

Southwest Asbestos Workers Local 94 Pension Fund

Fund Office

8441 Gulf Freeway, Suite 304
Houston, TX 77017

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Toll Free: (866) 236-3148
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Pension Application

(PLEASE PRINT ALL INFORMATION CLEARLY)



Southwest Asbestos Workers Local 94 Pension Fund

Part I
Pension Application

date _____

1. NAME (LAST, FIRST, MIDDLE)	2. SOCIAL SECURITY NO.	3. TELEPHONE #	
4. HOME ADDRESS (NUMBER, STREET OR RURAL ROUTE)	5. DATE OF BIRTH	6. AGE LAST BIRTHDAY <i>(ATTACH PROOF OF AGE & SEE NEXT PAGE)</i>	
7. CITY, TOWN OR POST OFFICE:	STATE	ZIP CODE	8. LOCAL No.
10. DATE YOU RETIRED OR PLAN TO RETIRE (MONTH, DAY, YEAR)	9. SPOUSE DOB		
10. DATE YOU RETIRED OR PLAN TO RETIRE (MONTH, DAY, YEAR)	11. ARE YOU WORKING AT THE PESENT TIME? <input type="checkbox"/> YES (NAME OF PRESENT EMPLOYER) <input type="checkbox"/> NO (NAME OF LAST EMPLOYER) _____ DATE LAST WORKED _____		
12. TYPE OF PENSION REQUESTING <input type="checkbox"/> REGULAR RETIREMENT <input type="checkbox"/> SERVICE PENSION <input type="checkbox"/> EARLY RETIREMENT PENSION <input type="checkbox"/> JOINT AND SURVIVOR 100% <input type="checkbox"/> JOINT AND SURVIVOR 50% <input type="checkbox"/> TEN YEAR CERTAIN PENSION <input type="checkbox"/> EARLY REDUCED RETIREMENT <input type="checkbox"/> DISABILITY RETIREMENT <input type="checkbox"/> DEFERRED RETIREMENT <input type="checkbox"/> DEATH BENEFIT <input type="checkbox"/> PRE-RETIREMENT SURVIVOR PENSION <input type="checkbox"/> POST RETIREMENT SURVIVOR ANNUITY <input type="checkbox"/> QUALIFIED DOMESTIC RELATIONS ORDER			
13. MARITAL SATUS <input type="radio"/> MARRIED DATE OF MARRIAGE _____ <input type="radio"/> SINGLE <input type="radio"/> DIVORCED DATE OF DIVORCE (COPY OF DIVORCE DECREE) _____			

Part II – BENEFICIARY DESIGNATION

Name of Participant _____

Benefit Commencement Date _____

(The first day of the month to coincide with or next following the date you satisfy all of the conditions for entitlement to a pension, including termination of covered employment).

Name of Spouse: _____

Date of Birth: _____

(Attach marriage certificate or license)

(Attach proof of age)

Spouses Social Security Number: _____

COMPLETE BELOW ONLY IF YOUR BENEFICIARY IS SOMEONE OTHER THAN YOUR SPOUSE

Name Beneficiary: _____

Date of Birth of Beneficiary: _____

Beneficiary's Social Security Number: _____

Relationship: _____

PART III – SIGNATURES

I acknowledge that I have completed the entire Pension Application Form. I hereby certify that the 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 shall have the right to recover any payments made to me because of a false statement.

Signature of Member: _____ Date: _____

Witness: Signature of Member must be witnessed by a plan Representative or Notary Public (**Select A or B**).

A. _____
Name and Title of Plan Representative (Please Print)

Signature of Plan Representative

B. State of _____
County of _____

On this _____ day of _____, 20____, I, _____

Hereby certify that _____ personally appeared

before me on this day and acknowledged the due execution of the forgoing instrument.

Given under my hand and official seal this _____ day of _____,
20____.

My commission expires _____.

NOTARY PUBLIC

(SEAL)

Southwest Asbestos Workers Local 94 Pension Fund

BENEFIT RESOURCES, INC.

8441 GULF FREEWAY, SUITE 304

HOUSTON, TEXAS 77017

TELEPHONE: (866) 236-3148

FAX: (866) 316-4794

DIRECT DEPOSIT BANKING AGREEMENT

Name _____
Last First Middle Telephone Number

Address _____
Street City or Town State Zip

Social Security Number _____

- A. I do not wish to have my check deposited directly into my account at this time.
 I hereby authorize the Custodian of the Southwest Asbestos Workers Local 94 Pension Fund ("Plan") to directly deposit and transmit my monthly retirement benefits to the account specified below.

Bank Information:

Bank Name _____ Telephone Number _____

Address _____
Street City or Town State Zip

Routing Number _____ Account Number _____

For credit to: Checking Savings

I also authorize the Custodian to charge the above account, or any other account in my name, for improper overpayments made to me and to refund any and all overpayments to the Southwest Asbestos Workers Local 94 Pension Fund. I hereby release the Trustees and Plan from any liability concerning any obligations of the Custodian related to the direct deposit of my benefit payment.

SIGNATURE OF RECIPIENT

DATE

Affidavit

In order to satisfy the requirements of subsection 206 (d) of the Employees Retirement Income Securities Act of 1974, the undersigned states that regarding Southwest Asbestos Workers Local 94 Pension Plan, there exist no Qualified Domestic Relations Order (QDRO) that creates or recognizes the existence of any alternate payee's right (or assigns to an alternate payee the right) to receive all or a portion of the benefits payable to me as a participant in the Plan.

Employee Name (Print)

Social Security Number

Address

Date

Employee Signature

Please provide the name and contact information of the alternate payee with a copy of the divorce decree and Qualified Domestic Relations Order.

Name

Address

City / State / Zip

Proof of Age Instructions to Applicant

After entering your age on your last birthday, arrange to obtain and attach to the application proof of your age. One of the types of age listed below must be provided. Proof as high in order on the list as possible should be submitted if you have it because such proof is generally more convincing. For instance, if you have or can readily obtain a birth certificate, it should be submitted rather than a baptismal certificate or a statement of birth shown by a church record. If you do not have either of these proofs, or they are not readily obtainable, try to submit the proof listed below in order, rather than the one low on the list. You must attach a photo static copy of proof of age, except that you are cautioned that **NATURALIZATION PAPERS, UNITED STATES PASSPORTS, AND IMMIGRATION PAPERS *may not be photo copied.*** If any of these is the only proof of age you have, submit the original and it will be returned to you.

1. Birth Certificate
2. Baptismal certificate or a statement as to the date of birth shown by a church record, certified by the custodian of such record.
3. Notification of registration of birth in a public registry of vital statistics.
4. Certification of record of age by the U.S. Census Bureau.
5. Hospital birth record, certified by the custodian of such birth.
6. Document showing approval of social security pension.
7. A foreign church or government record.
8. A sign statement by the physician or midwife who was in attendance at birth, as to the date of birth shown on their records.
9. Naturalization record (PHOTOSTAT NOT PERMITTED; SUBMIT ORIGINAL).
10. Immigration papers (PHOTOSTAT NOT PERMITTED; SUBMIT ORIGINAL).
11. Military record.
12. Passport (U.S. PASSPORTS MAY NOT BE PHOTOSTATTED; SUBMIT ORIGINAL)
13. School record, certified by the custodian of such record.
14. Vaccination record certified by the custodian of such record.
15. An insurance policy which shows the age or date of birth.
16. Marriage records showing date of birth or age (application for marriage license or church record, certified by the custodian of such record; or marriage certificate.
17. Other evidence such as signed statements from persons who have knowledge of the date of birth, voting records, poll-tax receipts, driver's license, etc.