



Benefit Funds

Pension Plan for Employees Service Employees International Union, CTW, CLC

Dear Participant,

In response to your request from the Pension Plan for Employees of SEIU (Staff Plan), enclosed you will find a pension application, an Election of Options form, and a Summary Plan Booklet. We also request that you supply our office with information regarding other employee sponsored retirement plans that are participants. Please follow the instructions of the attached Data Request Form.

The plan rules state that the effective date of your benefits will be the first of the month following the receipt of your application by the fund office. It is therefore essential that the application be mailed as soon as possible to ensure that we are able to award benefits as of your desired retirement date.

When completing the application please make sure that all questions are answered and that you sign and date your application. Also, please write in your home telephone number on the front page of the application so that we may reach you should the need arise. You should also submit proof of age. If you are married, please submit proof of your spouse's age and evidence of your marriage. A self-addressed envelope is enclosed for your convenience in returning these documents to us promptly.

We wish to advise you that due to current legislation, if you are married, your benefit must be paid as a Spousal Pension unless you and your spouse reject this form of payment. Should you desire any other option, you may elect one in advance or wait until you file your pension application. We have enclosed a summary of the dollar impact of the various options available to you for your review.

Please refer to the plan document for details on the one-year waiting periods applicable to Joint and Survivor and Certain and Life Options.

Should you have any further questions, please do not hesitate to contact the Pension Fund Office

NOTE:

- (1) An application should be submitted at least FOUR (4) months in advance of the date when the pension is to begin and must be made on this official form of the Pension Fund.**
- (2) acknowledging its receipt. *You will be advised if any further information is needed.***
- (3) You will be notified in writing of the decision made (approval/denial).**

APPLICATION CHECKLIST

- STAFF Application for Benefits (signed and dated)
- Proof of Age (birth certificate, passport, or naturalization papers)
- Proof of Age for Spouse, if applicable (birth certificate, passport, or naturalization papers)
- Marriage Certificate, if applicable
- Verification of Marital Status form, provided by fund (signed and dated)
- Death Certificate, if applicable
- Divorce Decree, if applicable
- Proof of Name Change, if any
- Proof of Social Security Number, if different numbers have been used

Note: Please be sure the applicable forms are submitted with your Application. Failure to submit the requesting information will delay your Application for Benefits.

Instructions To Applicant For Retirement On Proof Of Age

One of the types of proof of age listed below must be furnished. Proof should be submitted in the order that is listed below. For instance, if you have or can readily obtain a birth certificate, it should be submitted rather than a baptismal certificate or notification of registration of birth in a public registry of vital statistics. (You must attach a photocopy of the proof of age to your application.)

Additional proof of age may be requested if the document which you submit is not convincing proof.

Note: If your name has been legally changed (such as by marriage), submit additional documents showing the name changes.

1. A birth certificate.
2. A baptismal certificate.
3. Notification of registration of birth in a public registry of vital statistics.
4. Certification of record of age by the U.S. Census Bureau.
5. Hospital birth record, certified by the custodian of such record.
6. A foreign government record.
7. Naturalization record. (photocopy permitted)
8. Immigration papers. (photocopy permitted)
9. Military record.
10. Passport. (photocopy permitted)
11. School record, certified by the custodian of such record.

**APPLICATION FOR PENSION PLAN FOR EMPLOYEES OF
SERVICE EMPLOYEES INTERNATIONAL UNION, CTW, CLC**

SECTION 1

Please read this pension application carefully before answering any questions. Read all instructions and make sure your answers are complete and legible. Please submit your application at least **FOUR (4) MONTHS** prior to your retirement date.

SECTION 2

PERSONAL DATA

1. Name _____ SSN/SIN _____
Last First Middle
2. Address _____
Number and Street City or Town State Zip
3. Date of Birth _____ 4. Email Address _____
Month/Day/Year
5. Primary Phone No. (____) _____ Cell Phone No. (____) _____
6. Date you last worked or plan to stop working _____
Month/Day/Year
7. Earliest date you wish benefits to begin _____
Month/Day/Year
8. Have you ever been employed under any other name or Social Security Number?
 Yes No
9. Marital Status(check one)
Married (legally) Divorced Widowed Never Married
Spouse's Name _____ Spouse's SSN/SIN _____
Spouse's Date of Birth _____ Date of Marriage _____
10. **TYPE OF PENSION**
 Normal Pension
 Early Retirement Pension

SECTION 3

11. EMPLOYMENT HISTORY

List below, starting with your most recent employment, the names and addresses of all employers in the Service Employees International Union for whom you worked. If you are unable to provide exact dates, please list approximate dates of employment. (Attach a continuation sheet if you need more space.)

