

CWA/ITU Negotiated Pension Plan

APPLICATION FOR PENSION

Name (Print)

Mr. Ms. _____

Address: _____
Street (Apt.) City State Zip

Social Security No. _____ Phone No. _____ E-Mail _____

Date of Birth: _____ (Documentary evidence such as a copy of Birth Certificate, Baptismal Certificate, Passport or Social Security correspondence showing date of birth must be supplied.)

Emergency Contact Person: _____ Telephone: _____
(other than your spouse)

Date I stopped/will stop working in the industry, trade or craft: _____

Date I want my pension to start: _____
(Pension starts first of month after you retire or sign your application as long as eligibility requirements are met).

Place of employment during last 12 months: _____

I request the following pension under the provisions of the NPP and/or any applicable merged plan:

- Normal Pension (minimum age 65).
 Early Pension (minimum age 62 with 20 years of service credit or a Social Security Disability Award) permanently **reduced** based on starting age.

Single/
Widowed **OR IF DIVORCED,**
please mark one of
the boxes to the right
that best describes
your status:
 Married

No portion of my NPP pension is subject to assignment and **NO** Qualified Domestic Relations Order exists.

My NPP pension is subject to assignment per my divorce order.
 I have enclosed a copy of my Qualified Domestic Relations Order for NPP review with this signed form.

Spouse's name _____ Spouse's date of birth _____

Spouse's Social Security No _____

MARK ONE BOX TO SELECT A FORM OF MONTHLY PENSION PAYMENT:

If you have not received estimates of the available forms of payment, please contact the Plan Office. All options have approximately the same relative (actuarial) value. *The Joint & Survivor Options (3 through 5) are available only to married participants and if elected, a copy of your spouse's **Birth Certificate and Marriage Certificate** must be supplied in addition to your Birth Certificate.*

1. **LIFE/ONLY** Highest pension payable for your lifetime, but there are no benefits payable after your death.
2. **LIFE/10** Reduced pension payable for your lifetime, but in the event you die before receiving at least 120 monthly payments (10 year minimum guarantee), the remaining guaranteed payments will be made to your beneficiary(ies).
3. **50% SPOUSE** Reduced pension payable for your lifetime. Upon your death, 50% of your monthly pension will be paid to your **eligible surviving spouse** for his/her lifetime.
4. **75% SPOUSE** Reduced pension payable for your lifetime. Upon your death, 75% of your monthly pension will be paid to your **eligible surviving spouse** for his/her lifetime.
5. **100% SPOUSE** Reduced pension payable for your lifetime. Upon your death, 100% of your monthly pension will be paid to your **eligible surviving spouse** for his/her lifetime.

The **eligible surviving spouse** is the person married to you when payments begin. If you select one of the "Spouse" forms of monthly payment but die before you have been married for one year, the "Spouse" provisions will not apply and benefits will continue under the LIFE/10 form of pension. If your **eligible surviving spouse dies**, you will continue to receive the same lifetime pension amount and payments end with your death. Any subsequent divorce will not eliminate the "Spouse" benefit payable to **eligible surviving spouse** upon your death.

PLEASE COMPLETE REVERSE SIDE AND SIGN

If you are married when your pension starts, federal law requires that your pension be paid as a joint & survivor pension (50%, 75%, or 100%) unless you waive this form of payment with the written, notarized consent of your spouse. **If you select the LIFE/ONLY or LIFE/10 pension** on page 1, we are required to send you a Selection and Spouse Consent form giving estimates for all of the forms of pension payment (using your spouse's date of birth as listed for calculating the joint & survivor amounts). The Selection and Spouse Consent form should then be used to make a final selection, waive the joint & survivor pension if you wish with the consent of your spouse, and to designate your beneficiary. The date you sign this application will be used in establishing the effective date of your pension, even if another selection is needed. If you select the 50%, 75%, or 100% Spouse Option, no further election is required.

AUTHORIZATION AGREEMENT FOR DIRECT DEPOSIT

Your first pension payment will be mailed to your home address along with a letter explaining your benefits. Thereafter, your pension will be electronically deposited into your designated bank or credit union account. Please provide your bank information here and attach a voided check or preprinted deposit slip (U.S. bank accounts only).

Attach voided check here

I hereby authorize my pension to be deposited into my account named below. **(I also authorize reversal of any ineligible payments made after my death, and the joint account holder is responsible for notifying the Plan Office of my death prior to the next benefit payment.)**

Bank Name: _____ Bank Phone No: _____

Bank Address: _____

My Account Number is: _____

Bank ABA Routing Number (9 digits): _____ Checking Savings (Not Debit Card)

Please notify Plan Office if your bank information or home address changes.

SUBSTITUTE FOR IRS FORM W-4P - WITHHOLDING CERTIFICATE FOR PENSION

If you want federal income tax withheld from your monthly pension, please state a dollar amount below. If you do not want tax withheld, write "0". You may adjust the dollar amount at a later time by contacting the Plan Office.

I want the following **dollar amount** withheld from each monthly pension payment: \$ _____

* * * * *

By signing below, I certify that the information in this application is accurate and complete, and I understand that:

1. Once payment begins, I can no longer change the form of payment throughout my lifetime.
2. To be eligible for pension, I must retire from the industry.* After terminating all service in the industry, I can become re-employed and still receive pension payments as long as I do not work more than 10 days per month in the industry as provided in Section 7.03 of the Plan. If I later become employed (or self-employed) within the industry more than 10 days per month,* I will not be entitled to a monthly pension, and must notify the Plan Office.
*The retirement requirement and re-employment restriction no longer apply April 1st of the year after turning age 72.
3. All pension payments are governed by the applicable Plan provisions, as amended. The Trustees have the right to recover any sum paid in excess of that to which I was entitled.
4. I will be subject to an annual audit acknowledging receipt of benefits.

Signature of Participant

Date

(Pension starts the first of the month after you sign your application or retire from the industry as long as eligibility requirements are met.)

Send completed form by mail to: CWA/ITU Negotiated Pension Plan
27 Roland Avenue, Suite 200 • Mount Laurel, NJ 08054-1038
Phone: 833-776-0731 • Fax: 856-793-3105 • Email: NPP@fmvaccaro.com

