



Application For Retirement Benefits

Carpenters Retirement Plan of Western Washington and Carpenters Individual Account Pension Plan of Western Washington

To apply for retirement benefits you must: Complete this application in its entirety. Return the application to the Trust Office no later than the last business day of the month *prior* to the month you want to retire. Include all of the forms requested in this application. Your retirement benefits *cannot* be processed without the required documentation. Please contact the Retirement Department at the Trust Office if you have questions about this form. The address and telephone numbers are on page 4.

Section 1 – Personal Information

Applicant Information

1. Applicant's name: _____
2. Permanent mailing address: _____
3. City, state, zip: _____
4. Social Security number: _____ Telephone: () _____
5. Applicant's date of birth (you *must* include a copy of your birth certificate): _____
6. Last date you worked or will work for a contributing employer: _____
7. Name of contributing employer: _____
8. Are you presently employed in any occupation (if yes, please specify)? _____
9. Retirement date (cannot pre-date receipt of your application)? First day of: Month _____ 20 _____
10. Are you currently receiving or have you recently applied for time loss benefits under the Carpenters Health and Security Plan of Western Washington? Yes No. If yes, retirement benefits are not payable while time loss benefits are being paid.

Marital Status (check all that apply)

- I am married. You *must* include a copy of your marriage certificate and your spouse's birth certificate.
- I have been divorced. You *must* include a copy of your divorce decree and property settlement agreement.
- My spouse pre-deceased me. You *must* include a copy of your spouse's death certificate.
- I am not married nor have I ever been married.

Beneficiary Information

If married, spouse's name: _____
Spouse's date of birth: _____ Social Security number: _____
If not married, beneficiary's name and relationship: _____
Beneficiary's date of birth: _____ Social Security number: _____

Section 2 – Work History

To ensure that you receive the appropriate benefits for all covered service earned throughout your career, please complete the following.

Past Service – Carpenter Union Membership In Western Washington Between 1950 and 1959

If you were 55 or younger in 1960, you may be eligible for up to 10 years of credited past service during the period 1950-1959. Did you work in Western Washington under the International Brotherhood of Carpenters between 1950 and 1959?

Yes No. If yes, the union you worked through between 1950 and 1959 must certify your past service.

Past Service – Local Union Representatives Only

I hereby certify that the past service indicated above was continuous from 19 _____ through 19 _____

Union Representative's Signature: _____

Local Union #: _____ Date: _____

Future Service – Covered Service In This Plan Since 1960

Future service refers to carpentry work since January 1, 1960 in which signatory employers are required to make pension contributions to the Carpenters Retirement Plan and Carpenters Individual Account Pension Plan on your behalf.

Related Service – Covered Service In Other Plans Since 1960

If you worked in covered service in the Building and Construction Industry in other geographic areas during your career, you may be eligible for additional benefits from those areas. Please list the name, location and period worked in any other geographic area. Under reciprocal service agreements, your credited service from all related areas is combined to determine your eligibility for retirement benefits. However, each plan determines eligibility and processes and pays benefits separately, we will forward a copy of this application to the related trust(s) to get the retirement process started.

Local Union #	City and State	From (MM-YY)	To (MM-YY)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Military Service

After beginning your career in the carpentry trade, did you serve in the U.S. Armed Forces for any period of time except temporary tours of duty of not more than 30 days?

Yes No. If yes: From (MM-YY) _____ To (MM-YY) _____

If yes, please submit a copy of your discharge (DD-214) papers.

Section 3 – Type of Retirement

Please check the appropriate retirement option below. The benefits provided by the Carpenters Retirement Plan and the Carpenters Individual Account Pension Plan are for vested carpenters 55 years old or older and no longer working in the Building and Construction Industry. You **must** stop working in the Building and Construction Industry before your application can be processed. Each of these options are described in detail in the Carpenters Retirement Plan booklet and the Carpenters Individual Account Pension Plan booklet.

Normal Retirement (Age 65 and Older) – With normal retirement, your “retirement effective date” is the later of the first of the month following your 65th birthday or the first of the month following the last day you worked in the Building and Construction Industry.

Early Retirement (Ages 55-64) – With early retirement, your “retirement effective date” is the later of the first of the month following your 55th birthday or the first of the month following receipt of your completed application. You must stop working in the Building and Construction Industry before your application can be processed. There are three early retirement options available – regular early retirement, special early retirement and rule of 80 early retirement – based on your years of service in these plans and your current activity.

Rule of 80

Special

Regular

Disability Retirement – If you are applying for a disability retirement benefit, you must have your attending physician complete the attached *Attending Physician’s Statement*. If you do not have this form, please contact the Retirement Department at the Trust Office. If you qualify for a disability retirement, your “retirement effective date” is the later of the first of the month following a six-month waiting period or the first of the month following receipt of your application. If you become disabled when you are age 55 or older, you may wish to take early retirement. Contact the Retirement Department at the Trust Office to determine which benefit is best.

Section 4 – Signatures

Applying for retirement benefits is a two-step process. When your completed application is received by the Trust Office an *Election of Retirement Benefits* form will be mailed to you:

- If you are **currently working**, your *Election of Retirement Benefits* form will be mailed to you approximately two months from receipt of your application. This is the time required for your employer to submit your hours to the Trust and the time required by the Trust to process those hours.
- If you are **not working**, your *Election of Retirement Benefits* will be mailed to you within 30 days from receipt of your application.
- Your *Election of Retirement Benefits* form lists the various income options you may be eligible for and the monthly income available under each of those income options. This form must be completed by you and your spouse (if applicable) in the presence of a Notary Public.
- If this application is incomplete or if you failed to submit any of the requested documents, the application process will be delayed.
- If this is your home trust and you have reciprocal service, a copy of your application will be forwarded to your reciprocal trust(s). You must contact your reciprocal trust(s) regarding any benefits that may be payable through them.

Section 4 – Signatures (cont'd)

Proof of Age Documents

A certificate of birth is the preferred proof of age document. However, the following documents are acceptable if a certificate of birth is unavailable from the Office of Vital Statistics in your birth state:

- Certificate of Armed Service Record (DD-214)
- Naturalization Papers
- Passport
- Infant Baptismal Certificate

Signatures

I hereby certify that the foregoing statements are true, correct and complete to the best of my knowledge.

Applicant's Signature: _____ Date: _____

Spouse's Signature: _____ Date: _____

Section 5 – For Administration Use Only

- | | |
|---|--------------------|
| <input type="checkbox"/> Application For Retirement Benefits | Date Mailed: _____ |
| <input type="checkbox"/> Health and Security Information Letter | Date Mailed: _____ |
| <input type="checkbox"/> Inquiry On File | |

Carpenters Trusts of Western Washington

2200 Sixth Avenue, Suite 300

Seattle, Washington 98121

(206) 441-6514 Seattle Area

(800) 552-0635 Nationwide