Name of Employer	Job Classification	Address	FROM Month/Day/ Year	TO Month/Day/Year
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

12. Please review the included Pension Estimate Detail Report, and review each year and month of your employment history for any missing service. Please confirm your employment status and salary with the S.E.I.U during any missing months and/or years. (Attach a continuation sheet if you need more space.)

Employment Status	Salary	Employer
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

13. Please list below any periods during which you did not work because of military service.

From: _____ To: _____

From: _____ To: _____

From: _____ To: _____

SECTION 4	<p>14. QUALIFIED DOMESTIC RELATIONS ORDERS</p> <p>Please specify whether your pension benefits under this plan have been assigned to a spouse, child, or other person under any court order relating to the dissolution of a previous marriage (or a separation) or relating to child support payments. Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If “yes” please attach a copy of the order to your application.</p>
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SECTION 5	<p>X _____ <i>Signature of Applicant</i> _____ <i>Date</i></p>
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ELECTION OF JOINT AND SURVIVOR OR CERTAIN PAYMENT OPTIONS

Applicant's Name _____ Social Security Number _____.

I have carefully read the conditions pertaining to the selection of option which is printed on the back of this page.

16. I hereby elect the following option (choose one unless you are electing a Partial Lump Sum Payment)

- Spousal Option** (50% US/ 66 2/3% CN) Paid to beneficiary after my death)
- 75% Joint and Survivor** (75% of my benefit after death to my beneficiary)
- 100% Joint and Survivor** (100% of my benefit after death to my beneficiary)
- 120 Months Certain Payment** (120 months of guaranteed payments)
- _____% (1%-10%) of the value of my accrued benefits be paid in a **partial lump sum**
- Single Life Option** (Guarantees Lifetime Benefits)
- Level Income Option** (Please submit Social Security Statement with age 62 amount)
- Lump Sum Withdrawal**, (Present value of benefit is less than \$10,000 and no contributions have been made on your behalf for at least one full calendar year. (Jan-Dec) of any year if under age 55)

Applicant's Signature _____ Date _____

My beneficiary's name, relationship, sex, address and date of birth are:

Name _____ Relationship _____

Sex _____ Address _____

Beneficiary SSN _____ Date of Birth _____

Month/Day/Year

PLEASE CHECK ONE: (Only if your Beneficiary is not your Spouse)

- I am filing this Option form one year in advance of my intended retirement date, and wish to have my Option effective with the first pension benefit payment.
- I am filing this Option form with my application and wish to have the Option effective one year after the filing this election form.

IMPORTANT READ THESE CONDITIONS BEFORE SELECTING YOUR OPTION

SINGLE LIFE OPTION- CONDITIONS

A Single Life Option provides you with a guaranteed payment equal to 60 times your monthly accrued benefit or your lifetime, whichever is greater, after the adjustment for early retirement (if any) but before the adjustment for any optional payment form.

JOINT AND SURVIVOR – CONDITIONS

A Joint and Survivor Option provides you with a reduced pension for your lifetime. When you die, your designated beneficiary will receive your choice of 50% (66 $\frac{2}{3}$ % CN), 75% or 100% of the pension you were receiving for the rest of his or her life. The amount of the reduction in the pension depends upon the difference between your age and the age of your chosen beneficiary. The beneficiary may be, but does not have to be your spouse. Once the option has commenced, if your designated beneficiary dies before you, you will continue to receive the reduced benefit for the rest of your life.

There is a one-year waiting period for the 75% or 100% Joint and Survivor options if your spouse is not the designated beneficiary. You may make your election one year before you retire or commence your pension. Your benefit amount will be adjusted to the 50% Joint and Survivor Option amount during the waiting period, and to the chosen adjustment when the option becomes effective. If you select the 75% or the 100% Joint and Survivor Option and you die after benefits commence, but during the waiting period, your beneficiary will receive a benefit as if you had elected the 50% Joint and Survivor Option.

