

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





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
\square 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:					Security # Digits):		
Date of Birth:				Local U	Inion #:		
Date of Birtin.					Book #:		
Type of Retirement You are Applying For: Check one box □ Normal □ Early □				∃Early □	Late/Def	erred	
Marital Status:	□ Si	ngle 🗆	Married	Sex:			
If married, y	ou must s	ubmit a co	py of your marriag	ge certifi	icate with t	his applica	ation.
Have you ever been divorced?					ivorce Decrees		
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	☐ Yes ☐ No	If yes, name of					
the present time?			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, v	when?		

II. SPOUSE INFORMA	ATION FOR MARRIED PARTICIPANTS				
INSTRUCTIONS: Complet	e the following section, if you <u>are</u> n	narried.			
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 DESI	IGNATION				
INSTRUCTIONS: Complete If you are naming someon	the following section if you are not ne other than your spouse as benefind VI – next page) of this form.				
·	primary beneficiary for any benefi	ts payable after my death	n:		
Name of Primary Benefic	iary:				
Primary Beneficiary's Soc Security # (last 4 digits):	cial	Primary Beneficiary's Date of Birth:			
Primary Beneficiary's Add	dress:				
Relationship:					
IV. SIGNATURE ACKN	OWLEDGEMENTS OF SPOUSE OR B	ENEFICIARY DESIGNATIO	N		
INSTRUCTIONS: Sign belo	ow to confirm your spouse and/or b	eneficiary designation abo	ove (Sections II & III).		
Signature of Applicant: Date:					
Signature of Witness:		Da	ite:		
V. APPLICANT CERTII	FICATION				
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: _		Dat	e:		
Signature of Witness:		Dat	e:		
OR NOTARY PUBLIC					
State of:	County of:				
This instrument was signed and	d acknowledged before me on		 Notary Stamp)		
Signature of Notary Officer	My Cor	nmission expires:			

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VI. SPOUSAL CONSENT TO BENEFICIARY DESIG	NATION
·	ection if you named someone other than your spouse as our spouse's signature must be acknowledged by a
I,participant named on this Application for Retiremen	, hereby swear that I am the legal spouse of the nt Benefits.
I consent to my spouse's rejection of such b	n me as a beneficiary in his/her Application for Retirement
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 not have to furnish the original of any of these documents.

- 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
- 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.**

Please read all opt	ions below BEFORE making your election.	
I certify that (che	ck ALL that apply):	
	I have never been married. In the event I marry on or before will notify the Fund Office.	e my Benefit Commencement Date, I
	I was <u>previously widowed</u> <u>or</u> I am <u>currently widowed</u> (circle of before my Benefit Commencement Date, I will notify the Fur You must submit a copy of your spouse's death certificate vertificate v	nd Office.
	I am divorced <u>and</u> I am not legally married at this time. In the Benefit Commencement Date, I will notify the Fund Office. You must submit a copy of all Divorce Decrees and Marital 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 in the second sec	information.
	I have never been divorced <u>and</u> the person listed as my spour Retirement Benefits is my legal spouse. You must submit a copy of your marriage certificate with your Benefits form.	, ,,
	I have never been divorced <u>and</u> the person listed as my spour Retirement Benefits is my legal spouse; however, the person IV is <u>not</u> my legal spouse. Your spouse must complete and sign (witnessed by a Notar Application for Retirement Benefits form. You must also succertificate with your Application for Retirement Benefits for	ry Public) Section VII of your ubmit a copy of your marriage
	I have previously been divorced <u>and</u> the person listed as my Application for Retirement Benefits is my legal spouse. You must submit a copy of all Divorce Decrees and Marital your marriage certificate with your completed Application is	Settlement Agreements as well as
	I have previously been divorced <u>and</u> the person listed as my Application for Retirement Benefits is my legal spouse; howe beneficiary in Section IV is <u>not</u> my legal spouse. You must submit a copy of all Divorce Decrees and Marital your marriage certificate with your completed Application is spouse must complete and sign (witnessed by a Notary Pub for Retirement Benefits form.	Settlement Agreements as well as for Retirement Benefits form. Your
By signing this Cer	tification of Marital Status Form as well as the Applicati	on for Retirement Benefits Form, I
and I consent to th	Plan may make inquiries about my marital status with vale release of any information about my marital status frod in which I have participated and any other organization	om my employers, my Union or any
_		
Signature of Applic	ant:	
Signature of Witne	ss:	Date:



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MANDATORY DIRECT DEPOSIT AUTHORIZATION FORM

Name:			Date o	of Birth:			
Social Security # (last	4 digits):		Phone Number:				
I authorize National Employee Benefits Administrators, Inc. (NEBA, Inc.) to initiate Direct Deposit (credit entries) of my monthly retirement benefits from the Insulators and Allied Workers National Pension Fund to my Financial Institution account listed below. This authorization will remain in full force and effect until NEBA, Inc. receives written notification from me of its termination in such time and manner as to afford NEBA, Inc. and my Financial Institution a reasonable time to act on it.							
Type of Account:	□ s	avings Account		□ Check	ing Acco	ount	
Institution Name:							
Routing Number:							
Account Number:							
Signature:					Date:		
ATTACH A BLANK VOIDED CHECK HERE FOR DIRECT CHECKING ACCOUNT DEPOSIT							
For Savings Account Direct Deposit, please have your Financial Institution complete the following:							
Institution Name:							
Branch:							
City:			Sta	ite:	Zip	Code:	
Routing Number:		Acc	ount Numl	ber:			