



STATIONARY ENGINEERS LOCAL 39 TRUST FUNDS

4160 Dublin Blvd, Suite 400 * Dublin, CA 94568

Phone: (925) 208-2280 * Toll Free: (800) 622-0547 * Fax: (925) 833-7301

www.Local39Benefits.org * l39pension@hsba.com

INSTRUCTIONS FOR COMPLETING YOUR PENSION APPLICATION

1. Please read each question carefully.
2. Complete all pages of the application in its entirety. It is important that you are accurate as possible in your replies. Incorrect or incomplete information will delay payment of your pension benefit.
3. BE SURE TO SIGN AND DATE YOUR APPLICATION.
4. Mail your completed application and proof of age to the Fund Office *before* the month in which you wish your pension to become effective.

Your application cannot be processed without the following document(s):

- Birth Certificate for you and your spouse*
- Marriage License
- Copy of current driver's license or current state I.D. (with photo) for you and your spouse
- If you have ever been divorced, please submit a complete copy of your final divorce decree(s), Qualified Domestic Relations Orders, Separation Agreements, etc.

Please note: The final processing of any applications cannot be completed until ALL divorce documents are reviewed and approved by the Plan's attorney.

* If a birth certificate is not available, **TWO** of the following items may be submitted below:

- Passport
- Baptismal Certificate
- Certificate of Armed Service record
- School records
- Life insurance policy at least five years old

CHECKLIST OF ITEMS TO SUBMIT WITH YOUR BENEFIT APPLICATION

Please utilize the checklist below to ensure that you have completed your application fully. This will expedite the application process. Missing documents and incomplete application forms will delay the processing of your application. **Items that are in bold MUST be signed in front of a Notary Public (date of both signatures must match).**

- Application Form
- Certification of Marital/Single Status
- Copy of your birth certificate
- Copy of your spouse's birth certificate
- Copy of your marriage license
- Copy of your photo ID
- Copy of your spouse's photo ID
- Copy of all previous divorce decrees, Qualified Domestic Relations Orders, Separation Agreements, etc.
- Copy of your Social Security Disability Award letter (this is required if applying for Disability Pension)



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Eligibility Rules for Retirement:

Regular Pension

You are eligible to receive a Regular Pension when you reach Regular Retirement Age which is achieved by meeting one of the following criteria:

- Attained age 65 with at least 31 months Credited Future Service, or
- Attained age 60 with at least 60 months of Credited Future Service and has at least 500 hours of Covered Employment within the Plan Year immediately preceding the Annuity Starting Date or in the Plan Year of his Annuity Starting Date for your benefit earned through December 31, 2010, and at least 2,080 hours Covered Employment within the 24 consecutive months immediately preceding the Annuity Starting Date for your benefit earned on and after January 1, 2011, provided;
- You have filed an application in accordance with the Plan provisions.

Early Retirement Pensions

You are eligible to receive an Early Retirement Pension if **all the following conditions** apply to you:

- You are at least 55 years old, but not yet 65 (Regular Retirement Age).
- You have at least 240 months (20 years) of Credited Future Service (excluding any Credited Service earned as a result of Continuous Non-Covered Employment)
- You have worked in Covered Employment at least 2,080 hours in 24 consecutive months immediately before your Annuity Starting Date.
- You have filed an application in accordance with Plan provisions.

Rule of 70 Early Retirement Pension

To be eligible to receive a Rule of 70 Early Retirement Pension if **all the following** conditions apply to you:

- You are at least 55 years old, but not yet 65 (Regular Retirement Age).
- You have at least 180 months (15 years) of credited Service (excluding any Credited Service earned as a result of Continuous Non-coverage Employment)
- You had worked at least 2,080 hours in Covered Employment in the 24 months immediately preceding your retirement date.
- You have at least 500 hours of work in Covered Employment in the Plan year immediately preceding your Annuity Starting Date or during the Plan year of your Annuity Starting Date.
- You have earned a benefit prior to July 1, 2008.



