

OPERATING ENGINEERS LOCAL #12 PENSION TRUST
PO BOX 7063
PASADENA, CA 91109

(626) 356-1060 A-G
(626) 356-1061 H-O
(626) 356-1063 P-Z
www.oefunds.org

RE: PENSION APPLICATION

Dear Participant:

This is the Pension Application you requested.

Please read the instructions carefully because your application will be processed on the basis of your instructions to this office. Please read the Plan Benefit Booklet. Be certain that you understand the various options available to you. **If you require answers to questions, the Fund Office will provide assistance. They will be able to counsel you regarding the benefits available to you under the Pension Plan.**

DO NOT CONTACT YOUR LOCAL UNION OFFICE FOR PENSION BENEFIT INFORMATION. THEY ARE NOT PREPARED TO DISCUSS THE DETAILS OF YOUR PENSION APPLICATION.

If you are applying for a Regular, Service or Early Pension, mark the appropriate section in the application form. Special forms are not required for those types of pension.

The Husband and Wife Option will automatically be paid in all pension cases (except the Level Income Option) unless you decide that you do not want it. Your pension application will not be processed unless you complete the appropriate form. We urge you to read the instructions carefully in order to be able to decide what you want. We must have a decision from you regarding this type of pension payment.

Other pension options are available and special forms are required. The options are as follows:

1. **DISABILITY PENSION** (Yellow form) - The Statement of Disability is to be completed by your doctor. **DISABILITY PENSIONS ARE NOT AVAILABLE TO THOSE APPLICANTS WHO HAVE REACHED AGE 62 AT THE EFFECTIVE DATE OF THEIR PENSION.** If you are applying for a Disability Pension and have a Social Security Disability Award, please provide us with a copy of the Award. Contact the Fund Office for this medical form.
2. **LEVEL INCOME** (Pink Form) - This option is available to Early Retirees only. It is used in connection with an estimate of Social Security benefits. Please contact your local Social Security office for an estimate. The Level Income Option form is available from the Fund Office or on the Fund's website.

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P. O. BOX 7063
PASADENA, CA 91109

PENSION APPLICATION

INSTRUCTIONS

1. Please read each question carefully.
2. Print all information, using ink.
3. Be sure to answer all questions.
4. Federal Law (the Employee Retirement Income Security Act of 1974) mandates that pensions must be automatically paid in the Husband-and-Wife form unless you specifically reject it. Be sure that you read the instructions on the enclosed forms and return the completed form to this office. We cannot process your pension application until we receive that form.
5. Please be sure to attach your proof(s) of age.
6. Please attach a copy of your social security card

INSTRUCTIONS CONCERNING SUBMISSION OF PROOF OF AGE

The acceptable proofs of age are listed below in two groups. Submit a photocopy of one of the proofs listed in Group I, if you have it, or can possibly obtain it, since this class of proof of age is more convincing.

If you cannot submit a proof in the Group I classification, submit photocopies of two (2) of the proofs listed in Group II. You are cautioned, however, that Naturalization Papers, United States Passports and Immigration Papers may not be photocopied. If you are submitting any of these, you must submit the original. It will be returned to you. Additional proofs of age may be requested if the documents you submit do not constitute convincing proof of age.

GROUP I

1. A birth certificate.
2. A 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 record.
6. A foreign church or government record.
7. A signed statement by the physician or midwife who was in attendance at birth as to the date of birth shown on their record.
8. Naturalization record. (Photocopy not permitted; submit original.)
9. Immigration papers. (Photocopy not permitted; submit original.)

GROUP II

10. Military Record.
11. Passport (U.S. Passports may not be photocopied; submit original)
12. School records, certified by the custodian of such record.
13. Vaccination record, certified by the custodian of such record.
14. An insurance policy, which shows the age or date of birth.
15. 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.)
16. Other evidence such as signed statements from persons who have knowledge of the date of birth.

PERSONAL DATA-PLEASE PRINT IN INK

1. NAME _____ SOC. SEC. # _____
(Last) (First) (Middle)
2. ADDRESS _____
(Number and Street)

(City) (State) (Zip Code)
3. DATE OF BIRTH _____ REGISTER # _____ TELEPHONE _____
4. DATE ON WHICH YOU DESIRE PENSION TO BE EFFECTIVE _____
(Must be the first day of the month)
5. PENSION TYPE (SELECT ONE)
- A. _____ Regular (Age 62 or older) **
 - B. _____ Service (30-30-60) **
 - C. _____ Disability (Any age under 62) **
Have you applied for Social Security Disability Benefits?
YES _____ NO _____
Date applied _____
 - D. _____ Early (Ages 45-61) **
 - E. _____ Early with Level Income (SSA) Option (Ages 45-61)

**** HUSBAND AND WIFE-This option is available in all cases as indicated above EXCEPT 5E, EARLY WITH LEVEL INCOME OPTION. PLEASE SEE ENCLOSED FORM.**

Marital Status: _____ Never Married _____ Divorced and Remarried _____ Married
_____ Legally Separated _____ Divorced _____ Widowed

IMPORTANT! IF YOU HAVE EVER BEEN DIVORCED, YOU MUST SUBMIT A COPY OF YOUR FINAL JUDGEMENT(S) OF DISSOLUTION OF MARRIAGE ALONG WITH PROPERTY SETTLEMENT(S) AND QUALIFIED DOMESTIC RELATIONS ORDER(S).

