

# Indiana Laborers Pension Fund Application for Benefits Except Lump Sum and Disability

TO: The Board of Trustees

I hereby apply for the following Pension Benefit:

NORMAL RETIREMENT BENEFIT (Also complete Page 2) Date last worked for Contributing Employer \_\_\_\_\_

30 & OUT BENEFIT (Also complete Page 2) Name of Employer \_\_\_\_\_

EARLY RETIREMENT BENEFIT (Also complete Page 2) Effective Date of Retirement Requested \_\_\_\_\_

JOINT & 50% SURVIVOR BENEFIT

JOINT & 75% SURVIVOR BENEFIT

JOINT & 100% SURVIVOR BENEFIT

DEATH BENEFIT —  Lump Sum or  50% Survivor Benefit (Spouse Only)

NOTE: If you are married, the Normal, 30 & Out, and Early Benefit are automatically paid in the form of the Joint and 50% Survivor Benefit which has the effect of reducing your monthly benefit. If you wish to change this automatic payment form, the law requires you and your spouse to sign the Waiver Form found on Page 2 of this application.

LIST ALL LABORERS' LOCAL UNIONS YOU HAVE WORKED FOR: \_\_\_\_\_

## PERSONAL INFORMATION:

1) Full Name: \_\_\_\_\_ SSN: \_\_\_\_\_

2) Home Address: \_\_\_\_\_  
Street City State Zip

3) Phone: (\_\_\_\_\_) \_\_\_\_\_ 4) Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ 5) Local Union No.: \_\_\_\_\_  
Mo. Day Year

6) Marital Status:  Legally Married  Divorced  Single  Widowed

7) Spouse's Name: \_\_\_\_\_ Spouse's SSN: \_\_\_\_\_

8) Spouse's Address: \_\_\_\_\_  
Street City State Zip

9) Spouse's Phone: (\_\_\_\_\_) \_\_\_\_\_ 10) Spouse's Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Mo. Day Year

11) Beneficiary Name: \_\_\_\_\_ Relationship \_\_\_\_\_ Beneficiary SSN: \_\_\_\_\_

12) Beneficiary Address \_\_\_\_\_  
Street City State Zip

13) Beneficiary Phone: (\_\_\_\_\_) \_\_\_\_\_ 14) Beneficiary Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Mo. Day Year

I represent that all the above information is true. I understand I am not required to receive any benefit before the later of age 60 or my fifth year in the Plan. I also understand it will be necessary for me to provide the Trustees with proof of eligibility, plus any other documentary proof as to my age, marriage, and employment history before final action can be taken on this application.

All benefit payments for pensions with pension starting dates or pension reinstatement dates occurring on or after January 1, 2010 shall be made to recipients by direct deposit to the recipient's bank account.

Date \_\_\_\_\_

Signature of Applicant (Beneficiary if Death Benefit) \_\_\_\_\_

**APPLICANT'S WAIVER OF JOINT AND 50 PERCENT BENEFIT**

IF YOU ARE MARRIED AND DO NOT SIGN THE WAIVER, YOU MUST SUBMIT PROOF OF THE AGE OF YOUR SPOUSE AND PROOF OF DATE OF MARRIAGE WITH THIS APPLICATION.

I, \_\_\_\_\_, do hereby waive automatic coverage under the Joint and 50 Percent Survivor Benefit.

My right to receive a Joint and 50 Percent Survivor Benefit has been reviewed with me and I have been given a written explanation of (a) the terms and conditions of the Joint and 50 Percent Survivor Benefit, (b) the relative values of all optional forms, (c) my right to make, and the effect of, an election to waive the Joint and 50 Percent Survivor Benefit, (d) the right of my spouse to consent to my election, and (e) my right to make, and the effect of, a revocation of my election to waive the Joint and 50 Percent Survivor Benefit. I understand: the Joint and 50 Percent Survivor Benefit cannot be waived unless my spouse consents; this waiver becomes operative on the effective date of my retirement benefit; if I sign this Waiver, my monthly retirement benefit will not be actuarially reduced and no further benefit will be payable to my spouse as a Normal Retirement, 30 & Out, Early Retirement, or Vested Benefit if I die before my spouse after my retirement; and my waiver of the Joint and 50 Percent Survivor Benefit cannot be changed after the effective date of my retirement.

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

WITNESSED BY:

Notary Public  
STATE OF \_\_\_\_\_ ) ss:  
COUNTY OF \_\_\_\_\_ )

\_\_\_\_\_  
NOTARY PUBLIC  
Notary Public Printed Name \_\_\_\_\_  
Commission Expires \_\_\_\_\_  
County of Residence \_\_\_\_\_

On this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_  
before me personally came the above spouse to me known to be  
the individual who signed the above consent knowingly and willingly.

**SPOUSAL CONSENT TO WAIVER OF JOINT AND 50 PERCENT SURVIVOR BENEFIT**

I Consent to Election to Waive Qualified Joint and Survivor Annuity.

I consent to my spouse's waiver of the Joint and 50 Percent Survivor Benefit form of payment under the Pension Fund and election to the form of payment marked on Page 1, beginning now. The Joint and 50 Percent Survivor Benefit has been explained to me, and I acknowledge that I understand (a) that because of this waiver, I will not receive the 50 Percent Survivor Benefit after my spouse's death, (b) that my spouse cannot waive the Joint and 50 Percent Survivor Benefit unless I agree by signing this form, and (c) that once I have agreed by signing this form I cannot change or withdraw my consent. I want to sign this consent and have not been forced.

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

WITNESSED BY:

Notary Public  
STATE OF \_\_\_\_\_ ) ss:  
COUNTY OF \_\_\_\_\_ )

\_\_\_\_\_  
NOTARY PUBLIC  
Notary Public Printed Name \_\_\_\_\_  
Commission Expires \_\_\_\_\_  
County of Residence \_\_\_\_\_

On this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_  
before me personally came the above spouse to me known to be  
the individual who signed the above consent knowingly and willingly.