

**AFFILIATES' OFFICERS AND EMPLOYEES PENSION FUND**  
Service Employees International Union, CTW, CLC

P.O. Box 22650 Lehigh Valley, PA 18002-2650  
(202) 730-7500 or (800) 458-1010

**PENSION APPLICATION**

**SECTION 1**

Please read this pension application carefully before answering any questions. Read all instructions and make sure your answers are complete and legible. Please submit your application at least **FOUR (4) MONTHS** prior to your retirement date.

**SECTION 2**

**PERSONAL DATA**

1. Name \_\_\_\_\_ SSN/SIN \_\_\_\_\_  
*Last First Middle*

2. Address \_\_\_\_\_  
*Number and Street City or Town State ZIP*

3. Date of Birth \_\_\_\_\_ 4. E-mail Address \_\_\_\_\_  
*Month/Day/Year*

5. Primary Phone No. (\_\_\_\_) \_\_\_\_\_ Cell Phone No. (\_\_\_\_) \_\_\_\_\_  
*(Area Code) Phone Number (Area Code) Phone Number*

6. \_\_\_\_\_  
*SEIU Local Union #*

7. Date you last worked or plan to stop working \_\_\_\_\_  
*Month Day Year*

8. Earliest date you wish benefits to begin \_\_\_\_\_  
*Month Day Year*

9. Marital Status (check one)  
Married (legally) \_\_\_\_\_ Divorced \_\_\_\_\_ Widowed \_\_\_\_\_ Never Married \_\_\_\_\_

Spouse's Name \_\_\_\_\_ Spouse's SSN/SIN \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Spouse's Date of Birth \_\_\_\_\_ Date of Marriage \_\_\_\_\_

**10. TYPE OF PENSION**

- Normal Pension**
- Early Retirement Pension**
- Disability Pension (*Disability Award notice must be submitted*)**

**SECTION 3**

**EMPLOYMENT HISTORY**

11. List below, starting with your most recent employment, the names and addresses of all employers in the Service Employees International Union for whom you worked. If you are unable to provide exact dates, please list approximate dates of employment. (Attach a continuation sheet if you need more space.)

<b>Name of Employer</b>	<b>Job Classification</b>	<b>Address</b>	<b>FROM</b> Month/Day/ Year	<b>TO</b> Month/Day/Year
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

12. Please review the included Pension Estimate Detail Report, and review each year and month of your employment history for any missing service. Please confirm your employment status and salary with the Local Union during any missing months and/or years. (Attach a continuation sheet if you need more space.)

<b>Employment Status</b>	<b>Salary</b>	<b>Local</b>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

13. Please list below any periods during which you did not work because of military service.

From: \_\_\_\_\_ To: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_

**SECTION 4**

**QUALIFIED DOMESTIC RELATIONS ORDERS**

14. Please specify whether your pension benefits under this plan have been assigned to a spouse, child, or other person under any court order relating to the dissolution of a previous marriage (or a separation) or relating to child support payments. Yes \_\_\_\_\_ No \_\_\_\_\_

If "yes" please attach a copy of the order to your application.

**SECTION 5**

**15. If you are applying for a DISABILITY PENSION, complete the following:**

- A) Nature of your disability\_\_\_\_\_.
- B) When did your disability commence?\_\_\_\_\_.
- C) Name and address of your doctor\_\_\_\_\_.
- D) If you have applied for the Social Security Disability Award, please submit a copy of the document.
- E) Have you worked at all at any occupation since you became disabled?  Yes  No If “yes,” complete the following: kind of work, dates of employment and monthly earnings for each employer.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_.

**SECTION 6**

**APPLICANT’S SIGNATURE**

16. I hereby apply for a pension from the SEIU AFFILIATES’ OFFICERS AND EMPLOYEES PENSION FUND and certify that the statements made in this application are true to the best of my knowledge and belief. I understand that a false statement shall be sufficient for the denial, suspension or discontinuance of benefits under this Pension Plan and that the Trustees shall have the right to recover any payments made to me in reliance upon such false statement.

X\_\_\_\_\_ *Signature of Applicant* \_\_\_\_\_ *Date*

## ELECTION OF JOINT AND SURVIVOR OR CERTAIN PAYMENT OPTIONS

Applicant's Name \_\_\_\_\_ Social Security Number \_\_\_\_\_.

