



INSTRUCTIONS FOR APPLICATION FOR BENEFITS

SECTION I. GENERAL INFORMATION

This application must be completed in its entirety. Incomplete applications will be returned to you for completion and delay the start of your benefit. You must also submit proofs of birth and marriage. Benefits cannot begin until the Fund Office has received all necessary supporting documents.

A. Required Proofs

The Central Pension Fund requires that participants submit proofs of age and marriage when applying for benefits. Proofs of age are required for both the participant and the spouse or Contingent Annuitant. We cannot finish processing your benefit without these documents.

Do not submit original documents. Only clear photocopies or state certified documents will be accepted and will not be returned to you. Your benefit will not begin until we receive all the necessary documents.

1) PROOF OF AGE

For proof of age we require a clear photocopy or state certified birth certificate. If a copy of your birth certificate is not available, we can accept one notarized copy of the following documents as alternative proof of age: Naturalization Record, Family Bible, Record of Baptism, Passport, or Elementary School Records.

If any of the above is not available, then notarized copies of any two (2) of the following will be accepted provided they detail your age:

Census Records	Immigration Records
Church Records	Insurance Policies Over 3 Years Old
Civil Service Records	Military Records
Driver's License	Savings Bank Records over 3 Years Old
Employment Records	Social Security Records
Fraternal Records	Union Records
Hospital Records	Voter Registration

Please note, copies of any documents submitted will not be returned to you.

2) PROOF OF MARRIAGE

You must indicate in the Spouse Information section whether or not you have a spouse. If you are married, you must supply the information requested.

For marriage we require either a clear photocopy or state certified marriage certificate or a notarized copy of a Church Record showing the date of marriage.

Common-law marriages will be recognized under the laws of the state in which you reside provided two (2) appropriate proofs are submitted. Acceptable proofs for common-law marriages include: notarized documents verifying co-habitation such as deeds to property, joint tax returns, bank accounts, leases, or other similar legal documents. In addition, we will need two (2) notarized statements from disinterested, i.e., not related, persons who can attest to you living together and presenting yourself as husband and wife in the community. We also require a notarized affidavit from both parties verifying there was no legal impediment to the formation of a marriage and the parties intended to form a marriage. If either party was previously married, we would also require proof that marriage ended by death or divorce.

Widowed participants are required to submit a state certified death certificate for a deceased spouse. The death certificate will not be returned to you.

B. Work History

We must know your last day worked, and you must indicate a desired retirement date. In order to retire, you must stop working in any job classification for which contributions were made on your behalf. You may return to work in such a job classification and continue to receive a monthly benefit as long as you do not work more than 40 hours in a calendar month in a trade or craft for which you were employed at any time under the Plan. This restriction applies to work with both non-union or non-participating employers, as well as union employers, and includes supervisory duties related to your prior job classification.

Under Work History please indicate if you have worked under the jurisdiction of any of the Locals listed. The Locals listed here have independent pension funds and may not be participating Local Unions in the Central Pension Fund. However, the Central Pension Fund does have reciprocity agreement with all of these Locals, and credited service in these local plans may be applied in determining your eligibility for Central Pension Fund benefits. A thorough research of your records will be made to ensure that you get the maximum benefit available to you. This may lengthen the time needed to complete the processing of your application.

C. Designation of Beneficiary

You are required to designate a beneficiary before your benefits can begin. You may change your designated beneficiary at any time by filing a Designation of Beneficiary form with our office. This form is available upon request. The change will take effect upon receipt of the completed form at the Central Pension Fund. If your named beneficiary does not outlive you, payment of any and all proceeds which may be due at your death will be paid to the first surviving class of the following successive beneficiaries: (1) your spouse, (2) your surviving children, (3) your surviving parents, (4) your surviving brothers and sisters, or (5) the executor or administrator of your estate. If any of the surviving children are minors, payment will be made upon appointment of a legal guardian or in the absence of such an appointment, to such adults as can be shown to have assumed custody and principal support of such minors.

You may designate your estate as beneficiary if you so desire, however, we will need the name, address, and social security number of the executor or administrator of your estate.

