



## The IATSE NATIONAL PENSION FUND

417 Fifth Avenue, Third Floor  
New York, New York 10016  
(212) 580-9092 in NY or (800) 456-FUND (3863)  
www.iatsenbf.org

# Application for Retirement Benefits

1. Please read each question carefully and answer to the best of your ability
2. Please print or type all information except where signatures are required
3. Attach additional sheets if you need more space to answer any questions
4. You must sign and date this application and obtain notarized signatures where required
5. You must attach all required proof(s) of birth, marriage, death of spouse, etc. as required in the instructions of this application
6. You must mail the completed application along with supporting documentation to the Fund Office at 417 Fifth Avenue, Third Floor, NY, NY 10016 and the completed application must be received by the Fund Office.
7. If you need assistance completing this application, have questions regarding any of the requirements contained herein, or wish to receive an estimate of your potential benefit before applying for retirement benefits please contact our participant service center at 1-800-456-FUND(3863) or by email at [psc@iatsenbf.org](mailto:psc@iatsenbf.org).

### **About You**

Your Social Security Number: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Your date of Birth: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
(Proof required)

Name of Applicant: \_\_\_\_\_  
Last First Middle

Home Address: \_\_\_\_\_  
Number & Street

\_\_\_\_\_  
City State Zip Code

Contact information: \_\_\_\_\_  
Home phone Alternate Phone

\_\_\_\_\_  
E-mail address

**Marital Status:**

- Single, never married (notarized statement required)
- Married (proof required), including Common Law Spouse
- Divorced (divorce decree or QDRO required)
- Widow/Widower (spouse's death certificate required)

**If you are married:**

Name of Spouse: \_\_\_\_\_  
Last First Middle

Spouse Social Security Number: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Spouse date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**Birth Certificate Required**

Date of Marriage \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**Marriage Certificate required**

**Date you intend to retire:**

\_\_\_\_\_

IATSE Home Local(s): \_\_\_\_\_

Date(s) you first became a member of this Local(s): \_\_\_\_\_

Date you last worked in covered employment, or date you intend to stop working: \_\_\_\_\_

Are you due any vacation or severance pay after you stop working: Yes  No

If yes, what type of pay are you owed and for what period of time: \_\_\_\_\_

\_\_\_\_\_

**Your Employment History**

Please list below, to the best of your recollection, the names and addresses of all **employers in the entertainment industry** for whom you worked over your career. Only include work which was covered, or subsequently became covered by a Collective Bargaining Agreement (“CBA”) of the IATSE or an IATSE affiliated Local Union, or work for an employer that was not covered by an IATSE CBA but was immediately before or after other work for that same employer that was covered by an IATSE CBA. If you cannot remember all of your employers, please be as complete as possible. We will check your information against the Funds records and, if necessary, we will request your Social Security earnings record so that we can insure you are credited with all the employment you should be. *Please attach a separate sheet if you need additional space.*

	Employer	City, State	Job Classification	Local Union or IATSE	From Mo/Year	To Mo/Year
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						

If you were out of the entertainment industry for one complete calendar year, please list the dates and reasons below:

Date From	Date To	Reason (Military Service, Disability, Pregnancy or Involuntary Unemployment)

If you served in the Armed Forces, please attach a photocopy of evidence of separation from such service (i.e. separation papers, discharge papers or similar documents).

## Financial Effect of Deferring Commencement of Benefits

If you are applying for an Early Retirement Pension, your benefit amount will be reduced from the amount it would have been had you waited to collect your pension until Normal Retirement Age, generally age 65. The amount of the reduction is ½% (.005) for each month by which you are younger than age 65 on the effective date of your pension.

If you delay receiving a pension until after you have reached Normal Retirement Age, age 65, you will have a choice of receiving your pension in the form of:

1. Monthly payments in the amount you would have received at Normal Retirement Age, plus one retroactive payment consisting of the total of all missed payments (including any retiree increases) retroactive to your start date, plus interest. If you are married and elect a retroactive payment, your spouse must consent in writing before a notary to your election.

