

# SHEET METAL WORKERS' LOCAL 10 PENSION FUND

1681 East Cope Avenue, Suite B Maplewood, MN 55109-2631 (651) 770-0991 | 1-800-396-2903 | Fax (651) 770-1351

## MEMORANDUM

To: Participant  
Subject: Retirement paperwork

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Please find the enclosed paperwork regarding the benefits you have accrued in the jurisdiction of Sheet Metal Local #10. I have enclosed an estimate of benefits and all applications required for your retirement. All of the enclosed paperwork requires completion and return. **Please also send a photocopy of birth certificates for both you and your wife, and your marriage certificate if applicable**

Papers enclosed:

1. Pension Application:  
Please complete entire application and sign on pages 6, 7, and 8  
Please note page 6 & 7 requires you and your spouses notarized signatures (if applicable).
2. Retirement Declaration:  
Please complete and date and sign.
3. Retirement Option Election Form:  
Please use this form to designate which option you are choosing, for your benefit payment
4. Husband & Wife Pension Rejection Form:  
This form requires completion ONLY if you have chosen option A the Life Only Benefit. Please note the notarized signature requirement.
5. W4-P form:  
Use this form to indicate whether you would like federal income tax withheld from your monthly benefit. "X" #1 at the bottom if you chose to not have federal tax withheld, or fill in a dollar amount in #3 at the bottom if you would like us to withhold.
6. Employee's Authorization for Direct Deposit:  
Complete this form if you would like to have your Benefit easily deposited into your bank account each month.

Please feel free to contact me with any questions regarding the enclosed paperwork at 651 770-0991 or 1-800-396-2903.

Sincerely,

Sheila Rice  
Administrator Enclosure

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## PENSION APPLICATION

- \* Please read the entire form before answering any questions.
- \* Please answer all questions which apply to you.
- \* Please be sure to sign and date the application as witness by a notary public or Plan Representative.

**If you have any questions about the form or the application process, please contact the Fund Office at the telephone number listed above.**

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### PART I - Participant Information:

1. Name \_\_\_\_\_  
Last First Middle
2. Address \_\_\_\_\_  
Number & Street City State Zip
3. Date of birth \_\_\_\_\_  
mm/dd/yy
4. Place of birth \_\_\_\_\_
5. Social Security # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_
6. Phone \_\_\_\_\_
7. Intended retirement date \_\_\_\_\_  
mm/dd/yy
8. Sex ( ) Male  
( ) Female
9. Requested Form of Pension:  
( ) Normal (Age 62) ( ) Early ( ) Rule of 90  
( ) Vested Deferred ( ) Disability ( ) Partial
10. Marital Status: ( ) Married  
( ) Divorced (**please provide divorce decree**)  
( ) Separated  
( ) Widowed  
( ) Unmarried

**For Fund Office Use Only: Marital Status confirmed by \_\_\_\_\_ dated \_\_\_\_\_**

If you are married, please answer the following questions:

- A. Spouse's Name \_\_\_\_\_
- B. Spouse's Birth Date' \_\_\_\_\_  
mm/dd/yy
- C. Spouse's SS # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_
- D. Date of Marriage \_\_\_\_\_
- E. Does any prior spouse have a claim against your pension benefits? \_\_\_\_\_  
If yes, please explain \_\_\_\_\_
- F. Is there a divorce pending? \_\_\_\_\_

PART II - Additional Required Information

- 11. When did you first join this Local Union? \_\_\_\_\_
- 12. When is/was your last day of work? \_\_\_\_\_
- 13. Have you applied for Social Security benefits?                     Yes  
    No  
  
   If yes, have those benefits been                     approved  
    denied  
    still pending
- 14. Have you been a member of any other local union that is affiliated with the Sheet Metal Workers' International Association, AFL-CIO?  
  
 No  
 Yes                    If yes, please identify which locals and for what time period  
  
Local \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_  
Local \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_
- 15. Have you ever served active or reserve duty in the military service of the United States?  
  
 No  
 Yes                    If yes, please provide the following information  
  
Military Branch \_\_\_\_\_ Was Discharge Honorable? \_\_\_\_\_  
Induction Date \_\_\_\_\_ Discharge Date \_\_\_\_\_
- 16. Have there been any extended periods when you left employment, withdrew from membership in the union, or transferred out of the jurisdiction of this Local?  
  
 No  
 Yes                    If yes, please provide the following information  
  
REASON                    FROM                    TO  
  
\_\_\_\_\_  
  
\_\_\_\_\_

17. Have you ever been unable to work due to a total disability?

- ( ) No
- ( ) Yes            If yes, please provide the following information

NATURE OF DISABILITY	FROM	TO
<hr/>		
<hr/>		

18. Have you ever collected Workers' Compensation benefits during a period of total disability?

- ( ) No
- ( ) Yes            If yes, please provide the following information

EMPLOYER AT TIME OF INJURY	FROM	TO
<hr/>		
<hr/>		

19. Are you still employed in a position under the jurisdiction of Local Union 10?

- ( ) Yes            Present Employer \_\_\_\_\_
- ( ) No            If no, please provide the following information:

Present Employer \_\_\_\_\_  
 Present Job Title/Description \_\_\_\_\_  
 Last Contributing Employer for whom you worked \_\_\_\_\_  
 Date you last worked in a position under the jurisdiction of  
 Local Union 10 \_\_\_\_\_

Do you have any plans to perform sheet metal work for employment after retirement?

- ( ) No
- ( ) Yes

20. After June 30, 1976, have you worked with any contributing employer in any capacity other than as a Sheet Metal Worker?

- ( ) No
- ( ) Yes            If yes, please provide the following information

Employer \_\_\_\_\_  
 Job Title/Description \_\_\_\_\_  
 Employment Dates for that position \_\_\_\_\_

PART III - Disability Pension Information

**Please complete this section if you are applying for a disability pension benefit.**

21. Describe your disability

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A. Have you applied for Social Security Disability Benefits?

- No  
 Yes
- If yes, have those benefits been
- approved  
 denied  
 still pending

Please include a copy of the approval/denial letter.

B. When did you become permanently and totally disabled? \_\_\_\_\_

C. Name and address of Doctor \_\_\_\_\_

D. Have you worked in any occupation since you became disabled?

- No  
 Yes (If yes, please provide the following information)

From	To	Employer	Mo. Earnings	Position
<hr/>				
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PART IV - Beneficiary Designation

**Please be advised that this change of beneficiary will replace that which is on file with the Fund Office.**

I hereby make the following designation of my primary beneficiary.

PRIMARY BENEFICIARY \_\_\_\_\_  
(Please state full name)

Address \_\_\_\_\_  
Number & Street City State Zip

Relationship to you \_\_\_\_\_

Married participants, please refer to the Waiver Form on Page 7 of this application.

I hereby make the following designation of my contingent beneficiary.

CONTINGENT BENEFICIARY \_\_\_\_\_  
(Please state full name)

Address \_\_\_\_\_  
Number & Street City State Zip

Relationship to you \_\_\_\_\_

I understand that I may change this contingent beneficiary designation at any time, subject to the approval from my spouse.

Date \_\_\_\_\_

Signature of Participant \_\_\_\_\_

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

Address \_\_\_\_\_  
Number & Street City State Zip

PART V - Certification and Signature

I hereby apply for a pension benefit from the Sheet Metal Workers' Local 10 Pension Fund. The information I have provided in this application is complete and true to the best of my knowledge and belief. I understand that if any of the information I have provided is false, I may be disqualified from receiving benefits under this Plan, and that the Trustees shall have the right to recover any payments made to me as a result of those false statements.

Date \_\_\_\_\_

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

Signature of Notary Public or Plan Representative \_\_\_\_\_

Notary Seal Below:

**SPOUSAL WAIVER**

**If you are married and have designated anyone other than your spouse as your primary beneficiary, your spouse must read the following paragraph and sign below.**

I hereby certify that I am the spouse of the Participant identified on this form, and that I have read and understand this form as completed by the Participant, my spouse. I understand that upon my spouse's death, I would be entitled to receive a death benefit from this Plan unless I consent to the designation of someone else as the primary beneficiary to receive such death benefit. In granting this consent, I understand that I am waiving my right to any death benefit under the Plan. I also understand that the designated beneficiary may not be changed at any time during which I am married to the Participant unless I provide written consent to that change on a form like this. Finally, I acknowledge and consent to the Participant's designation of the primary beneficiary set forth above.

Date \_\_\_\_\_

Signature of Spouse \_\_\_\_\_

Signature of Notary Public or Plan Representative \_\_\_\_\_

Notary Seal Below: