



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:



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 marriage 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: <i>Check one box</i>	<input type="checkbox"/> Normal <input type="checkbox"/> Early <input type="checkbox"/> Late/Deferred				
Marital Status:	<input type="checkbox"/> Single <input type="checkbox"/> Married		Sex:		
<i>If married, you must submit a copy of your marriage certificate with this application.</i>					
Have you ever been divorced?	<input type="checkbox"/> Yes <input type="checkbox"/> No		<i>If yes, you must submit a copy of all Divorce Decrees and Marital Settlement Agreements.</i>		
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?				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Date First Employed:		Last Day Worked or Last Day to be Worked:			
Are you working at the present time?	<input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, name of employer:		
Requested Effective Date of Retirement: <i>Provided you have met all of the Plan's Rules and Regulations</i>					
Was your employment ever interrupted by disability, military, maternity or paternity leave?	<input type="checkbox"/> Yes <input type="checkbox"/> 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: _____



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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):	
<input type="checkbox"/>	I have never been married. In the event I marry on or before my Benefit Commencement Date, I will notify the Fund Office.
<input type="checkbox"/>	I was <u>previously widowed</u> or I am <u>currently widowed</u> (circle one). In the event I marry on or before my Benefit Commencement Date, I will notify the Fund Office. <i>You must submit a copy of your spouse's death certificate with your completed Application for Retirement Benefits form.</i>
<input type="checkbox"/>	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. <i>You must submit a copy of all Divorce Decrees and Marital Settlement Agreements with your completed Application for Retirement Benefits form.</i>
<input type="checkbox"/>	I am married but unable to locate my legal spouse. <i>Note, the Fund Office will contact you to obtain additional information.</i>
<input type="checkbox"/>	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. <i>You must submit a copy of your marriage certificate with your Application for Retirement Benefits form.</i>
<input type="checkbox"/>	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. <i>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>
<input type="checkbox"/>	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. <i>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>
<input type="checkbox"/>	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. <i>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.</i>

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: _____



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MANDATORY DIRECT DEPOSIT AUTHORIZATION FORM

Name:		Date 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:	<input type="checkbox"/> Savings Account	<input type="checkbox"/> Checking Account
Institution Name:		
Routing Number:		
Account Number:		
Signature:		Date:

ATTACH A BLANK VOIDED CHECK HERE FOR DIRECT CHECKING ACCOUNT DEPOSIT

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For Savings Account Direct Deposit, please have your Financial Institution complete the following:

Institution Name:				
Branch:				
City:		State:		Zip Code:
Routing Number:		Account Number:		