D. Federal Withholding Tax

The payments you receive from the Central Pension Fund are subject to Federal Income Tax Withholding. Prior to you receiving your first payment from the Central Pension Fund, we will advise you of your monthly benefit and provide you information and instructions as to your current tax obligations (based only on those benefits from the Central Pension Fund).

E. Signatures

Finally, the application must be signed, witnessed and dated. The witness may be your spouse or any individual other than yourself. Applications that are missing signatures will be returned to you and will delay the start of your benefit.

SECTION II. BENEFIT INFORMATION

There are two basic benefits available to eligible Participants: retirement and disability. The types of benefits and eligibility requirements are discussed below. For more detailed information on benefits and eligibility qualifications, please refer to the Summary Plan Description.

A. Retirement Benefits

1) TYPES OF BENEFITS

- a) **Normal Retirement:** You must be age 65 and have 5 years of Total Vesting Service with at least one (1) hour reported January 1, 1989 or later and prior to your 65th birthdate. If you do not have service reported after January 1, 1989, you must be age 65 and have 10 years of Total Vesting Service.
- b) **Special Retirement:** You must be age 62 and have 25 years of Total Credited Service. This is an unreduced benefit equivalent to the Normal Retirement benefit.
- c) **Early Retirement:** You must be between ages 55-64 and have 10 years of Total Vesting Service. This benefit is discounted from your Normal Retirement benefit 0.25% per month (3% per year) for each month that you are less than age 65 (or age 62 if you have 25 years of Total Credited Service). For those participants eligible for this benefit but who are seeking a Disability Benefit, there may be a Conditional Early Retirement Benefit available. See the section on Disability Benefits.

2) FORMS OF PAYMENTS

After you submit your application, your eligibility will be verified, and you will be notified of the amount of your monthly benefit. You will then be required to select one of the following forms of payment for your benefit:

- a) **Qualified Joint & Survivor Annuity:** If you are married the normal form of payment will be the 50% Qualified Joint & Survivor Annuity (QJSA). Married participants cannot elect a Life Annuity or a Contingent Annuity unless your spouse signs a Spouse's Agreement form waiving any rights to a 50% QJSA benefit. The QJSA is a reduced benefit that provides for monthly payments for your lifetime and then in the event of your death, monthly payments for the lifetime of the spouse to whom you are married at the time this benefit begins. You may choose to have your spouse receive 50%, 66 2/3%, 75% or 100% of your monthly benefit. It also provides that no less than 60 payments will be made to you or your beneficiary in the amount you are receiving, but only with respect to that portion of the retirement benefit attributable to contributions for the period ending on or before July 31, 2005. Should you and your spouse die within the initial 60 months of your retirement, the remainder of any monthly payments would be paid in a discounted lump sum to a secondary beneficiary. In the event your benefit is subject to a Qualified Domestic Relations Order (QDRO) and the QDRO revokes your election to receive this benefit, your monthly benefit will be increased prospectively to the amount you would have been entitled to receive under the Life Annuity.
- b) **Life Annuity with 60 Monthly Payment Minimum Guarantee:** The Life Annuity is an unreduced benefit which provides that monthly payments will be made to you for your lifetime. If you are not married this will be your form of monthly payment unless you select the Contingent Annuity benefit. If you have not received 60 monthly payments at the time of your death, your designated beneficiary(s) will receive the remainder of the 60 payments monthly or in a discounted lump sum, but only with respect to that portion of the retirement benefit attributable to contributions for the period ending on or before July 31, 2005. Should you live longer than 60 months the benefit continues for your lifetime, but there would be no further payments to a designated beneficiary after your death. If you are married and selecting this option, your spouse must sign a Spouse's Agreement waiving any rights to a QJSA benefit.

- c) **Contingent Annuitant:** This benefit is similar to the QJSA (1) above, in that you may designate anyone you desire to receive a benefit upon your death. The amount payable would be 50%, 66 2/3%, 75% or 100% of your monthly benefit; however, the monthly amount you receive would be reduced in order to provide the Contingent Annuitant benefit. If you are married and selecting this option, your spouse must sign a Spouse's Agreement waiving any rights to a QJSA benefit.