*I have carefully read the conditions pertaining to the selection of option(s) which is printed on the back of this page.*

**17. I hereby elect the following option (choose one unless you are electing a Partial Lump Sum Payment)**

- Spousal Option** (50 % US/ 66 2/3% CN) Paid to beneficiary after my death)
- 75 % Joint and Survivor** (75 % of my benefit after death to my beneficiary)
- 100 % Joint and Survivor** (100 % of my benefit after death to my beneficiary)
- 60 Months Certain Payment** (60 months of guaranteed payments)
- 120 Months Certain Payment** (120 months of guaranteed payments)
- \_\_\_\_\_ % (1%–30%) of the value of my accrued benefits be paid as a **partial lump sum**
- Single Life Option** (Guarantees Lifetime Benefit)
- Level Income Option** (Please submit Social Security statement with age 62 amount)
- Lump Sum Withdrawal** (Present value of Benefit is less than \$10,000 and no contributions have been made on your behalf for at least one full calendar year. (Jan-Dec) of any year if under age 55)

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_ Local No. \_\_\_\_\_.

**My beneficiary's name, relationship, sex, address and date of birth are:**

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Beneficiary SSN \_\_\_\_\_ Date of Birth \_\_\_\_\_

*Month/Day/Year*

**PLEASE CHECK ONE: (Only if Beneficiary is not your Spouse)**

- I am filing this Option form one year in advance of my intended retirement date, and wish to have my Option effective with the first pension benefit payment.
- I am filing this Option form with my application and wish to have the Option effective one year after the filing of this election form.

SECTION 7

## **IMPORTANT READ THESE CONDITIONS BEFORE SELECTING YOUR OPTION**

### **SINGLE LIFE OPTION-CONDITIONS**

A Single Life Option provides you with a guaranteed payment equal to 36 times your monthly accrued benefit or your lifetime, whichever is greater, after the adjustment for early retirement (if any) but before the adjustment for any optional payment form.

### **JOINT AND SURVIVOR—CONDITIONS**

A Joint and Survivor Option provides you with a reduced pension for your lifetime. When you die, your designated beneficiary will receive your choice of 50% (66⅔% CN), 75% or 100% of the pension you were receiving for the rest of his or her life. The amount of the reduction in the pension depends upon the difference between your age and the age of your chosen beneficiary. The beneficiary may be, but does not have to be your spouse. Once the option has commenced, if your designated beneficiary dies before you, you will continue to receive the reduced benefit for the rest of your life.

There is a one-year waiting period for the 75% or 100% Joint and Survivor options if your spouse is not the designated beneficiary. You may make your election one year before you retire or commence your pension. Your benefit amount will be adjusted to the 50% Joint and Survivor Option amount during the waiting period, and to the chosen adjustment when the option becomes effective. If you select the 75% or the 100% Joint and Survivor Option and you die after benefits commence, but during the waiting period, your beneficiary will receive a benefit as if you had elected the 50% Joint and Survivor Option.

If you or your beneficiary dies before your pension effective date, the option is not valid. You may revoke a Joint and Survivor Option prior to your pension effective date, but not thereafter.

### **CERTAIN PAYMENT OPTIONS—CONDITIONS**

You may elect to receive your pension in a reduced amount for life with the guarantee that if you die before receiving a specified number of monthly pension payments, the remaining payments will be paid to your designated beneficiary(ies) on a monthly basis. The specified number of months to be guaranteed may be: 60 months (five years) or 120 months (10 years).

Any Certain Payment Option must be elected at least one year prior to the commencement of benefits unless the designated beneficiary is your spouse. You may make your election one year or more before you retire or commence your pension during the waiting period. Your benefit amount will be adjusted when the option becomes effective. If you die after benefits commence but during the waiting period, this option is void. Once the option is in effect, you may change beneficiaries or even revoke the option during the period of the guarantee. If the option is in effect, you may change beneficiaries or even revoke the option during the period of guarantee. If the option is revoked, appropriate actuarial adjustments to your pension will be made to future payments to represent the value of the protection previously in place. Such adjustments will not be retroactive to your initial benefit commencement date.

Any Certain Payment Option is not valid if you die before the effective date of your pension.

