

## PLUMBERS AND PIPEFITTERS NATIONAL PENSION FUND

### APPLICATION FOR BENEFITS

**DO NOT USE THIS APPLICATION  
IF YOU ONLY WANT  
A BENEFIT ESTIMATE**  
To request a benefit estimate,  
write or call the Fund Office or submit an  
email at [www.ppnpf.org/contact.cfm](http://www.ppnpf.org/contact.cfm)

\_\_\_\_\_  
Name

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Local Union Number

Your application for benefits must be made on this official National Pension Fund form. If you do not receive an acknowledgment of receipt of this Application for Benefits form from the Fund Office within fifteen (15) business days from the day you mail the application, notify the Fund Office.

You should send the completed application form to the Fund Office three to six months prior to your anticipated date of retirement to not delay your Effective Date of Benefits and the payment of benefits once you retire.

Federal law requires the National Pension Fund to provide you with the necessary information about your payment options no earlier than 180 days prior to your Effective Date of Benefits. The actual payment of benefits may begin no sooner than 30 days after we have supplied you with the Election and Consent to Pay forms. However, you may elect to start the payment of benefits before the end of this 30-day period, but no sooner than 7 days after the information about your options is provided.

Your Effective Date of Benefits will be the **later** of the first of the month following receipt of your completed Application for Benefits, the first of the month you specify on your Application for Benefits, or the first of the month after the month you cease working. Your Effective Date of Benefits may be before the date the Fund Office sends you the Election and Consent to Pay forms. This is known as a "Retroactive Annuity Starting Date." However, federal law requires that you affirmatively elect a Retroactive Annuity Starting Date. If you do not elect to have a Retroactive Annuity Starting Date, your Effective Date of Benefits will be the first of the month following the Fund Office's receipt of your Election and Consent to Pay forms. If the Fund Office supplies you with your Election and Consent to Pay forms after your Effective Date of Benefits, you must complete and return your Election and Consent to Pay forms within 90 days after we supply them to you. If the Fund Office supplies you with your Election and Consent to Pay forms before your Effective Date of Benefits, you must complete and return the forms by your Effective Date. Otherwise, you will have to begin the application process over and establish a new Effective Date of Benefits.

While completing this Application for Benefits, we recommend that you also review the National Pension Fund's Plan Booklet and the Application Booklet. The Application Booklet accompanies this Application Form. If you do not have the last Plan Booklet that was mailed to you, you may access the Plan Booklet on the Fund's website [ppnpf.org](http://ppnpf.org) or you may contact the Fund Office to send you the Plan Booklet. The Plan Booklet and Application Booklet are especially helpful for understanding what type of benefit is best for you.

If you are applying for a Disability Pension or a Contingent Early Retirement Pension, be sure to complete the appropriate disability related item (15.b.1 or 15.b.2) highlighted in the shaded block on this form.

If you have any questions on how to complete this Application Form, call the Fund Office at 800-638-7442 without delay. You may also submit a question via email at [www.ppnpf.org/contact.cfm](http://www.ppnpf.org/contact.cfm).

**Do not delay sending your Application to the Fund Office for any reason as it may delay your Effective Date of Benefits. If all required documentation is not readily available, send whatever documentation you have now along with your application. You may send the remainder of the documentation as soon as it is available.**

## PLUMBERS AND PIPEFITTERS NATIONAL PENSION FUND

Please **PRINT** All Information (**Ink Only**)

Be Sure to Answer All Applicable Questions

1. Name \_\_\_\_\_
2. Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_      3. Telephone No. \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
(Area Code)
4. Address \_\_\_\_\_ | \_\_\_\_\_ | \_\_\_\_\_ | \_\_\_\_\_  
(Street) (City) (State) (Zip Code)
5. Date of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ (Enclose proof of age)  
(Month) (Day) (Year)
6. Current Home Local Union No. \_\_\_\_\_      7. Original Initiation Date \_\_\_\_\_
8. Date first worked at the Trade \_\_\_\_\_      9. My last day of work was/will be \_\_\_\_\_
10. My W-2 Wages on my last Income tax return were \$ \_\_\_\_\_ (Required by Federal law)

11. I would like my Effective Date of Benefits to be \_\_\_\_ / 01 / \_\_\_\_ (Must be First Day of Month and After Last Day of Work)

12. Marital Information: Place a check mark (☑) next to ALL that apply. Indicate dates where applicable.

Currently Married (including Separated)

Name of Spouse: \_\_\_\_\_ Maiden Name: \_\_\_\_\_

Former Married Name: \_\_\_\_\_

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ (Enclose Proof of Age)      Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Date of Marriage: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ (Enclose Marriage Certificate)

Divorced - Enclose Copy of Divorce Decree(s)

Name of Former Spouse	Social Security Number	Date of Divorce

Widowed - Enclose Original or Certified Copy of Death Certificate

Name of Spouse: \_\_\_\_\_ Maiden Name: \_\_\_\_\_

Former Married Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Date of Spouse's Death: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ (Enclose Death Certificate)

Never Married

Domestic Relations Order including Qualified Domestic Relations Order (QDRO) – Provide a copy of any Domestic Relations Order or QDRO in which you are named as the Participant. List below all individuals with whom you have a QDRO or similar order.