### OR

2. Monthly payments in the amount you would have received at Normal Retirement that are actuarially increased for each month between Normal Retirement Age, generally age 65, and your pension effective date for which benefits were not suspended. The amount of the actuarial increase is 1% per month for the first 60 months after age 65 and 1.5% per month for each month thereafter. An actuarial increase in your benefit does not include any retiree increases or bonus checks enacted by the Board of Trustees prior to the start date of your pension benefit.

See the section entitled “Retroactive Annuity Starting Date” on page 6 for more information on making this choice if you retire after Normal Retirement Age.

In any event, you must begin receiving your pension by April 1<sup>st</sup> of the ***later*** of the following:

- The calendar year in which you attain age 70 ½ ,

### OR

- The calendar year in which you retire.

## Type of Pension Requested:

Please refer to the IATSE National Pension Fund's Summary Plan Description Booklets for Plan B or Plan C for a complete description of each type of pension.

### If eligible, I want to retire with a (check one type of pension below):

#### Normal Pension

##### Plan B Pension

For participants who reach Normal Retirement Age (age 65 or your age at your fifth anniversary of participation, whichever is later) with at least 15 years of pension credit, including two or more years of future service credit (FSC) **OR** at least 10 years of FSC, of which at least ½ credit is earned after January 1, 1983

##### Plan C Pension

For participants who reach Normal Retirement Age (age 65 or your age at your fifth anniversary of participation, whichever is later) with at least 10 years of pension credit

#### Early Retirement Pension- For participants who wish to retire before age 65

##### Plan B Pension

For participants at least age 55, with at least 15 years of pension credit including two or more years of future service credit (FSC) **OR** 10 years of FSC of which at least ½ credit is earned after January 1, 1983

##### Plan C Pension

For participants age 55 with at least 10 years of pension credit

#### Vested Pension – for participants who do not qualify for a Normal Pension

##### Plan B Pension

For participants at or after age 65 who are not entitled to a Normal Pension **and** either have reached Normal Retirement Age while a participant in the Plan **OR** have at least 5 years of vesting credit **or** 5 years of future service credit (FSC) including at least one year of FSC after 1987.

##### Plan C Pension

For participants at or after age 65 who are not entitled to a Normal Pension **and** either have reached Normal Retirement Age while a participant in the Plan **OR** have 5 years of vesting credit **OR** 5 years of pension credit

#### Disability Pension – for participants who became totally and permanently disabled before age 65 AND who worked in covered employment at least 75 days in the 24 month period preceding the date the disability began AND who have been awarded Social Security Disability benefits

##### Plan B Pension

For participants who have earned at least 15 years of pension credit including at least two years of future service credit ("FSC") **OR** 10 years of FSC with at least ½ credit earned after January 1, 1983. The disability pension criteria above must also be satisfied.

##### Plan C Pension

For participants who have at least 10 years of pension credit **AND** meet the disability pension criteria above

Your benefit will not begin before seven months after the date the Social Security Administration determines you are totally and permanently disabled. Once the Fund receives proof of your disability date, your benefit payments may begin the 1<sup>st</sup> of the month following receipt of those documents and completed application. No benefits will be paid for any months prior to the Fund's receipt of the application and all necessary documents.

a) Date you first became disabled: \_\_\_\_\_

b) Nature of your disability: \_\_\_\_\_  
\_\_\_\_\_

c) Have you applied for a Social Security Disability benefit?  Yes  No

If Yes,  
Did you receive a decision on your application yet?  Yes  No

If Yes,  
Was your application  approved or  rejected

**If approved, you must submit a copy of the Social Security Administration Award letter you received indicating the initial date of your disability together with this application.**

## **RETROACTIVE ANNUITY STARTING DATE**

If your pension payments will begin AFTER you reach Normal Retirement Age (age 65 or your age at the fifth anniversary of participation in the Plan, whichever is later) because you have delayed application for your pension, and do not continue to work in covered employment, you are entitled to an adjustment of your pension to account for payments you missed after reaching Normal Retirement Age.