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Suspension of Rule of 70 Early Retirement

If you elect to retire under the Rule of 70 Early Retirement provision, you must understand that your pension will be automatically suspended if you engage in *Prohibited Employment*. If your pension is suspended for working in Prohibited Employment, you may not retire under the Rule of 70 Early Retirement provision again. Subsequent retirement benefits would begin only at Normal Retirement Age.

Disability Pensions

To be eligible for a Disability Pension the following criteria must be met:

- Not yet reached 65 years of age.
- Earned at least 120 months (10 years) of Credited Future Service excluding any Credited Future Service as a result of work in Continuous Non-covered Employment.
- Worked at least 500 hours in either 36 months (3 years) immediately before the date of total disability (as determined by Social Security) or 36 months (3 years) immediately before the date of the onset of the disabling condition, as established by medical evidence.
- Considered permanently and totally disabled by the Social Security Administration and has received a determination of entitlement to a Social Security Disability Benefit.
- Filed an application in accordance with Pension Plan provisions.
- If an application for a Disability Pension and proof of entitlement to disability benefits from the Social Security Administration are submitted to the Fund Office within 60 days after the notice of the Social Security Administration was issued, such application shall be considered timely, and payment of the Disability Pension shall commence as of the seventh month following the date of disability as determined by Social Security Administration. If such application and notice of entitlement to Social Security disability benefits are not timely submitted, benefits shall commence as of the first of the month coinciding with, or immediately following their receipt by the Fund Office. Payment of a Disability Pension to a terminally ill Participant shall be in accordance with Section 3.09.

****PLEASE NOTE: PENSION BENEFIT OPTION ELECTION FORMS
WILL BE MAILED TO YOU AT LEAST 30 DAYS PRIOR TO YOUR
EFFECTIVE ANNUITY STARTING DATE A.K.A EFFECTIVE DATE OF
RETIREMENT****



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PENSION APPLICATION

Participant Information:

Name _____

Social Security Number _____ Date of Birth _____

Address _____

Home Phone Number _____ Alternate Phone Number _____

Email Address _____

I hereby apply for (see attached for rules of eligibility):

- Regular Pension**
- Early Retirement Pension**
- Rule of 70 Early Retirement**
- Disability Pension** - Please attach a copy of your Disability Benefits Notice of Award from the Social Security Administration.

Date you plan to retire: _____

My last Employer with Stationary Engineers Local 39 was/is: _____

My last day of employment was/will be: _____. I do / do not have vacation.

If you are not retiring from Covered Employment with Stationary Engineers Local 39, what is your current employment status: _____

Your retirement date may not be earlier than the first day of the month following the receipt of your retirement application in the fund office.

CERTIFICATION

I hereby certify that all of the information furnished by me on this application form is, to the best of my belief and knowledge, true and complete. I understand that this completed application form will be attached to and become part of my application for benefits and that when I submit such application, I must also submit acceptable proof of my age and, if I am married at that time, proof of my spouse's age and a copy of our marriage license. I understand that if I have ever been divorced and/or widowed, I must also provide the Fund Office with a complete copy of all of my Judgments of Divorce and/or Qualified Domestic Relations Orders (including Separation Agreements, Property Settlement Agreements and any similar or related orders with any attachments) and/or the death certificate(s) of my late spouse(s) or ex-spouse(s).

Participant Signature: _____ Date: _____



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CERTIFICATION OF MARITAL STATUS

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Certification of Marital Status

Federal Law requires the Trustees to confirm whether a previous spouse is entitled to any portion of your pension benefits. As such, it is necessary that we request the following certification and supporting documentation. **Failure to complete this form fully, including signing it in front of a notary public, and providing ALL documentation requested, will result in a delay of the processing of your application.**

Participant Name: _____

Marital Status: Married Single (Never Married) Divorced
 Widow Other (Please Specify): _____

CURRENT SPOUSE INFORMATION

Name: _____ Social Security Number: _____

Date of Birth: _____ Date of Marriage: _____

If you have been divorced or legally separated, please submit a complete copy of your Final Judgment(s) of Divorce and Qualified Domestic Relations Orders (including Separation Agreements, Property Settlement Agreements, and any similar or related orders with any attachments). The Plan's legal counsel reviews all divorce documents.

