Insulators and Allied Workers National Pension Fund
2010 N.W. 150th Avenue, Suite 200 | Pembroke Pines, FL 33028
Toll Free: (888) 352.0629 | West Coast Toll Free: (888) 987.0629
Fax: (954) 266.2079 | www.nebainc.com

Administered by:
NEBA

Dear Participant,

This packet contains the retirement application, forms and other notices required in connection with your claim for retirement benefits from the Insulators and Allied Workers National Pension Fund.

Please read through each item carefully and provide your response.
Be sure to type or print all information.

In order to initiate your claim for benefits, you must return the following documents. ***If you fail to return any of the required documents, your claim for benefits will be delayed.*** **Keep in mind that your application will expire after 180 days if it is not completed.**

Please use this as a checklist to ensure that you return all required documents.

- ☐ **Application for Retirement Benefits**
- ☐ **Proof of Age for You (A list of acceptable documents is included in this package)**
- ☐ **Proof of Age for Your Spouse, if married, or Beneficiary if married but listed someone other your Spouse as Beneficiary. (A list of acceptable documents is included in this package)**
- ☐ **Certification of Marital Status Form**
- ☐ **Copy of mariage certificate, if married**
- ☐ **Copy of all Divorce Decrees and Marital Settlement Agreements, if Applicable**
- ☐ **Mandatory Direct Deposit Authorization Form**

If you have any questions, we would be happy to provide assistance. You may contact us at the following phone numbers and email address:

Toll Free: (888) 352.0629 | West Coast Toll Free: (888) 987.0629 | pension@nebainc.com

Sincerely,

Insulators and Allied Workers National Pension Fund
Pension Concierge Team

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APPLICATION FOR RETIREMENT BENEFITS

INSTRUCTIONS: Answer all questions completely and accurately. Attach additional sheets if you need more space to answer any questions.

Remember to sign this application wherever indicated and include all required documents. Without the required documents, your application is not considered "complete" and will not be finalized.

I. APPLICANT INFORMATION					
Full Name:			**Social Security # (Last 4 Digits):**		
Date of Birth:			**Local Union #:**		
			Union Book #:		
Type of Retirement You are Applying For: *Check one box*	☐ Normal ☐ Early ☐ Late/Deferred				
Marital Status:	☐ Single ☐ Married		**Sex:**		
If married, you must submit a copy of your marriage certificate with this application.					
Have you ever been divorced?	☐ Yes ☐ No	***If yes, you must submit a copy of all Divorce Decrees and Marital Settlement Agreements.***			
Street Address:					
City:		**State:**		**Zip Code:**	
Telephone Number:		**Mobile Number:**			
Email Address:					
Do you authorize the Fund Office to communicate with you via email regarding this application?	☐ Yes ☐ No				
Date First Employed:		**Last Day Worked or Last Day to be Worked:**			
Are you working at the present time?	☐ Yes ☐ No	**If yes, name of employer:**			
Requested Effective Date of Retirement: ***Provided you have met all of the Plan's Rules and Regulations***					
Was your employment ever interrupted by disability, military, maternity or paternity leave?	☐ Yes ☐ No	**If yes, when?**			

II. SPOUSE INFORMATION FOR MARRIED PARTICIPANTS

INSTRUCTIONS: Complete the following section, **if you are married**.

Spouse's Full Name:			
Spouse's Social Security # (last 4 digits):		**Spouse's Maiden Name:**	
Spouse's Date of Birth:		**Date of Marriage:**	

III. BENEFICIARY DESIGNATION

INSTRUCTIONS: Complete the following section **if you are not married and electing a Joint & Survivor Option.**
If you are naming someone other than your spouse as beneficiary, your spouse must complete the "Spousal Consent" section (Section VI – next page) of this form.

I hereby designate as my primary beneficiary for any benefits payable after my death:

Name of Primary Beneficiary:			
Primary Beneficiary's Social Security # (last 4 digits):		**Primary Beneficiary's Date of Birth:**	
Primary Beneficiary's Address:			
Relationship:			

IV. SIGNATURE ACKNOWLEDGEMENTS OF SPOUSE OR BENEFICIARY DESIGNATION

INSTRUCTIONS: Sign below to confirm your spouse and/or beneficiary designation above (Sections II & III).

Signature of Applicant: _____ Date: _____

Signature of Witness: _____ Date: _____

V. APPLICANT CERTIFICATION

I hereby apply for a pension from the Insulators and Allied Workers National Pension Fund. I certify that the statements made in this application are true to the best of my knowledge and belief. I understand that a false statement shall be sufficient reason for the denial, suspension or discontinuance of benefits under the Plan and that the Trustees shall have the right to recover any payment made to me in reliance upon such false statement.