If you or your beneficiary dies before your pension effective date, the option is not valid. You may revoke a Joint and Survivor Option prior to your pension effective date, but not thereafter.

CERTAIN PAYMENT OPTION – CONDITIONS

You may elect to receive your pension in a reduced amount for life with the guarantee that if you die before receiving a specified number of monthly pension payments, the remaining payments will be paid to your designated beneficiary(ies) on a monthly basis. The specified number of months to be guaranteed may be 120 months (10 years).

Any Certain Payment Option must be elected at least one year prior to the commencement of benefits unless the designated beneficiary is your spouse. You may make your election one year or more before you retire or commence your pension during the waiting period. Your benefit amount will be adjusted when the option becomes effective. If you die after benefits commence but during the waiting period, this option is void. Once the option is in effect, you may change beneficiaries or even revoke the option during the period of the guarantee. If the option is in effect, you may change beneficiaries or even revoke the option during the period of guarantee. If the option is revoked, appropriate actuarial adjustments to your pension will be made to future payments to represent the value of the protection previously in place. Such adjustments will not be retroactive to your initial benefit commencement date.

The Certain Payment Option is not valid if you die before the effective date of your pension.

LUMP-SUM PAYMENT-CONDITIONS

Lump Sum Option for Small Pensions – If your pension has a lump sum value of \$10,000.00 or less, you may elect to receive it as a lump sum. Your eligible spouse, if any, must consent if the value is \$5,000.00 or more.

Partial Lump Sum Option at Retirement – You (with your eligible spouse's consent) may elect to receive up to 10% of your pension as a lump sum. The remaining benefit may be paid in any of the optional forms available under the Plan.

Level Income Option – If you are retiring before you are eligible to receive a Social Security pension, you (with your eligible spouse's consent) may elect to receive a larger SEIU pension before the Social Security pension, you (with your eligible spouse's consent) may elect to receive a larger SEIU pension before the Social Security pension starts, and a smaller SEIU pension after the Social Security pension starts. This is designed to give you level income throughout your retirement from both sources.

**DATA REQUEST FORM FOR OTHER EMPLOYER SPONSORED
RETIREMENT PLANS**

No, I am not covered under any other Employer Sponsored Pension Plans
 Yes, I am covered by other Employer Sponsored Pension Plans; if yes please provide this office with the following:

17. Plan Name

Address

Phone Number _____ **Contact Person** _____

18. Plan Name

Address

Phone Number _____ **Contact Person** _____

By signing this form, I give my consent to have the Pension Plan for Employees obtain Pension Data regarding my other Employer Sponsored Pension Plans. *Please sign and date this form even if "no" has been checked.*

Participant's Signature _____ **Date** _____

Service Employees International Union, CTW, CLC
Pension Plan for Employees
P.O. Box 22650 Lehigh Valley, PA 18002-2650
202-730-7500/800-458-1010 (Toll Free)

***Spousal Information and
Verification of Marital Status Form***

U.S. law requires that all Retirement Benefits be processed as a Spousal Pension, unless the participant provides the Fund Office with legal documentation of marital status.

Please check the item appropriate to your current marital status, list your Social Security Number, sign and date this statement and return it to our office:

I am not now and have never been legally married.

I am now legally married to:

Name of Spouse: _____

Date of Birth: _____

Spouse's Social Security Number: _____

(If you are now legally married, please submit your spouse's proof of age and a copy of the Marriage Certificate.)

I was married, but am now legally divorced.

(If this status applies to you, please submit a copy of your Divorce Decree, signed by a Judge and/or stamped by the Court)

I was married, but my spouse is deceased.

(If this status applies to you, please submit a copy of your spouse's Death Certificate. If the Death Certificate does not list you as the spouse, please submit a copy of your Marriage License as well)

I am separated.

If you are still legally married and are separated and you do not know the whereabouts of your spouse, please provide our office with a notarized explanation.

I hereby certify that the above statement is true and accurate.

Participant's Signature

Date

Participant's Social Security Number