

SEIU Local 1 & Participating Employers Pension Trust
111 E. Wacker Drive • 17th Floor • Chicago, Illinois 60601
Telephone: (312) 233-8877

RETIREMENT BENEFIT APPLICATION
(See Additional Instructions on Reverse Side)

In accordance with the provisions of the SEIU Local 1 & Participating Employers Pension Plan, I apply for the type of benefit checked below.

I believe I have met the eligibility requirements. I submit the following information for the purpose of obtaining such benefit, and certify that it is true and correct to the best of my knowledge and belief.

Please Print or Type

Retirement Date _____

Name _____ Soc. Sec. No. _____

Spouse's Name _____ Soc. Sec. No. _____

Address _____

Street _____ Apt. # _____

City _____ State _____ Zip Code _____

Home Phone _____ Cell Phone _____

Marital Status: Single Married Widow Divorced Separated

Date of Birth _____ Spouse Date of Birth _____

Employer _____ Last Date of Employment _____

Type of Benefit (Type of Retirement)

- Age 70-1/2 distribution
- Normal retirement on or after age 65 or 5th anniversary of covered employment (10 years prior to 8-1-88)
- Early Retirement at or after age 55 with 10 years of service
- Disability Retirement at or after 10 years of service (or age 50 and 10 years prior to 8-1-92)
- Vested Termination at or after 5 years of service (or 10 years prior to 8-1-88)

I understand that any payments will be made in accordance with the provisions of the Pension Trust and rules adopted by the Board of Trustees, and that this application is to be made at least one month in advance of payment.

Applicant's Signature:

_____ Date _____

Witnessed by:

_____ Date _____

Application received by:

_____ Date _____

ADDITIONAL INSTRUCTIONS

PROOF REQUIRED

Depending on your choice of benefit provisions, certain proofs are required. Please submit evidence of the applicable of the following:

- () Employee Date of Birth
- () Spouse Date of Birth
- () Marital Status
- () Disability*

* The Trustees may require a further examination by a doctor or clinic appointed by the Trustees before your application will be processed.

BENEFIT ELECTION

You are entitled to elect the manner of benefit payment. The various options are explained on a separate form entitled BENEFIT ELECTION. Please attach a completed copy of the election form to this benefit election.

PAYMENT START DATE

If you retire or terminate before age 65 but have 10 years of service, you may request that reduced payments begin on the first day of the month after the later of your retirement or age 55. The reduction is 1/2% per month (6% per year) for each month that your payment start date is before you attain age 65. Please indicate the date at which you want your payment to start.

() earliest possible date or () _____

SUPPLYING PROOF OF AGE

One or more of the proofs of age listed below must be furnished. Proof as high on the list as possible should be submitted if you have it or can obtain it. A birth certificate, for example, is more acceptable than immigration papers. If you have more than one of the following proofs, submit two. Additional proof may be required by the Board of Trustees if your evidence is not conclusive. It is therefore to your advantage to submit the best proofs available. Check those being submitted.

- () 1. Birth Certificate
- () 2. Baptismal Certificate or statement of Date of Birth as shown by church records, certified by custodian of such records
- () 3. Notification of registration of birth in public registry of vital statistics
- () 4. Hospital records of Date of Birth, certified by custodian of such records
- () 5. Certificate of Social Security Award
- () 6. Naturalization Papers
- () 7. Immigration Papers
- () 8. Other records, such as signed statements from persons having knowledge of date of birth, voting records, driver's license, etc.