Signature of Applicant: _____ Date: _____

Signature of Witness: _____ Date: _____

OR NOTARY PUBLIC

State of: _____ County of: _____

This instrument was signed and acknowledged before me on _____ by _____.

(Notary Stamp)

_____ _____

Signature of Notary Officer My Commission expires:

VI. SPOUSAL CONSENT TO BENEFICIARY DESIGNATION

INSTRUCTIONS: Your spouse must complete this section if you named someone other than your spouse as your beneficiary in Section III of this application. **Your spouse's signature must be acknowledged by a Notary Public.**

I, _____, hereby swear that I am the legal spouse of the participant named on this Application for Retirement Benefits.

- I understand that the law requires that I be the recipient of a lifetime survivor annuity benefit unless I consent to my spouse's rejection of such benefit.
- If my spouse has named someone other than me as a beneficiary in his/her Application for Retirement Benefits, I hereby consent to such a designation.

Signature of Spouse: _____ Date: _____

State of: _____ County of: _____

This instrument was signed and acknowledged before me on _____ by _____.

(Notary Stamp)

_____ _____

Signature of Notary Officer My Commission expires:

ACCEPTABLE DOCUMENTS FOR PROOF OF AGE FOR YOU AND, IF MARRIED, YOUR SPOUSE

In order to be eligible for retirement benefits, you are required to produce proof of age. The following is a list of documents which may serve as proof of your age. Some of these documents are better proof than others. This list is arranged starting with the best type of proof and going down to the less favorable types of proof.

You are required to furnish the best type of proof which is available. It is recognized, of course, that in many cases a birth certificate will not be available particularly for those who were born outside of the United States. In this case, you should secure the next best type of proof. Additional proof of age may be required if the document which you submit is not convincing proof.

Unless otherwise noted below, you do <u>not</u> have to furnish the original of any of these documents.

1. A birth certificate
2. A baptismal certificate or a statement as to the date of birth shown by a church record, certified by the custodian of such records
3. Notification of registration of birth in a public registry of vital statistics
4. Hospital birth record, certified by the custodian of such records
5. A foreign church or government record
6. A Medicare card, Certificate of Award for a Social Security Pension or Canada Pension Plan approval if age or date of birth is shown
7. A signed statement by the physician or midwife who was in attendance at birth, as to the date of birth shown on their records.
8. Naturalization record
9. Immigration papers
10. Military record
11. Passport
12. School record, certified by the custodian of such records
13. Vaccination record, certified by the custodian of such records
14. An insurance policy which shows the age or date of birth
15. Marriage records showing date of birth or age (applications for marriage license or church record, certified by the custodian of such records or marriage certificate)

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CERTIFICATION OF MARITAL STATUS

INSTRUCTIONS: The Participant must complete this form as part of the retirement application process.
Please read all options below BEFORE making your election.

I certify that (check ALL that apply)**:**	
☐	I have never been married. In the event I marry on or before my Benefit Commencement Date, I will notify the Fund Office.
☐	I was *previously widowed* **or** I am *currently widowed* (circle one). In the event I marry on or before my Benefit Commencement Date, I will notify the Fund Office. ***You must submit a copy of your spouse's death certificate with your completed Application for Retirement Benefits form.***
☐	I am divorced **and** I am not legally married at this time. In the event I marry on or before my Benefit Commencement Date, I will notify the Fund Office. ***You must submit a copy of all Divorce Decrees and Marital Settlement Agreements with your completed Application for Retirement Benefits form.***
☐	I am married but unable to locate my legal spouse. ***Note, the Fund Office will contact you to obtain additional information.***
☐	I have never been divorced **and** the person listed as my spouse in Section III of my Application for Retirement Benefits is my legal spouse. ***You must submit a copy of your marriage certificate with your Application for Retirement Benefits form.***
☐	I have never been divorced **and** the person listed as my spouse in Section III of my Application for Retirement Benefits is my legal spouse; however, the person listed as my beneficiary in Section IV is **not** my legal spouse. ***Your spouse must complete and sign (witnessed by a Notary Public) Section VII of your Application for Retirement Benefits form. You must also submit a copy of your marriage certificate with your Application for Retirement Benefits form.***
☐	I have previously been divorced **and** the person listed as my spouse in Section III of my Application for Retirement Benefits is my legal spouse. ***You must submit a copy of all Divorce Decrees and Marital Settlement Agreements as well as your marriage certificate with your completed Application for Retirement Benefits form.***
☐	I have previously been divorced **and** the person listed as my spouse in Section III of my Application for Retirement Benefits is my legal spouse; however, the person listed as my beneficiary in Section IV is **not** my legal spouse. ***You must submit a copy of all Divorce Decrees and Marital Settlement Agreements as well as your marriage certificate with your completed Application for Retirement Benefits form. Your spouse must complete and sign (witnessed by a Notary Public) Section VII of your Application for Retirement Benefits form.***

By signing this Certification of Marital Status Form as well as the Application for Retirement Benefits Form, I recognize that the Plan may make inquiries about my marital status with various organizations and individuals and I consent to the release of any information about my marital status from my employers, my Union or any Fringe Benefit Fund in which I have participated and any other organization or individual.

Signature of Applicant: _____ Date: _____

Signature of Witness: _____ Date: _____

DIRECT DEPOSIT AUTHORIZATION

New Enrollment and Change Request Form

☐ **New Direct Deposit** ☐ **Change to Existing Direct Deposit**

INSTRUCTIONS

Complete all sections of this form in full. Incomplete submissions will be returned. Please print clearly in black or blue ink.

Required documentation: You must attach a voided check or an official bank verification letter on bank letterhead for the new account. Deposit slips, starter checks, and online printouts are not accepted.

Processing time: Changes will take effect within 30 calendar days of receipt of a complete and verified submission. During this period, payments will continue via the existing method on file.

Submission: The preferred method is secure upload through the Document Center in your MemberXG portal or via NEBA's website at https://www.nebainc.com/send-secure-file/. Forms may also be submitted via U.S. mail or personal delivery to our office.

SECTION 1: PARTICIPANT IDENTIFICATION

Full Legal Name: _____ SSN (Last 4): XXX-XX-____

Date of Birth (MM/DD/YYYY): _____

Plan/Fund Name: _____

Local Union Name and Number: _____

SECTION 2: NEW BANKING INFORMATION

New Bank/Credit Union Name: _____

ABA/Routing Number (9 digits): _____

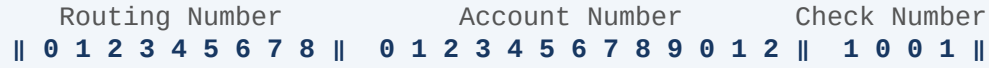
Account Number: _____

Account Type: ☐ Checking ☐ Savings

Name(s) on Account: _____

WHERE TO FIND YOUR ROUTING AND ACCOUNT NUMBERS

Refer to the bottom of a personal check from the new account:



Do not use a deposit slip. Routing numbers on deposit slips may differ from those on checks.

SECTION 3: CURRENT BANKING INFORMATION (for changes only)

Complete this section only if you are changing an existing direct deposit. Provide the last four digits of your current account on file. This information is used to verify your identity and confirm the account being replaced.

Current Bank Name: _____

Last 4 Digits of Current Account Number: _____

Current Account Type: ☐ Checking ☐ Savings

SECTION 4: REQUIRED SUPPORTING DOCUMENTATION

You must include one of the following with this form. Submissions without valid supporting documentation will not be processed.

☐ Voided check for the new account (pre-printed, not handwritten or starter checks) *Or*

☐ Official bank verification letter on institution letterhead, dated within 60 days, confirming account holder name, routing number, and account number

The following are NOT accepted as valid documentation:

- Deposit slips, counter checks, or temporary/starter checks
- Screenshots from online banking portals
- Documents with account holder names that do not match the participant record

SECTION 5: PARTICIPANT ACKNOWLEDGMENT AND CERTIFICATION

By signing below, I certify and acknowledge the following:

1. I am the participant (or authorized legal representative) requesting this direct deposit authorization.
2. I have verified that all banking information on this form is accurate and accept responsibility for any misdirected payments resulting from errors I have provided.
3. I authorize the Plan and its Paying Agent to deposit payments into the account in Section 2 of this form, to process electronic ACH credits and debits as needed, and to reverse or recover erroneous payments in accordance with applicable law and the terms of the Plan Document.
4. I understand this request may require additional verification and a hold period before taking effect.

_____ _____

Participant Signature *Date*

Or

_____ _____

Authorized Representative Signature *Date*

_____

Capacity (e.g., Power of Attorney, Legal Guardian)

If signed by an authorized representative, please attach supporting legal documentation.

ENHANCED VERIFICATION NOTICE

This form may be subject to additional personal verification before the request is processed. If your identity cannot be confirmed within 30 calendar days, this request will be canceled and you will need to resubmit.