### **You must elect whether to receive:**

**(1)** A retroactive lump sum make-up payment for the monthly payments you missed, including any retiree increases (with interest)

**OR (2)** an actuarial adjustment increasing your future monthly benefits, taking the months of the benefits you missed into account.

Depending upon the number of payments you missed and whether there were any retiree increases, the options may affect your benefit differently. If you wish, you can ask the Fund to calculate the specific monthly amount and lump sum you would receive under option (1) and the specific monthly amount you would receive under option (2). You must request such calculation in writing addressed to the Retirement Services Department of the I.A.T.S.E. National Pension Fund, 417 Fifth Avenue, third floor, New York, NY 10016

If you are married and wish to elect the lump sum make-up payment, you need your spouse's permission. If you are entitled to this adjustment, please check one of the following two options:

I elect to receive a lump sum make-up payment, including interest, covering the months in which I did not receive a monthly benefit payment. – Spousal approval required, if married.

I elect to have my monthly benefit actuarially increased to reflect the monthly payments I did not receive.

## **BENEFIT PAYMENT OPTIONS RELATIVE VALUE**

Internal Revenue Service (“IRS”) regulations require plans to give retiring participants a comparison of the relative values of the benefit payment options generally available to them. The goal is to help individuals make informed choices about the form in which they receive their retirement benefits.

### **What is Relative Value?**

Relative value means the actuarial present value of each optional form of payment compared to the actuarial present value of the normal form of payment under a plan. Actuarial values of benefits are determined using:

- Mortality assumptions, which are based on standardized tables, developed by actuarial organizations and life insurance companies. Information is analyzed about large groups of people to project the rates at which groups of individuals at different ages are expected to die. These statistical mortality projections are used to develop “average life expectancies”.
- Interest assumptions, which estimate the likely investment earnings, over time, of the money put aside to pay benefits. This is important in the determination of actuarial value because investment earnings provide some of the money used to pay benefits.

### **What are the Relative Values under our Plan?**

Under Plans B and C, the normal forms of payment are the:

- 50% Joint & Survivor pension for married participants; and
- Single Life Annuity with 5 years guaranteed for single participants (or Single Life Annuity for the pre-merger accrual for former Local 545 and Local 182 Pension Plan participants).

For former Local 545 and Local 182 pension participants, the normal forms of payment for the pre-merger accrual are the:

- 50% Joint & Survivor pension for married participants; and
- Single Life Annuity for single participants.

Under the Plan, the optional forms of payment for married participants are:

- 75% Joint-and-Survivor pension
- Single Life Annuity with 5 years guaranteed, or Single Life Annuity for the pre-merger accrual for former Local 545 and Local 182 Pension Plan participants.

In general, optional forms of payment available under the Plan have approximately the same actuarial present value as the normal form. This is true for participants retiring between ages 55 and 65 with a spouse of the same age.

## **BENEFIT PAYMENT OPTIONS RELATIVE VALUE (continued)**

### **How Was this Determined?**

The valuation and reporting methodologies used were based on IRS regulations, which can be found in Treasury Regulations Section 1.417(a)(3)-1. These methodologies are fairly technical and can be difficult to understand. However, IRS regulations require that we provide this information to you.

### **What does this mean to me?**

As stated above, this means that the optional forms of payment provided by the Plan have relatively the same value as the normal form of payment under the Plan. However, it is important that you realize that this is not a guarantee or even a prediction of what you will actually be eligible to receive when you retire. The actual value of the different forms of payment will vary depending on how long you and your spouse or beneficiary in fact live and on your ages when payments start.

Upon your written request, you will be provided with the relative values, based on your own age and estimated benefits, between your normal form of payment and on any other forms of payment that you are eligible for. We will also provide you with the details of the actuarial assumptions used to make the comparison. You may want to consult a financial advisor when you are nearing retirement to determine what is right for you.