### **LUMP-SUM PAYMENT- CONDITIONS**

**Lump Sum Option for Small Pensions**—If your pension has a lump sum value of \$10,000.00 or less, you may elect to receive it as a lump sum. Your eligible spouse, if any, must consent if the value is \$5,000.00 or more.

**Partial Lump Sum Option at Retirement** – You (with your eligible spouse’s consent) may elect to receive up to 30% of your pension as a lump sum. The remaining benefit may be paid in any of the optional forms available under the Plan.

**Level Income Option**—If you are retiring before you are eligible to receive a Social Security pension, you (with your eligible spouse’s consent) may elect to receive a larger SEIU pension before the Social Security pension starts, and a smaller SEIU pension after the Social Security pension starts. This is designed to give you level income throughout your retirement from both sources.

**DATA REQUEST FORM FOR OTHER EMPLOYER SPONSORED  
RETIREMENT PLANS**

No, I am not covered under any other Employer Sponsored Pension Plans  
 Yes, I am covered by other Employer Sponsored Pension Plans; if yes please provide this office with the following:

**18. Plan Name**

\_\_\_\_\_

**Address**

\_\_\_\_\_

**Phone Number** \_\_\_\_\_ **Contact Person** \_\_\_\_\_

**19. Plan Name**

\_\_\_\_\_

**Address**

\_\_\_\_\_

**Phone Number** \_\_\_\_\_ **Contact Person** \_\_\_\_\_

**By signing this form, I give my consent to have the SEIU Affiliates' Officers and Employees Pension Fund obtain Pension Data regarding my other Employer-Sponsored Pension Plans. *Please sign and date this form even if "no" has been checked.***

**Participant's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Service Employees International Union, CTW, CLC**  
**Affiliates' Officers and Employees Pension Fund**  
P.O. Box 22650 Lehigh Valley, PA 18002-2650  
202-730-7500/800-458-1010 (Toll Free)

***Spousal Information and  
Verification of Marital Status Form***

U.S. law requires that all Retirement Benefits be processed as a Spousal Pension, unless the participant provides the Fund Office with legal documentation of marital status.

Please check the item appropriate to your current marital status, list your Social Security number, sign and date this statement, and return it to our office:

I am not now and have never been legally married.

I am now legally married to:

Name of Spouse: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Spouse's Social Security Number: \_\_\_\_\_

**(If you are now legally married, please submit your spouse's proof of age and a copy of the Marriage Certificate.)**

**I was married, but am now legally divorced.**

(If this status applies to you, please submit a copy of your Divorce Decree, signed by a Judge and/or stamped by the Court.)

**I was married, but my spouse is deceased.**

(If this status applies to you, please submit a copy of your spouse's Death Certificate. If the Death Certificate does not list you as the spouse, please submit a copy of your Marriage License as well.)

**I am separated.**

(If you are still legally married and are separated and you do not know the whereabouts of your spouse, please provide our office with a notarized explanation.)

I hereby certify that the above statement is true and accurate.

\_\_\_\_\_  
Participant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Participant's Social Security Number

**NOTE:**

- (1) **An application should be submitted at least FOUR (4) months in advance of the date when the pension is to begin and must be made on this official form of the Pension Fund.**
- (2) **After you submit your Pension Application to the Fund Office, you will receive a letter acknowledging its receipt. *You will be advised if any further information is needed.***
- (3) **You will be notified in writing of the decision made (approval/denial).**

**INSTRUCTIONS TO APPLICANT FOR RETIREMENT ON PROOF OF AGE**

**One of the types of proof of age listed below must be furnished. Proof should be submitted in the order that is listed below. For instance, if you have or can readily obtain a birth certificate, it should be submitted rather than a baptismal certificate or notification of registration of birth in a public registry of vital statistics. (You must attach a Photocopy of the proof of age to your application)**

Additional proof of age may be requested if the document which you submit is not convincing proof.

**Note: If your name has been legally changed (such as by marriage), submit additional documents showing the name changes.**

1. A birth certificate.
2. A baptismal certificate.
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 government record.
7. Naturalization record. (Photocopy permitted)
9. Immigration papers. (Photocopy permitted)
10. Military record.
11. Passport. (Photocopy permitted)
12. School record, certified by the custodian of such record