

# SHEET METAL WORKERS' PENSION PLAN OF SOUTHERN CALIFORNIA, ARIZONA AND NEVADA

## PENSION APPLICATION

### INSTRUCTIONS

1. Please read each question carefully.
2. Please print all information and complete the application, in blue or black ink.
3. To avoid delays, be sure to answer all questions that apply to you.
4. Attach additional sheets if you need more space to answer any questions.
5. Please attach a copy of:
  - a. Your birth certificate.
  - b. Your spouse's birth certificate (if applicable).
  - c. You and your current spouse's marriage certificate (if applicable).
  - d. If you were married and are now divorced or separated or no longer married due to the death of your spouse, please provide your entire divorce decree, dissolution of marriage document, marital settlement agreement, and/or death certificate for each former spouse.
6. Mail the completed pension application to:

SMBPAC Pension Department  
P.O. Box 10067  
Manhattan Beach, CA 90267-8567
7. Questions? Our toll-free phone number is (800) 947-4338.
8. This application must be received one full calendar month before pension benefits can become effective. All pension benefits are effective the 1<sup>st</sup> day of the month. **For example: If you want your pension benefits to begin effective July 1, we must receive your application no later than May 31.**

**PERSONAL DATA**

1. Name: \_\_\_\_\_  
(Last) (First) (Middle)

2. Address: \_\_\_\_\_  
(Number and Street)

\_\_\_\_\_  
(City) (State) (Zip Code)

3. Main Phone Number: ( ) \_\_\_\_\_ Cell Number: ( ) \_\_\_\_\_

4. Email address: \_\_\_\_\_

5. Social Security Number: \_\_\_\_\_

6. Your present Local Union Number (if any): \_\_\_\_\_

7. Your Sheet Metal Workers' International Association Number: \_\_\_\_\_

8. Date of Birth (attach proof of age; see instructions on page 9): \_\_\_\_\_

9. Disability Status:

a. Are you disabled now? (yes or no) \_\_\_\_\_

b. If Yes, Have you filed for Social Security disability benefits? (yes or no) \_\_\_\_\_

c. Date filed with Social Security: \_\_\_\_\_

d. If you have filed for Social Security disability benefits, please include copies of all correspondence between you and Social Security with your application.

10. Date you last worked or will work in Covered Employment\*:

\_\_\_\_\_

11. Name of your current or last employer, when you were working in Covered Employment\*:

\_\_\_\_\_

12. Date you want pension benefits to begin: \_\_\_\_\_  
(Month) (Year)

\*Covered Employment means work for which your employer is required to contribute to this Pension Plan.

**TYPE OF PENSION**

If eligible, either now or upon “conversion” (see below, this page), I wish to receive the following type of pension benefit (refer to Summary Plan Description enclosed):

- Regular Pension (see SPD, page 8)
- Service Pension (see SPD, page 20)
- Early Retirement Pension (see SPD, page 22)
- Disability Pension (see SPD, page 26)
- Vested Pension (see SPD, page 32)
- Special Early Pension (see SPD, page 31)
- Pro Rata Regular or Pro Rata Early Retirement Pension (see SPD, page 33)

**CLAIM OF “CONVERSION” ELIGIBILITY (if applicable)**

1. I claim that I am disabled.
2. I assert that I have filed, or that I will file within 30 days, for a Social Security disability pension. I understand that if I am awarded a Social Security disability pension, I may be eligible to “convert” my Early Retirement Pension or Service Pension (or Pro Rata Early Retirement Pension) from this Plan to a Disability Pension. If eligible for pension benefits at this time, I wish to receive a/an:
  - Early Retirement Pension
  - Service Pension, or
  - Pro Rata Early Retirement Pension

**DISABILITY INFORMATION – TO BE COMPLETED FOR DISABILITY PENSION APPLICATION AND FOR PARTICANTS CLAIMING POTENTIAL ELIGIBILITY FOR LATER “CONVERSION” TO DISABILITY PENSION**

In order to qualify for a Disability Pension, you must have accumulated at least one quarter of Pension Credit (including Reciprocal Credit) in the calendar year in which you became disabled or in one of the five preceding calendar Years. This requirement does not apply if you have at least 20 years of Pension Credit earned all under this Plan. To be eligible for a Disability Pension, you must also furnish a copy of the Notice of Award of Social Security disability benefits.

