

## Sheet Metal Workers Local Union No. 32 Pension Fund Application for Retirement Benefits

Mail this application to:

**NATIONAL EMPLOYEE BENEFITS ADMINISTRATORS, INC.**  
2010 N.W. 150th Avenue, Suite 100 • Pembroke Pines, FL 33028

Type of Retirement (check one box)

- Normal       Late       Disability  
 Early       Vested Deferred

### APPLICANT INFORMATION

|   |  |   |                                |
|---|--|---|--------------------------------|
| Last Name   | First Name   | Middle Name   | Social Security No.            |
| House No.   | Street   | City  | State      Zip Code            |
| Phone No.   | Sex  | Marital Status (check one)<br><input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed |                                |
| Date Last Worked  | Last Day to be Worked                                    | Name of Last Employer   |                                |
| Date of Birth   | Date of Retirement                                       | Employment Status (check one)<br><input type="checkbox"/> Part Time <input type="checkbox"/> Full Time  | Date First Employed with Union |
| Were you ever self-employed in the sheet metal industry?  | <input type="checkbox"/> Yes <input type="checkbox"/> No | If yes, from  | to                             |
| Was your employment ever interrupted by disability?       | <input type="checkbox"/> Yes <input type="checkbox"/> No | If yes, from  | to                             |
| Was your employment ever interrupted by military service? | <input type="checkbox"/> Yes <input type="checkbox"/> No | If yes, from  | to                             |
| Was your employment ever interrupted by lay-off?          | <input type="checkbox"/> Yes <input type="checkbox"/> No | If yes, from  | to                             |

### SPOUSE AND/OR BENEFICIARY INFORMATION

|               |                                  |                             |                     |
|---------------|----------------------------------|-----------------------------|---------------------|
| Last Name     | First Name                       | Middle Name                 | Social Security No. |
| Date of Birth | Date of Marriage (if applicable) | Maiden Name (if applicable) | Relationship        |

Please note, if you wish to name more than one beneficiary, you must submit a written statement explaining your designation.

#### PLAN DEFINITION OF RETIREMENT

Retirement under the Sheet Metal Workers Local Union No. 32 Pension Plan shall mean withdrawal from any further employment in the same industry, trade or craft, in the State of Florida or in any other geographic area covered by the Plan including any geographic area covered by a reciprocal agreement, in accordance with the Department of Labor Regulations, 29 CFR Section 2530.203-3 (c).

**Retired and disabled Participants must notify the Board of Trustees upon returning to any type of work within 30 days after starting work.** The payment of pension and disability benefits shall not be suspended for a participant until the Participant works in excess of 339 hours within the jurisdiction of the Pension Plan in a Plan Year. Thereafter, the payment of any portion of pension and disability benefits shall be suspended for each month the Participant works 40 hours or more per month in the same industry, trade or craft, in any geographic area covered by the Pension Plan on the date of the Participant's retirement.

### APPLICANT CERTIFICATION

The above statements are true to the best of my knowledge. I hereby certify to the Board of Trustees that I will adhere to the restrictions regarding employment after the effective date of my retirement benefits, in accordance with the rules established by the Board of Trustees. I understand a false statement may disqualify me for benefits.

I acknowledge it is my responsibility to notify the Trustees, in writing through the Administrative Office, of any change in status that may affect my continuing eligibility for retirement benefits. I agree to notify the Administrative Office immediately of any change in mailing address, marital status or other event which may affect proper handling of benefits. By my signature below I acknowledge that I have read and understand my obligations to the Plan and hereby apply for retirement benefits from the **Sheet Metal Workers Local Union No. 32 Pension Fund.**

|                      |      |                        |      |
|----------------------|------|------------------------|------|
| Signature of Witness | Date | Signature of Applicant | Date |
|                      |      |                        |      |

ATTACH COPY OF APPLICANTS BIRTH CERTIFICATE AND IF MARRIED A COPY OF THE MARRIAGE CERTIFICATE AND SPOUSE'S BIRTH CERTIFICATE.

IF A DISABILITY APPLICATION, ATTACH A COPY OF SOCIAL SECURITY AWARD.