRUSTEES.