



## Plumbers and Steamfitters Local Union No. 248

### Annuity Fund

333 West Vine Street • Suite 500 • Lexington, Kentucky 40507  
Toll-Free 888-999-7741 • Fax 859-226-1191

#### APPLICATION FOR BENEFITS

Name: \_\_\_\_\_ Soc. Sec. No.: \_\_\_\_\_  
Last First Middle

Address: \_\_\_\_\_  
Street City State Zip

Telephone: ( ) \_\_\_\_\_ Date of Birth (Attach proof): \_\_\_\_\_

Last Day Worked: \_\_\_\_\_

#### MARITAL INFORMATION:

MARITAL STATUS (Check One):  Married  Single  Divorced <sup>(1)</sup>  Legally Separated <sup>(2)</sup>  Widowed <sup>(3)</sup>

- (1) If you were ever divorced or legally separated you must submit a copy of the complete court document that includes reference to this Plan.
- (2) If you were ever divorced or legally separated, you must submit a full copy of the decree and, if applicable, any Order awarding benefits under this Plan to your former spouse.
- (3) If you are widowed please submit a copy of the Death Certificate.

#### I HEREBY APPLY FOR THE FOLLOWING BENEFIT (CHECK ONLY ONE BOX):

- Termination of Employment  
 Disability  
 Early / Normal Retirement

#### I REQUEST MY BENEFITS BE PAID IN THE FOLLOWING FORM (CHECK ONLY ONE BOX):

- Lump Sum (The Plan must withhold 20% federal tax if benefit exceeds \$200.00.)  
 Direct Rollover (You must submit an election form designating the new Plan or IRA.)  
 Annuity Payment

Signature of Participant \_\_\_\_\_

Date \_\_\_\_\_

#### NAME YOUR BENEFICIARY:

I hereby designate the following beneficiary to receive any payments due under the Plan after my death, unless and until a new beneficiary is designated by me in writing to the Administrative Office.

Name: \_\_\_\_\_ Relationship  Spouse  
(Check One)  Other: \_\_\_\_\_  
Relationship

Soc. Sec. No.: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

Telephone: ( ) \_\_\_\_\_

**WAIVER OF JOINT & SURVIVORSHIP OPTION (MUST BE NOTARIZED)**

If you wish to elect the Single Life guarantee benefit, you may do so by signing this "Waiver of Joint and Survivorship Option." Your spouse must consent to this waiver. Both signatures must be notarized. It is important that you understand your rights and obligations regarding this Joint and Survivorship form of payment and the alternative forms of payment. Please contact the Fund Office if you have any questions.

**Participant:** As a participant in the Annuity Fund, I hereby acknowledge that: (1) I have been informed by the Trust Fund of the terms and conditions of the Joint and Survivorship Option; (2) of my right to make and the effect of making an election to waive the Joint and Survivorship form of benefit; (3) the right of my spouse to consent to any such waiver; and (4) of my right to revoke an election to waive the Joint and Survivorship Option before the date that any benefit is first paid to me.

By my signature below, I hereby waive the Joint and Survivorship form of payment and request that my annuity be paid to me in an optional form.

**Participant's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Spouse:** I am the lawfully married spouse of the participant whose signature appears on this form. By my signature below, I hereby consent to the election by my spouse to waive the Joint and Survivorship Option from the Plumbers and Steamfitters Local No. 248 Annuity Fund. I understand: (1) that the effect of my consent will be to forfeit any benefit that I am entitled to receive upon my spouse's death under the Joint and Survivorship Option, were I to survive my spouse; (2) that my spouse's Waiver of the Joint and Survivorship Option is not valid unless I consent to it; (3) that my consent is irrevocable; and (4) as a result of this waiver, my spouse may designate that his annuity benefit be paid to him in an optional form.

By my signature below, I hereby waive my right to the Joint and Survivorship form of payment.

**Spouse's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

\* \* \* \* \*

State of \_\_\_\_\_

State at Large \_\_\_\_\_

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_. Witness my hand and official seal:

Notary Public: \_\_\_\_\_

(Seal)

My Commission Expires: \_\_\_\_\_

Notary ID: \_\_\_\_\_

**TO BE COMPLETED BY ADMINISTRATOR**

Date Processed: \_\_\_\_\_ Account Balance: \$ \_\_\_\_\_

Participant Eligible for Benefit: \_\_\_\_\_ Benefit Denied: \_\_\_\_\_

Processed By: \_\_\_\_\_ Checked By: \_\_\_\_\_

**APPROVAL BY TRUSTEES**

THIS BENEFIT WAS:

APPROVED

\_\_\_\_\_  
Signature Date

DENIED

\_\_\_\_\_  
Signature Date