Your election as to the form of payment must be made prior to the start of benefit payment and cannot be changed thereafter.

B. Disability Benefits

Benefits are payable to participants who have become totally and permanently disabled and who meet the eligibility requirements discussed below. When you reach your Disability Conversion Date after receiving your Disability Benefit, you will be notified by the Fund office and provided with the appropriate monthly benefit you are then eligible for. If you are pursuing a Disability Benefit, but are otherwise eligible for an Early Retirement benefit, you may elect Conditional Early Retirement, subject to the eligibility requirements discussed below. The form of payment you select under the Conditional Early Retirement Benefit will remain in effect until you convert to a Disability Benefit; if you do not convert, this selection will remain in effect for your lifetime and cannot be changed.

- 1) **Disability:** You must be less than age 65, totally and permanently disabled on or before July 31, 2005 and have 15 years Total Vesting Service. If you have 25 years of Total Credited Service, you must be less than age 62. In order to be considered eligible for a Disability Benefit you must first receive an award of Disability Benefits from the Social Security Administration and be able to establish that the disabling condition is expected to be permanent and cannot be improved by any known medical treatment or procedures. A Disability Benefit is payable until a participant recovers, or reaches Disability Conversion, whichever occurs first. If you were found to be totally disabled by the Social Security Administration on or before July 31, 2005, your Disability Conversion Date is your Special or Normal Retirement Date; otherwise your Disability Conversion Date is your Early Retirement Date. At that time, you must elect to receive a retirement benefit under one of the options described above. When applying for a Disability Benefit, you must submit copies of your Award Letter from the Social Security Administration, the Disability Report submitted to Social Security, and a Statement for Permanent and Total Disability Benefits, fully completed by you and your attending physician. If you were Totally and Permanently Disabled on or after August 1, 2005 and are eligible to receive an Early Retirement Benefit, you are not eligible to receive a Disability Benefit.
- 2) **Conditional Early Retirement:** You must be between ages 55-64, have 15 years of Total Vesting Service and become totally and Permanently Disabled on or before July 31, 2005. You must have applied for, but not yet been awarded, a Disability Benefit from the Social Security Administration. This benefit permits the participant to commence receiving a benefit while waiting for an award from the SSA. If the participant subsequently obtains an award from the SSA, the participant's monthly retirement benefit shall be converted to a monthly disability benefit effective the first of the month following the month in which the award is made by the SSA.

If you have any questions regarding this application or your retirement, please contact:

Participant Records Department
Central Pension Fund
4115 Chesapeake Street, N.W.
Washington, D.C. 20016
202-362-1000 (Tel);202-364-2913 (fax)

or review the information in the Summary Plan Description on the CPF web site at:
www.cpfuo.org



APPLICATION FOR BENEFITS
 (PLEASE PRINT OR TYPE)

To the Board of Trustees:

I hereby request the Board of Trustees authorize the commencement of benefits in accordance with the terms and provisions of the Central Pension Fund of the International Union of Operating Engineers and Participating Employers.

1. Personal Information

I am applying for:

Retirement Benefits

Disability Benefits

Normal Special Early Disability Conditional Early Retirement

Name of Applicant: _____ Social Security No.: _____

Address: _____ Phone No.: _____

City: _____ State: _____ Zip: _____

Marital Status: Single Married Date of Marriage: _____

Date of Birth: _____ Widowed (Submit a Death Certificate) Divorced (Copy of Divorce Decree and a Property Settlement, if any)

Participants applying for benefits must submit either clear photocopies or state certified birth certificates. Married participants must also submit a clear photocopy or state certified birth certificate for their spouse, in addition to a clear photocopy or state certified marriage certificate. These copies will not be returned to you. A list of acceptable proofs is on page 1 of the Instructions. Widowed Participants are required to submit a state certified death certificate for their deceased spouse.