However, do not delay the filing of this pension application if you have not yet received a Notice of Award from Social Security. You should file this application immediately and furnish a copy of the Notice of Award when you receive it from the Social Security Administration.

**Please note that Inactive Vested Participants are not eligible for a Disability Pension.**

- A. Date you first became disabled: \_\_\_\_\_
- B. Nature of your disability: \_\_\_\_\_
- C. Doctor's name: \_\_\_\_\_
- D. Since you became disabled, have you engaged in any employment? (yes or no): \_\_\_\_\_
- E. Have you applied for a Social Security disability pension? (yes/no): \_\_\_\_\_

(If your answer is "no," please note you must apply for a Social Security disability pension within 30 days of submitting this Pension Application, in order to be eligible to "convert" your Early Retirement or Service Pension, or Pro Rata Early Retirement or Service Pension, to a Disability Pension, or Pro Rata Disability Pension.)

- F. Have you been refused a Social Security disability pension? (yes/no): \_\_\_\_\_  
If yes, please explain: \_\_\_\_\_

**FORM OF PENSION BENEFIT** (You must complete this section in full, even if you are not married.)

1. Please indicate your current marital status (single/married):  
\_\_\_\_\_

2. If currently married, please provide the following information:

Spouse's former last name (if changed): \_\_\_\_\_

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

Spouse's date of birth: \_\_\_\_\_

3. Have you ever been divorced? (yes or no): \_\_\_\_\_ If "yes," how many times? :  
\_\_\_\_\_

4. If you have been divorced, please provide the following information for all previous spouses, and please provide complete copies of all divorce decrees and dissolution(s) of marriage:

Spouse's former last name (if changed): \_\_\_\_\_

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

Spouse's date of birth: \_\_\_\_\_

For married participants, if a Joint and Survivor pension benefit option is elected, your monthly benefit will be reduced by up to 18% or more on a Disability Pension or up to 10% or more on all other pensions, plus an additional 0.4% or more for each year your spouse is younger than you, or

minus 0.4% or more for each year your spouse is older than you. The reductions are described in the Pension Plan Summary Plan Description.

**Please note that Inactive Vested Participants are not eligible for a Disability Pension or a Service Pension.**

If a married participant elects a Joint and Survivor Pop-Up option, the original monthly benefit is reduced further. There are three (3) Pop-Up options listed below. If you choose a Pop-Up option and your spouse predeceases you, your benefit amount will pop-up to the benefit amount prior to the reduction for the Joint and Survivor pension option (see C, D, & E below; not applicable should you divorce).

- A. For all participants, your benefits may be paid in the form of a single life annuity payable for your lifetime, and guaranteed to your designated beneficiary or beneficiaries for a maximum of 54 months (4.5 years) in the event of your death. However, Inactive Vested Participants do not receive guaranteed monthly benefits: monthly benefits stop upon the retiree's death.

If you are married and want benefits paid in the form of a single life annuity, your spouse must waive his or her right to have your pension benefit paid in the form of a Joint and Survivor benefit, and this waiver must be witnessed by a notary public.