PRIOR SPOUSE INFORMATION

Name: (**if none, please indicate**): _____

Date of Marriage: _____ Date of Separation: _____

Marriage terminated due to: _____
(Death, divorce, dissolution, other (please specify))

Complete Address (if living): _____

If you have had more than one divorce, please attach a separate sheet of paper providing the requested information.



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Certification of Marital Status

I HEREBY CERTIFY THAT ALL OF THE INFORMATION PROVIDED ON PAGE ONE OF THIS FORM IS COMPLETE AND ACCURATE.

Name: _____ Social Security Number _____

Signature: _____ Date: _____

(Must Be Notarized)

TO BE COMPLETED BY NOTARY PUBLIC

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of _____ County of _____

On _____, before me, _____
(insert name and title of the office)

Personally appeared _____, who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their capacity (ies), and by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the state of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal

Signature of Notary Public

My Commission expires: _____



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ADDITIONAL BENEFIT AND/OR VESTING CREDIT

(If Applicable)

CREDIT FOR UNIFORMED SERVICE FOR THE UNITED STATES

If you had worked for a Covered Employer but then served in the United States military, you may qualify for Credited Service and benefits for such period(s) under the Uniformed Services Employment and Reemployment Rights Act of 1994 (USERRA). To qualify for credit for uniformed service benefits you must have:

1. Terminated/been discharged from your uniformed service under honorable conditions.
2. Met USERRA's advance notice requirement before your leave.
3. Remained on leave for no more than five years.
4. You reapplied for employment within the time specified by USERRA.

The Fund Office will need a copy of your "Report of Separation from the Armed Forces of the United States" (form DD-214) letter.

Date of Entry _____ Date of Discharge _____

RELATED UNION WORK

If you have had any contributions made on your behalf to another Pension Fund covering workers represented by the International, or any other associated union, please complete the following:

Name of Fund _____ Local Union No. _____
(Please attach separate sheet for additional Local or Fund information)

Location of Fund _____ Phone Number _____

Years in which contributions were made _____

Name of Last Contributing Employer _____

The information you provide above will be reviewed upon receipt of your application. Please be aware that there is no guarantee that you will receive additional benefit and/or vesting credit based upon this information. This could be due to any number of reasons, including, but not limited to, lack of eligibility for said credit or that such credit has already been awarded to you.



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PENSION ENHANCEMENT ELECTION

If you are a Participant in the Stationary Engineers Local 39 Annuity Plan, you may convert your Annuity Plan Account Balance to a monthly pension.

Participant Name: _____

Social Security Number: _____

I elect to apply \$ _____ of my account balance in the Stationary Engineers Local 39 Annuity Plan.

BENEFICIARY DESIGNATION

Beneficiary Name: _____

Address: _____

Social Security Number: _____

Relationship to Participant: _____

I understand that the Plan may accept transfer of all or part of a lump sum distribution, but not less than \$10,000. I understand that the Plan shall not accept a transfer before my retirement under the Plan, provided that I have not retired on a Disability Retirement. If I retire on a Disability Retirement, I understand that the Plan shall not accept a transfer until I reach my Normal Retirement Date. I understand that I am subject to all the terms of the Stationary Engineers Local 39 Pension Plan.

I understand that if I die before receiving benefit payments equal to the balance, I rolled over from the Annuity Plan my beneficiary will receive a lump sum distribution equal to the amount that I rolled over less the total monthly benefit enhancement payments received.

Signed: _____ Date: _____