**13. Names, Ages, and Social Security Numbers of Children:** (Please list additional children on a separate sheet of paper)

Name	Age	SSN	Name	Age	SSN

**14. If previously in Military Service, fill in the dates below and enclose a copy of your Form DD-214.**

Dates of Duty: From \_\_\_\_\_ To \_\_\_\_\_; From \_\_\_\_\_ To \_\_\_\_\_

**15. BENEFIT BEING APPLIED FOR:** You may only apply for one BENEFIT. Please place a check mark (  ) next to the Benefit for which you are applying (either a, b.1., or b.2.).

a.  PENSION (Normal, Early Retirement, Vested, or Deferred):

b. If you are disabled and are applying for a Disability Pension you may apply for one of the following:

1.  DISABILITY PENSION (Enclose the Social Security Disability Award [Notice of Award] in its entirety)
2.  CONTINGENT EARLY RETIREMENT PENSION (You have attained age 55, but have not received a Social Security Disability Award)

I have applied to the Social Security Administration for Disability Benefits. My application was submitted to the Social Security Administration on \_\_\_\_\_.(Date Application Submitted)

As indicated on my application to the Social Security Administration, I became disabled on \_\_\_\_\_ (Date on Social Security Application).

**16. Employment Information:** Place a check mark (  ) next to the statement that applies to you.

- I have previously submitted Employment History or Earnings Information to the Fund Office.
- I have enclosed a completed and signed "Employment History" form.
- I have enclosed other forms of Employment information.
- I do not have any additional Employment information as described on the Employment History form.

**17. Identifying periods of Disability may be helpful in waiving breaks in service and work test requirements.**  
Please list below any periods that you were unable to work as a result of disability which have occurred during your work in the plumbing or pipefitting industry.


**18. STATEMENT**

I hereby apply for benefits from the Plumbers and Pipefitters National Pension Fund. The preceding statements are true to the best of my knowledge and belief. I understand that a false statement may disqualify me for benefits, and that the Trustees shall have the right to recover any payments made to me or on my behalf because of a false statement.

I understand that after this application is received, the Fund will provide me with the necessary information, as required by federal law, about my payment options during a period that begins no sooner than 180 days prior to my Effective Date of Benefits. I also understand that the actual payment of benefits may begin no sooner than 30 days after the Fund has supplied me with this information and with the Election and Consent to Pay forms. I further understand that I may elect to start the payment of benefits before the end of this 30-day period, but no sooner than 7 days after the information about my options is provided. I understand further that my Effective Date of Benefits will be the *later* of the first of the month following the Fund Office's receipt of my completed Application for Benefits, the first of the month I specify on my Application for Benefits, or the first of the month after the month I cease working.

I understand that my Effective Date of Benefits may be before the date the Fund Office supplies me with the Election and Consent to Pay forms. This is known as a "Retroactive Annuity Starting Date." I understand that federal law requires that I must affirmatively elect a Retroactive Annuity Starting Date in order to have an Effective Date of Benefits before the date the Fund Office supplies me with the Election and Consent to Pay forms and that if I do not elect to have a Retroactive Annuity Starting Date, my Effective Date of Benefits will be the first of the month following the Fund's receipt of my Election and Consent to Pay forms.

I understand that I must complete my Election and Consent to Pay forms within 90 days after the Fund has supplied them to me if they supply them after my Effective Date of Benefits. If they supply the forms prior to my Effective Date of Benefits, I must complete my Election and Consent to Pay forms by my Effective Date. Otherwise, I will have to begin the application process over and establish a new Effective Date of Benefits.

\_\_\_\_\_  
(Applicant Signature)

\_\_\_\_\_  
(Date)

**NOTARY WITNESS REQUIRED WHEN YOU SIGN WITH AN "X",  
OR IF SIGNED BY A LEGAL REPRESENTATIVE ON BEHALF OF AN APPLICANT**

If you are unable to sign your name, you may use an "X" in place of your signature. However, a Notary Public must witness the "X". If the individual signing this form is acting on behalf of the applicant as legal representative (i.e., Power of Attorney; Guardian, etc.), a Notary Public must witness the signature. In addition, the legal document granting authority to act on behalf of the applicant should be provided to the Fund Office along with this Application.

**NOTARY PUBLIC STATEMENT**

On the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, before me came \_\_\_\_\_ known to me to be the person described in and who executed the foregoing statement and (s)he duly acknowledged to me that (s)he executed the same.

\_\_\_\_\_  
Notary Public

SEAL

My commission expires on \_\_\_\_\_

**IMPORTANT!** An Application that is **NOT SIGNED** and **DATED** will not be accepted for processing.