- B. If you are married, you may elect the 50% Joint and Survivor benefit form to provide a lifetime monthly pension for your surviving spouse in the event of your death. Your monthly benefit will be reduced to provide this coverage and your spouse will receive 50% of your reduced monthly benefit after your death. If your spouse predeceases you, monthly benefits will stop upon your death.
- C. If you are married, and you are not an Inactive Vested Participant, you may elect the 50% Joint and Survivor with Pop-Up Option to provide a lifetime monthly pension for your surviving spouse in the event of your death. Your monthly benefit will be reduced to provide this coverage and your spouse will receive 50% of your reduced monthly benefit after your death. Should your spouse predecease you, your monthly benefit will pop-up to the benefit amount prior to the reduction for the Joint and Survivor Pension option.
- D. If you are married, you may elect the 75% Joint and Survivor with Pop-Up Option to provide a lifetime monthly pension for your surviving spouse in the event of your death. Your monthly benefit will be reduced to provide this coverage and your spouse will receive 75% of your reduced monthly benefit after your death. Should your spouse predecease you, your monthly benefit will pop up to the benefit amount prior to the reduction for the Joint and Survivor Pension option.
- E. If you are married, and you are not an Inactive Vested Participant, you may elect the 100% Joint and Survivor with Pop-Up Option to provide a lifetime monthly pension for your surviving spouse in the event of your death. Your monthly benefit will be reduced to provide this coverage and your spouse will receive 100% of your reduced monthly benefit after your death. Should your spouse predecease you, your monthly benefit will pop up to the benefit amount prior to the reduction for the Joint and Survivor Pension option.

- F. If you are married and you choose to elect a Joint and Survivor form of pension benefit for which you are eligible, your monthly benefit will be reduced as indicated above and in the notice that you will receive from the Administrative Office advising you of the approval of your pension application and setting forth your available options and monthly pension amounts, etc.
- G. You cannot change or revoke your choice of a form of pension benefit once pension benefits have commenced. (There are very limited exceptions to this rule, explained at pages 63-64 of the Pension Plan Summary Plan Description.)

**NON-COVERED EMPLOYMENT (INCLUDING SELF EMPLOYMENT)**

You must list below ANY AND ALL work in Non-Covered Sheet Metal Service (see page 65 of the Pension Plan Summary Plan Description) since you first worked in Covered Employment under the Plan or a Related Plan, AND any non-sheet metal industry employment since you last worked in Covered Employment under this Plan or a Related Plan.

Name and Address Of Employer	Type of Work Performed	Dates of Employment	
		From Month / Year	To Month / Year

(If you need more space attach additional sheets.)

**RECIPROCAL SHEET METAL INDUSTRY EMPLOYMENT**

Please list below the name or names of any reciprocal pension plans in whose areas you may have worked during your sheet metal career (Northern Calif. / Oregon / Northwest Pension Plan / Hawaii Phoenix, AZ / National Pension Fund / Other):

\_\_\_\_\_

**UNION MEMBERSHIP, INCLUDING PERIODS OF APPRENTICESHIP**

Union Local	Dates of Membership	
	From Month / Year	To Month / Year

**MILITARY SERVICE**

If you were in the Sheet Metal industry before entering military service and returned again to the Sheet Metal industry following your discharge, please submit a copy of your military record (Form DD 214 or other) and complete the following:

Date Inducted: \_\_\_\_\_ Date Discharged: \_\_\_\_\_

Where Inducted: \_\_\_\_\_ Where Discharged: \_\_\_\_\_

**BENEFICIARY DESIGNATION**

I understand and acknowledge that the following beneficiary designation(s) are applicable only if, under the terms of the Plan and applicable law, in the event of my death benefits are payable to a beneficiary designated by me and not to some other individual or individuals, such as a surviving spouse or minor children.

I understand that if I designate two or more beneficiaries in a particular class of beneficiaries (primary or alternate), and do not indicate the percentage of benefits (“Share Percentage”) each is to receive; all such beneficiaries with unspecified percentages will receive equal shares.

