



## Insulators and Allied Workers National Pension Fund

2010 N.W. 150<sup>th</sup> 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](http://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**
- Social Security Administration Disability Award (If you are applying for a Disability retirement)**
- 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 than 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@secure.neba-fl.com](mailto:pension@secure.neba-fl.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. PLAN FOR WHICH YOU ARE APPLYING				
<i>Check All that Apply</i>		<input type="checkbox"/> International Staff Pension Plan		
		<input type="checkbox"/> Local Union Officers and Employees Pension Plan		
II. APPLICANT INFORMATION				
Full Name:		Social Security # (Last 4 Digits):		
Date of Birth:		Sex:		
Type of Retirement You are Applying For: <i>Check one box</i>	<input type="checkbox"/> Normal <input type="checkbox"/> Disability <input type="checkbox"/> Early <input type="checkbox"/> Late/Deferred			
Marital Status:	<input type="checkbox"/> Single <input type="checkbox"/> Married	<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?		

**III. 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:

**IV. BENEFICIARY DESIGNATION**

**INSTRUCTIONS:** Complete the following section if you are not married or if you are naming someone other than your spouse as beneficiary. **If you are married and are naming someone other than your spouse as beneficiary, your spouse must complete the "Spousal Consent" section (Section VII) 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:

**V. SIGNATURE ACKNOWLEDGEMENTS OF SPOUSE OR BENEFICIARY DESIGNATION**

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

Signature of Applicant: \_\_\_\_\_

Date: \_\_\_\_\_

Signature of Witness: \_\_\_\_\_

Date: \_\_\_\_\_

**VI. 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: \_\_\_\_\_

## VII. 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 IV 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 not 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):	
<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> <b>or</b> 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. <b><i>You must submit a copy of your spouse's death certificate with your completed Application for Retirement Benefits form.</i></b>
<input type="checkbox"/>	I am divorced <b>and</b> 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. <b><i>You must submit a copy of all Divorce Decrees and Marital Settlement Agreements with your completed Application for Retirement Benefits form.</i></b>
<input type="checkbox"/>	I am married but unable to locate my legal spouse. <b><i>Note, the Fund Office will contact you to obtain additional information.</i></b>
<input type="checkbox"/>	I have never been divorced <b>and</b> the person listed as my spouse in Section III of my Application for Retirement Benefits is my legal spouse. <b><i>You must submit a copy of your marriage certificate with your Application for Retirement Benefits form.</i></b>
<input type="checkbox"/>	I have never been divorced <b>and</b> 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 <b>not</b> my legal spouse. <b><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></b>
<input type="checkbox"/>	I have previously been divorced <b>and</b> the person listed as my spouse in Section III of my Application for Retirement Benefits is my legal spouse. <b><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></b>
<input type="checkbox"/>	I have previously been divorced <b>and</b> 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 <b>not</b> my legal spouse. <b><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></b>

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

<b>Name:</b>		<b>Date of Birth:</b>	
<b>Social Security # (last 4 digits):</b>		<b>Phone Number:</b>	

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.

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

### ATTACH A BLANK VOIDED CHECK HERE FOR DIRECT CHECKING ACCOUNT DEPOSIT

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

<b>Institution Name:</b>					
<b>Branch:</b>					
<b>City:</b>		<b>State:</b>		<b>Zip Code:</b>	
<b>Routing Number:</b>		<b>Account Number:</b>			