6. DID YOU SERVE IN THE ARMED FORCES OF THE UNITED STATES DURING THE YEARS OF 1940-1947 AND/OR 1950-1956 INCLUSIVE? YES _____ NO _____
If yes, and you were a member of Local 12 prior to induction and rejoined upon Separation, attach a copy of your honorable discharge and enlistment record.
7. ARE YOU NOW RECEIVING OR APPLYING FOR A PENSION FROM ANOTHER OPERATING ENGINEER LOCAL? YES _____ NO _____ IF YES, GIVE LOCAL # _____

I understand that, except for Disability retirement, my retirement is permanent. I understand that I may not continue working as an Operating Engineer for anyone, anywhere after the effective date of my pension. If I return to work at the trade after retirement, I understand I must notify the Fund Office in writing. This application is submitted pursuant to the terms of the Pension Plan of the Operating Engineers Local #12 Pension Trust and it is understood that any pension award is subject to all of the terms and provisions of the Pension Plan and Trust documents establishing the Operating Engineers Pension Trust. I certify under penalty of perjury that all the above statements given on this application are true and correct. I understand that a false statement may disqualify me for pension benefits and that the Board of Trustees shall have the right to recover any payments made to me because of false statements.

DATE _____ SIGNATURE _____

IF ANY OF THE FOLLOWING QUESTIONS DO NOT APPLY TO YOU, PLEASE WRITE "NONE"

8. UNION MEMBERSHIP

List below your Membership or Employment History (if any) in any **other** Operating Engineers Local.

LOCAL UNION	LOCATION	DATE OF MEMBERSHIP	
		FROM	TO

9. ROCK, SAND, AND GRAVEL INDUSTRY

If you have ever been employed in the Rock, Sand Industry after June 1, 1960, please indicate employers below.

EMPLOYER	ADDRESS	DATES OF EMPLOYMENT	
		FROM	TO

10. LAST EMPLOYMENT AS AN OPERATING ENGINEER

Please list below the employers you have worked for after _____

EMPLOYER	DATE HIRED	LAST DAY WORKED

11. If you need additional space to complete a section, or if you have any additional information that may be helpful, please use the space provided below.

12. LUMP SUM PENSION BENEFIT

****Please note this lump sum is not payable with the husband and wife option. Instead you will receive the actuarial pro-rated equivalent added to your monthly benefit.**

Effective February 1, 1976, the Pension Plan was amended by the Trustees to allow a participant to defer payment of all or part of any Lump Sum Payment due at the time of retirement to be paid to his beneficiary at the time of his death. ONCE ELECTION IS MADE, IT CANNOT BE REVOKED; IT MUST BE MADE PRIOR TO THE EFFECTIVE DATE OF YOUR PENSION.

This benefit payment is in addition to the monthly pension payment you will receive.

Your Retirement Lump Sum will be determined in the following manner:

$$\begin{array}{r} \text{Total whole number of Current Service Credits (Maximum of 10)} \quad \underline{\hspace{2cm}} \\ \qquad \qquad \qquad \qquad \qquad \qquad \qquad \qquad \qquad \times \ \$250.00 \quad \underline{\hspace{2cm}} \\ \text{LUMP SUM PAYMENT} = \underline{\hspace{2cm}} \end{array}$$

In accordance with the above, please indicate your election in one of the spaces provided below:

- (1) _____ I elect to receive my total Lump Sum Payment upon retirement.
- (2) _____ I elect to have my beneficiary receive my total Lump Sum Payment at the time of my death.
- (3) _____ I elect to receive a portion of my Lump Sum Payment at retirement and to have my beneficiary receives the balance at the time of my death.

THE AMOUNT I WISH TO RECEIVE AS A RETIREMENT LUMP SUM IS \$ _____.

THE AMOUNT I WISH MY BENEFICIARY TO RECEIVE AS A DEATH BENEFIT IS \$ _____.

I UNDERSTAND THAT THE ELECTION I HAVE MADE IS IRREVOCABLE IN ACCORDANCE WITH THE RULES OF THE PENSION PLAN.

(Signature)

(Date) 20____