My last day worked was/will be: _____ I am a member of Local(s): _____

My retirement date is: _____ My Register Number(s) is: _____

The above must be completed in its entirety or benefits cannot begin. Incomplete Applications will be returned and delay the start of your benefit.

2. Employment and Work History

Please list your employers for the last six (6) months. If more space is required then please list additional employers on a separate sheet. If you have not been employed during the last six (6) months, please indicate that as well.

Employer	Starting Date (Mo-Day-Year)	Ending Date (Mo-Day-Year)	Local
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Please circle the locals whose jurisdiction you worked and indicate the calendar years during your membership in the IUOE. Please note that only locals who have independent pension funds and locals who do not participate in the Central Pension Fund are listed.

3	15	37	68	137	324	487	571	701(87)
Yr(s)	Yr(s)	Yr(s)	Yr(s)	Yr(s)	Yr(s)	Yr(s)	Yr(s)	Yr(s)
4	18	39	77	138	370	513	612	800(326)
Yr(s)	Yr(s)	Yr(s)	Yr(s)	Yr(s)	Yr(s)	Yr(s)	Yr(s)	Yr(s)
12	25	57	101	150(537)	428	520	653	825
Yr(s)	Yr(s)	Yr(s)	Yr(s)	Yr(s)	Yr(s)	Yr(s)	Yr(s)	Yr(s)
14	30	66	132	302	478	542	675	GPP
Yr(s)	Yr(s)	Yr(s)	Yr(s)	Yr(s)	Yr(s)	Yr(s)	Yr(s)	Yr(s)
NY Hotel Trade Council		City of Chattanooga		Canadian Locals: 115,793,870,955				
Yr(s)		Yr(s)		Yr(s)		Yr(s)		

3. Spouse or Contingent Annuitant Information I certify that I have a Spouse I certify that I have no Spouse

Married participants must provide the following information for their spouse. If a Contingent Annuitant (CA) type of payment (Type 3, page 2) is desired, please provide the following information for your Contingent Annuitant here.

The following data applies to my: Spouse Contingent Annuitant If the Contingent Annuitant is selected and you have a spouse, your spouse must sign a Spouse's Agreement form. If this applies, the Fund will send you the form.

Name: _____ Social Security No.: _____

Address: _____ Relationship: _____

City: _____ State: _____ Zip: _____

Date of Birth: _____

Participants must submit either a clear photocopy or state certified birth certificate for the above named individual. If you are married, we will also need a clear photocopy or state certified marriage certificate. Copies will not be returned to you. A list of acceptable alternate proofs is on page 2.

4. Designation of Beneficiary

I hereby designate as my Beneficiary in the event of my death:

Name of Beneficiary: _____ Social Security No.: _____

Address: _____ Relationship: _____

City: _____ State: _____ Zip: _____

NOTE: In the case where the Joint & Survivor benefit or Contingent Annuitant benefit is elected the designated beneficiary becomes secondary to the Qualified Spouse or the Contingent Annuitant, whichever applies.

5. Signatures

All Applicants must read and sign. Unsigned, unwitnessed, and incomplete Applications will be returned and delay the start of your benefit.

I hereby certify that I have read the Summary Plan Description (A Guide to Your Benefits booklet) and understand, in general, the Central Pension Fund provisions. I also certify that the foregoing statements are accurate and complete, to the best of my knowledge and belief. I understand that a false statement may disqualify me from benefits and that the Trustees have a right to recover payments made to me because of a false statement, and that an intentionally false statement may be in violation of federal law. I also understand that the Trustees may require additional information before acting on this application. **I understand that I must notify the Fund office if I return to work.**

Signature: _____ Date: _____

Witness: _____ Date: _____

You will be hearing from the Administrative Office from 60 to 90 days following receipt of this application. If eligible, at that time we will provide you with the monthly amounts payable under the applicable forms of monthly benefits listed on page 2. You must then choose a form of payment. Your benefit will normally begin on the first of the month following cessation of work and the receipt of your Benefit Election form, provided you meet the eligibility requirements. Should any other proofs be required, we will notify you at that time.