**Please note that beneficiaries of Inactive Vested Participants are limited to the Surviving Spouse.**

**PRIMARY BENEFICIARY (OR BENEFICIARIES)**

Name of Primary Beneficiary: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address of Primary Beneficiary: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Share Percentage: \_\_\_\_\_

Home Phone or Cell Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Name of Primary Beneficiary: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address of Primary Beneficiary: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Share Percentage: \_\_\_\_\_

Home Phone or Cell Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

**ALTERNATE BENEFICIARY (OR BENEFICIARIES)**

(in the event of death of Primary Beneficiary or Beneficiaries)

Name of Alternate Beneficiary: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address of Alternate Beneficiary: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Share Percentage: \_\_\_\_\_

Home Phone or Cell Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Name of Alternate Beneficiary: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address of Alternate Beneficiary: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Share Percentage: \_\_\_\_\_

Home Phone or Cell Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

**INCOME TAX WITHHOLDING**

You must indicate whether or not you want Federal or California\* Income Tax withheld from your pension checks. Please complete the following information:

**FEDERAL:**

I want withholding:  Status (married or single): \_\_\_\_\_

I do not want withholding:  Number of Exemptions: \_\_\_\_\_

Additional withholding amount, if any: \$ \_\_\_\_\_

**CALIFORNIA:**

I want withholding:  Status (married or single): \_\_\_\_\_

I do not want withholding:  Number of Exemptions: \_\_\_\_\_

Additional withholding amount, if any: \$ \_\_\_\_\_

\* NOTE: Our office can deduct California State Tax from your monthly pension benefit, but not state tax for other states. If you live outside of California, and require withholding for your State, you should contact your State’s tax agency for assistance.

**SIGNATURE OF APPLICANT**

I hereby apply for a pension from the Sheet Metal Workers’ Pension Plan of Southern California, Arizona, and Nevada.

I certify under penalty of perjury that all of the foregoing statements are true and correct to the best of my knowledge and recollection. I understand that any false statement may disqualify me for pension benefits, and that the Board of Trustees of the Plan will have the right to recover any payments made to me because of false statements.

Applicant’s Signature: \_\_\_\_\_ Date: \_\_\_\_\_

For Office Use Only:  
Potential Inactive Vested Participant (yes/no): \_\_\_\_\_ Date Stamp: \_\_\_\_\_



## **INSTRUCTIONS CONCERNING SUBMISSION OF PROOFS OF AGE AND MARRIAGE**

The acceptable proofs of age are listed below in two groups. Submit a photocopy of one of the proofs listed in GROUP I below if it is available or can be obtained, since the documents listed in GROUP I are the more convincing proofs of age. Original documents are not required.

You are cautioned however, that naturalization papers, United States passports and immigration Papers may not be photocopied. If you are submitting any of these, you must submit the original document. After your application has been reviewed by the Board, your document will be returned to you by Certified Mail.

GROUP I – Submit ONE document from this classification.

1. A birth certificate.
2. A baptismal certificate or a statement as to the date of birth shown by a church record, certified by the custodian of such record.
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 church or government record.
7. A signed statement by the physician or mid-wife who was in attendance at birth, as to the date of birth shown on their records.
8. Naturalization record. (Photocopy not permitted. Submit original document.)
9. Immigration papers. (Photocopy not permitted. Submit original document.)

If you cannot submit a document from the GROUP I classification, then submit TWO proofs from the documents listed in GROUP II below.

GROUP II – Submit TWO documents from this classification.

1. Military record showing date of birth.
2. Passport. (U.S. Passports may not be photocopied. Submit original document.)
3. School records, certified by the custodian of such record.
4. Vaccination record, certified by the custodian of such record.
5. An insurance policy which shows the age or date of birth.
6. Marriage records showing date of birth or age (application for marriage licenses or church record, certified by the custodian of such record, or marriage certificate).
7. Other evidence such as signed statements from persons who have knowledge of the date of birth.

All original documents submitted will be returned to the applicant. Additional proofs of age may be requested if the documents you submit do not constitute convincing proof of your age.

Acceptable Proofs of Your Marriage are Listed Below –

1. Marriage Certificate.
2. Marriage License.
3. Church marriage record certified by the custodian of such record.