**To obtain an individual relative values estimate, please send a written request to :**

IATSE National Pension Fund  
417 Fifth Avenue  
Third Floor  
New York, NY 10016  
Attn: Retirement Services Division



## **JOINT & SURVIVOR PENSION**

**Note: The Fund recognizes same-sex spouses as “spouses” under the Plan. A Joint & Survivor pension will apply to a same-sex spouse, subject to the rules applicable to all spouses.**

It is important that you understand that the following conditions apply when making the choice regarding the Joint & Survivor pension.

- If you elect the Joint & Survivor pension, then the 60 month guarantee provisions of the Plan described in Plan Section 4.03 do not apply.
- You and your spouse must be married to each other when your pension payments begin and, for pensions commencing before January 1, 2015, must be married at least one year at the time of your death, for the surviving spouse’s Joint & Survivor pension to be effective.
- If your spouse dies or you are divorced before your pension benefits begin, the election is cancelled and your benefit will be paid as a 60 month Certain & Life.
- If your spouse dies after your pension becomes payable, your monthly pension will be increased to the original amount before reduction for the Joint & Survivor pension option the month following your spouse’s date of death. You are required to promptly notify the Fund Office of such events.
- If you are divorced after your pension becomes payable, the election remains in effect and your former spouse will (should he or she survive you) receive the benefit under the Joint & Survivor pension arrangement for his or her lifetime unless a qualified domestic relations order states otherwise.

### **How to Calculate a Joint & Survivor Pension**

The amount of a Joint & Survivor pension (except disability pensions) is calculated as follows:

#### **For the 50% Joint & Survivor Option**

Multiply the full amount otherwise payable by 90% plus .4% for each “full year” that the spouse’s age is greater than the applicant’s age; or minus .4%, for each “full year” that the spouse’s age is less than the applicant’s age, with a maximum factor of 99%.

#### **For the 75% Joint & Survivor Option**

Multiply the full amount otherwise payable by 85% plus .6% for each “full year” that the spouse’s age is greater than the applicant’s age; or minus .6%, for each “full year” that the spouse’s age is less than the applicant’s age, with a maximum factor of 99%.

#### **Example:**

The applicant attained age 65 and his spouse attained age 60 on the effective date of pension. The reduction for the Joint & Survivor pension is derived by multiplying .4% by 5 (5 years age difference), which equals 2%. Then take that 2% and subtract it from the original 90% to (because the spouse is younger than the applicant). In this case, if the applicant chose the 50% Joint & Survivor pension option, he or she would receive 88% of the full amount otherwise payable (90% minus 2% = 88%). At death, your spouse would be entitled to 50% of that reduced amount, for life.

On the other hand, if the spouse attained age 70 and the applicant attained age 65 on the effective date of pension, the Joint & Survivor pension would be 92% of the full amount otherwise payable. (5 years age difference – but in this case, adding this 2% to the 90% since the spouse is older than the applicant).

If you have any questions concerning the completion of the election on the following page, please contact the Fund Office.

**IATSE National Pension Fund**  
**JOINT & SURVIVOR PENSION – ELECTION Form**

**NOTE:**

*If you elect to receive your pension benefits in the form of a Joint & Survivor Pension, you will **NOT** be covered by the 60 month guarantee.*

**Please check the appropriate box below:**

If you **are not married**, the Joint & Survivor pension is not available and you **must check box B**.

If you **are married**, you **must check either Box A or B**.

**BOX - A**



I do want to receive my pension benefits in the form of a Joint & Survivor pension.

\_\_\_ I elect the 50% Joint & Survivor option

\_\_\_ I elect the 75% Joint & Survivor option

My spouse's Date of Birth is: \_\_\_\_\_

MY spouse's Social Security number is: \_\_\_\_\_

**\*\*\* You must enclose proof of your spouse's age and proof of marriage \*\*\***

**BOX - B**



I do **NOT** want to receive my pension benefits in the form of a Joint & Survivor Pension.

