

AGC-International Union of Operating Engineers Local 701 Pension Trust Funds

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Administered by
Welfare & Pension Administration Service, Inc.

DEFINED BENEFIT PENSION PLAN

APPLICATION FOR DEFINED BENEFIT RETIREMENT

The purpose of this form is to apply for retirement benefits. If you are applying for Disability Benefits, you must also complete a Disability Questionnaire.

Please print or type the following information:

1. Name _____ 2. Social Security# _____
3. Home Address _____ City & State _____ Zip Code _____
4. Union Local # _____ 5. Birth Date _____
6. Home Phone # _____ Cell Phone # _____ Email Address: _____
7. Type of Benefit for which you are applying: (check one)
 Normal Retirement (age 65 or older) Reduced Early Retirement (age 52 – 61) Unreduced Early Retirement (age 62 – 64)
 Unreduced Early Retirement with at least 30 years of Credited Service (age 60 – 64) Disability Benefit
8. Marital Status (More than one status may be checked; for example, if you are currently married but divorced from a prior spouse.):
 Never Married Married Widowed Separated Divorced Date of Separation/Divorce _____

If you are currently, or were ever, divorced you are required to attach a copy of any dissolution decree(s), property settlement agreement(s) or Qualified Domestic Relations Order(s). The copies must show the document was filed with the court and signed by the judge. Your election of benefits may be subject to the rights of a prior spouse.

9. If currently married, please enter spouse's name, birth date, social security number, address and phone number:
Name _____ Social Security No. _____
Home Address _____ City & State _____ Zip Code _____
Birth Date _____
Home Phone # _____ Cell Phone # _____ Email Address: _____
10. Name of Emergency Contact: _____ Relationship _____
(other than your spouse)
11. Address and Phone # of Emergency Contact: _____
12. Name and address of most recent employer in the industry: _____
Last day worked: _____
Name and address of current employer: _____
My last date of employment was/or will be: _____

13. List all local unions in which you have held membership or under whose jurisdiction you have worked in the industry

Local Union No.	City and State	Dates of Membership			
		From	To	Month	Year
		Month	Year	Month	Year

14. In accordance with the terms of the Plan, I hereby request that my retirement payments commence effective the first day of the month of _____, 20____. For benefits beginning before Normal Retirement Age (generally age 65), this completed application should be received by the Trust office 45 to 180 days before the date you want your benefit payments to begin.
15. I agree to furnish any information the Trustees may require for the determination of my eligibility for a benefit or the amount thereof. I understand that after submission of this application, the Administrative Office will provide me with an Election of Retirement Benefits form that I must complete. My application may be cancelled at any time prior to the later of the requested Annuity Starting Date or the date my first payment is issued.

Member Signature _____ Date _____

You must attach copies of documentary proof of your age, your spouse's age, your spouse's name change, if applicable, and your date of marriage. The acceptable documentation of proof of age is specified on the next page.

SEE NEXT PAGE

CERTIFICATION OF EARLY RETIREMENT (for participants under age 65)

To be deemed retired and qualified for Early Retirement benefits, a participant must withdraw and completely refrain from all employment as an operating engineer or supervisor in Oregon or Washington for at least 30 days before the early retirement effective date.

I understand the above stated rule and agree that if I work any hours in the 30 days before my requested early retirement effective date; I will not be deemed retired and my retirement effective date will be postponed.

Signature

Date

RE-EMPLOYMENT AFTER RETIREMENT RULES (for ALL participants)

If you retire and later return to work in "Post Retirement Service," your monthly benefit payments earned on or after January 1, 2004 will be suspended in the earlier of the following months:

1. The month after the month in which you earn 300 hours of post-retirement service, provided that your post-retirement service is solely covered hours of employment under the Plan, or
2. The first month in which you earn 40 hours of post-retirement service, if at least one of your post-retirement hours in that or a prior month is not earned in covered hours of employment but otherwise satisfies the definition of post-retirement service.

In either case, for the rest of the year after your benefit is suspended, you will not receive benefit payments for any month in which you work 40 or more hours of post-retirement service.

Your monthly benefit payments earned before January 1, 2004 will be suspended the month after the month in which you earn 300 hours of post-retirement service. For the rest of that year you will not receive benefit payments for any month in which you work 40 or more hours of post-retirement service.

When the Trust Office learns of your return to active employment they will assume you are working full time, unless you submit evidence that your actual hours worked are less than full-time.

The term "Post Retirement Service" shall mean all employment:

- a) within the geographic area covered by the Plan, which includes the entire State of Oregon and parts of Washington;
- b) in a job classification similar to those set forth in the Collective Bargaining Agreement, whether or not such employment is under the terms of a Collective Bargaining Agreement, or in a supervisory capacity over such job classification; and
- c) in the industry in which the employers participate (any business activity of the type engaged in by the employers maintaining the Plan).

Disability Benefits will cease immediately upon return to work and the participant will no longer be considered eligible for Disability payments.

I understand the above stated rules regarding Post Retirement Service with AGC-IUOE International Union of Operating Engineers Local 701. I will notify your office **immediately** if I return to work in employment, which is or may be considered Post-Retirement Service.

Signature

Date

DOCUMENTS ACCEPTABLE AS PROOF OF AGE (See Note Below.)

A) **A copy of one of the following documents will be acceptable as proof of age:**

1. Birth Certificate
2. Baptismal Certificate

B) **If neither of the preceding are available, copies of any TWO of the following may be submitted:**

1. U.S. Census Report (at least 20 years old)
2. Passport
3. Naturalization or Immigration Papers
4. State issued Drivers License
5. Life Insurance Policies (at least 10 years old)
6. Marriage License or Application
7. Early School Records
8. Military Records
9. Civil Service Records
10. Children's Birth Certificates
11. Written Certification from Social Security

NOTE: All documentation submitted as proof of age must clearly show your age to be acceptable. Also, if the name shown on the document differs from the present name, a copy of the court order or other document recording the name change should be submitted for identification purposes.