

# Puget Sound Electrical Workers Pension Trust

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Administered by  
Welfare & Pension Administration Service, Inc.

## Application for Retirement

Please print or type the following information. **NOTE:** an incomplete form may delay your retirement process:

### Participant Information

Name		Social Security No.	
Date of Birth*	Mailing Address:		
Union Local #	Home Phone	Cell Phone	Email
<input type="checkbox"/> Participant's name has been legally changed			

\***NOTE:** Attach copy of documentary proof of age as specified under "Documents Acceptable as Proof of Age," below.

### Type of Retirement for which you are applying: (check one)

In accordance with the terms of the Puget Sound Electrical Workers Pension Plan, I hereby apply for (*check one*):

- Normal Retirement     
  Early Retirement     
  Special Early Retirement  
 Disability Retirement     
  Late Retirement

### Participant's Marital Status

<input type="checkbox"/> Never married	<input type="checkbox"/> Married	<input type="checkbox"/> Widowed	<input type="checkbox"/> Legally Separated**	<input type="checkbox"/> Divorced**
Date(s) of Separation(s)/Divorce(s) _____				

\*\***NOTE:** Also check "Legally Separated" or "Divorced" even if you are married today. If your marriage(s) was dissolved, or you became legally separated, after December 31, 1984, your retirement benefits may be subject to the rights of your separated spouse or prior spouse. You must attach complete copies of each of your prior dissolution decree(s) or decree(s) of legal separation and property settlement agreement(s) and/or Qualified Domestic Relations Order(s). The copies must show the document was filed with the court and signed by the judge.

### Spouse's Information (if Participant is Currently Married)

Name of Spouse	Social Security No.
Date of Birth	<input type="checkbox"/> Spouse's name has been legally changed

### Participant's Most Recent Employer in the Electrical Industry

Name of Most Recent Employer in the Electrical Industry	
Address of Most Recent Employer in the Electrical Industry	
Last day worked (was/or will be):	Job Classification

### Participant's Current Employer (if different than Employer Above)

Name of Current Employer	
Address of Current Employer	
Last day worked (was/or will be):	Job Classification

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

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

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The PSEW Pension Plan offers a retirement benefit in the form of a Life Annuity with 60 Months Guaranteed. To elect this form of benefit payment, you must designate a beneficiary. If you contemplate that you may elect the Life Annuity with 60 Months Guaranteed, please identify the Designated Beneficiary here. **Note:** You will elect this form of benefit payment on a separate election form the Trust will provide after you complete this Application. If you are married, your Spouse must consent in writing to your election of this form of benefit payment. If you are married, and you want to name your Spouse as your Designated Beneficiary, enter your Spouse's name in "Name of Designated Beneficiary" and enter "Spouse" in "Relationship to Participant."

**Designated Beneficiary (please read explanation above).**

Name of Designated Beneficiary	Relationship to Participant
Address of Designated Beneficiary	

The PSEW Pension Plan offers a retirement benefits in the form of a Joint and Survivor Annuity (Non-Spouse Joint Annuitant). If you are married, the Joint Annuitant is someone who is not your spouse. To elect this form of benefit payment, you must designate a Joint Annuitant. If you contemplate that you may elect the Joint and Survivor Annuity (Non-Spouse Joint Annuitant), please identify the Joint Annuitant here. **Note:** You will elect this form of benefit payment on a separate election form the Trust will provide after you complete this Application. If you are married, your Spouse must consent in writing to your election of this form of benefit payment.

**Non-Spouse Joint Annuitant (please read explanation above).**

Name of Non-Spouse Joint Annuitant	Joint Annuitant's Date of Birth
SSN of Joint Annuitant	Relationship to Participant
Address of Joint Annuitant	

**Designation of Retirement Effective Date**

I request that my retirement be effective on the first day of \_\_\_\_\_ [insert month and year].

**Additional Information; Cancellation of Application**

I agree to furnish any information the Trustees require for the determination of my eligibility for retirement benefits or the amount thereof. I understand that this Application can be cancelled by my written request any time prior to the retirement effective date indicated above.

**Participant' Signature and Date**

Participant's Signature	Date
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**Witness**

Witness's Signature	Date
Witness's Address	

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**OWNERSHIP OR MANAGEMENT**

This is to certify that I was at NO time an owner, partner, corporate officer or otherwise involved in the management of any business and that I at all times was covered by an International Brotherhood of Electrical Workers Union contract and was performing working in the Electrical Industry.

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

**RE-EMPLOYMENT AFTER RETIREMENT RULES (for ALL participants)**

In order to be considered retired, you must withdraw and completely refrain from Working in the Electrical Industry. You are considered having withdrawn and refraining from Working in the Electrical Industry if you elect retirement and complete zero hours for **one or more calendar months**.

**Working in the Electrical Industry**

Working in the Electrical Industry means performing any work of any kind coming under the International Brotherhood of Electrical Workers in the geographical jurisdiction of this Plan or any reciprocal plan either for compensation or gratis, including, but not by way of limitation, performing work in the following segments of the Electrical Industry: original electrical installation and maintenance on all industrial plants, commercial buildings and residences, line construction, electrical motor winding, shipyard electrical work, electrical sign installations, sound and communications and electrical alarms and surveillance systems; and the term "Working in the Electrical Industry" also includes work performed as an estimator or supervisor for any employer who has any work of any kind which is within a category under the International Brotherhood of Electrical Workers' jurisdiction.

**Early, Normal or Late Retirement**

If a Participant who has been receiving Early, Normal or Late Retirement Benefits returns to Working in the Electrical Industry, he shall not receive a Retirement Benefit Payment for any month in which he has been employed for over 40 Covered Hours.

**Special Early Retirement**

If a Participant who has been receiving Special Early Retirement Benefits returns to Working in the Electrical Industry, he shall not receive a Retirement Benefit Payment for any month in which he has been employed for 1 or more Covered Hours. If you worked prior to September 1993 you may be eligible for partial benefit payments if you work under 40 hours in a month. Please contact the Administration Office for more information.

If you return to Work in the Electrical Industry, you must notify the Trust Administration Office prior to your return to work. If you receive benefits while working more than the allowable covered hours, the Trust is entitled to recover overpayments equal to three whole benefit payments and thereafter up to 25% of each benefit payment until full recovery of the overpaid amount is received.

**Disability Retirees** who return to work will immediately permanently forfeit their benefits and will no longer be considered eligible for Disability Retirement income payments.

I understand the above stated rules regarding Working in the Electrical Industry under the Puget Sound Electrical Workers Retirement Trust. **I will notify the Administration office prior to returning to work of any type for compensation or gratis. I understand that if I work in prohibited employment, I will be required to reimburse the Plan for any overpaid benefits.**

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

**DOCUMENTS ACCEPTABLE AS PROOF OF AGE (See Note)**

- A) A copy of ONE of the following documents will be acceptable as proof of age:
1. Birth Certificate
  2. Baptismal Certificate (more than 20 years old)
- 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)                    | 7. Early School Records                        |
| 2. Passport (may not be photocopied)                             | 8. Military Records                            |
| 3. Naturalization or Immigration Papers (may not be photocopied) | 9. Civil Service Records                       |
| 4. Family Bible Entries  | 10. Children's Birth Certificates              |
| 5. Life Insurance Policies (at least 10 years old)               | 11. Written Certification from Social Security |
| 6. Marriage License or Application                               | 12. Written Certification of Union Local       |

*NOTE: All documentation submitted as proof of age must clearly show your age in order 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.*