*I understand I will be covered by the 60 month guarantee. You may designate a Beneficiary to receive such payments. Such Beneficiary may be your spouse, or anyone else that you select. Your spouse's consent to your designation is required. If you do not select a Beneficiary, or your designated Beneficiary does not survive you, or does not survive to receive all of the payments under the 60 month guarantee, the payments or the remaining payments will be paid to your surviving spouse, children or parent(s), in that order, until a total of 60 payments, including those paid to the pensioner, have been made.*

**If you want to reject the Joint & Survivor pension, you and your spouse must sign the Joint & Survivor rejection forms on pages 14 and 15 before a Notary Public. If you designate someone other than your Spouse as beneficiary, you must also complete the Spousal Consent form on page 13, below. If you are not married this form must be signed and notarized and you must check Box B above. If you cannot locate your spouse, please check Box B above, and complete the affidavit verifying that your spouse cannot be located, available on request from the Fund Office.**

# IATSE National Pension Fund Beneficiary Designation Form

**IMPORTANT:** If no valid beneficiary designation is on file or if your designation cannot otherwise be determined, the beneficiary(s) will be determined by the Plan fiduciary according to Plan documents and applicable Law. If one or more of the beneficiaries predecease the applicant, then any payment on account of the applicant's death will be distributed equally among the surviving designated beneficiaries.

**This designation, upon receipt, supersedes any prior designation.**

**Marital Status**



Single



Married



Divorced



Widow/Widower

**Primary Beneficiary: COMPLETE THIS SECTION IF THE ONLY BENEFICIARY IS YOUR SPOUSE. To have your spouse listed along with other beneficiaries, or for beneficiaries other than your spouse, SKIP this box and complete #2 below.**

1.  **Spouse/Primary Beneficiary:**

Spouse's name: _____			
First	M.I.	Last	
Spouse's Social Security #: _____ / _____ / _____		Date of Birth: _____ / _____ / _____	
Spouse's Address: _____			
Number and Street			
_____		_____	_____
City	State	Zip code	
Telephone # _____	Cell Phone# _____	E-mail address: _____	

2.  **Non-Spouse or Multiple Primary Beneficiaries:** In lieu of the election made above, designate the following person(s) to receive my Pension account balance upon my death:\*

Name: _____			
First	M.I.	Last	
Social Security #: _____ / _____ / _____		Date of Birth: _____ / _____ / _____	
Address: _____			
Number and Street			
_____		_____	_____
City	State	Zip code	
<i>Relationship to applicant:</i> _____			
Telephone # _____	Cell Phone# _____	E-mail address: _____	

Name: \_\_\_\_\_  
First M.I. Last

Social Security #: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Address: \_\_\_\_\_  
Number and Street  
\_\_\_\_\_  
City State Zip code

*Relationship to applicant:* \_\_\_\_\_

Telephone # \_\_\_\_\_ Cell Phone# \_\_\_\_\_ E-mail address: \_\_\_\_\_

Name: \_\_\_\_\_  
First M.I. Last

Social Security #: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Address: \_\_\_\_\_  
Number and Street  
\_\_\_\_\_  
City State Zip code

*Relationship to applicant:* \_\_\_\_\_

Telephone # \_\_\_\_\_ Cell Phone# \_\_\_\_\_ E-mail address: \_\_\_\_\_

Name: \_\_\_\_\_  
First M.I. Last

Social Security #: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Address: \_\_\_\_\_  
Number and Street  
\_\_\_\_\_  
City State Zip code

*Relationship to applicant:* \_\_\_\_\_

Telephone # \_\_\_\_\_ Cell Phone# \_\_\_\_\_ E-mail address: \_\_\_\_\_

**\*If you name multiple primary beneficiaries, any death benefit will be divided equally among the surviving named beneficiaries, unless you clearly indicate otherwise.**

**\*\*If you are married and have designated someone other than your spouse as your primary beneficiary, please have your spouse complete the consent form which follows.**

**SPOUSAL CONSENT:**

I understand I have a legal right to a Joint & Survivor benefit of the applicant's account. I consent to waive that legal right in accordance with the beneficiary designation(s) set forth. I acknowledge that I have a right to limit my consent only to a specific beneficiary and that I voluntarily elect to relinquish such right. I further understand and acknowledge that if I sign this form, no survivor benefits will be payable to me upon the applicant's death.

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

<p>Witnessed: State: _____ County: _____</p> <p>Before me, I undersigned, a Notary Public, _____ personally appeared and proved to me through satisfactory evidence of identification which was/were _____, to be the person whose name is signed on the preceding document in my presence and who affirmed to me that they executed the above Spousal Consent as a free and voluntary act.</p> <p>IN WITNESS WHEREOF, I have signed my name and affixed my official notarial seal this _____ day of _____, _____.</p> <p>_____ Notary Public Signature <span style="margin-left: 150px;">_____ Date</span> <span style="margin-left: 150px;">_____ Date commission expires</span></p>
--

**APPLICANT SIGNATURE**

I understand that this beneficiary designation supersedes any previous designation.

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

**FUND OFFICE AUTHORIZATION**

I, the Plan administrator, certify, to the best of my knowledge, the above information is correct. If a married applicant designated a non-spouse primary beneficiary, and the spouse's signature was not witnessed by a Notary Public, I certify I witnessed the spouse's signature agreeing to the designation.

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

**IATSE National Pension Fund**  
**JOINT & SURVIVOR PENSION**  
**REJECTION FORM**

**APPLICANT'S STATEMENT**

I, \_\_\_\_\_, do not wish to receive my pension benefits in the form  
Print your name  
of a Joint & Survivor pension. I understand that rejecting this form of pension means that lifetime benefits will not be paid to my spouse by the Pension Fund after my death but that the 60 payment guarantee, under Plan Section 4.03, will apply, and I will receive a higher benefit than I would have received had I elected the Joint & Survivor pension option.

**Check one:**



I hereby swear that I am not married

If you were married and your spouse is deceased, submit a copy of the death certificate; if you were divorced, submit a full copy of the divorce papers.



I hereby swear that I am unable to locate my spouse

Additional proof will be needed if you check this box.



I hereby swear that the person signing the accompanying Spouse's Statement is my spouse.

\_\_\_\_\_  
Applicants Signature

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Date

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

On the \_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_ before me came \_\_\_\_\_ to me known and known to me to be the person described in and who executed the foregoing statement and (s)he duly acknowledged to me that (s)he executed the same.

\_\_\_\_\_  
(Notary Public)  
(SEAL)



**IATSE National Pension Fund**

**SPOUSAL CONSENT FOR LUMP SUM MAKE-UP PAYMENT**  
**FOR RETROACTIVE ANNUITY STARTING DATE**

I, \_\_\_\_\_ swear that I am the spouse of the Applicant who  
Print name

signed the Applicant's Statement on page 17 of this application. I hereby consent to my spouse's election of a lump sum make-up payment due to the delayed pension starting date. I understand that if my spouse rejected the lump sum make-up payment and instead elected an actuarial increase to the monthly payment that my spouse's monthly payment and my 50% share, in case of his/her death, would both generally be higher.

\_\_\_\_\_  
Spouse Signature

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Date

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

On the \_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_ before me came \_\_\_\_\_ to me known and known to me to be the person described in and who executed the foregoing statement and (s)he duly acknowledged to me that (s)he executed the same.

\_\_\_\_\_  
(Notary Public)

(SEAL)



**IATSE National Pension Fund**

**APPLICATION SIGNATURE PAGE**

I, hereby apply for a Pension from the IATSE National Pension Fund Plan \_\_\_\_\_.  
(choose Plan B, Plan C, or Combined Plan B/Plan C)

The above statements are true to the best of my knowledge and belief. I understand that a false statement may disqualify me for pension benefits and that the Trustees shall have the right to recover any payments made to me because of a false statement.

I understand that if I engage in “Disqualifying Employment”, (as defined in Section 2.06 of the Plan and pages 26 and 28 of the Plan C and Plan B Summary Plan Descriptions, respectively), I will be subject to the Suspension of Benefits rules set forth in Plan Section 2.06.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

-----  
**(for internal use only)**

Date application received: \_\_\_\_\_

Date application reviewed: \_\_\_\_\_

Received by: \_\_\_\_\_

Reviewed by: \_\_\_\_\_

**PROOF OF BIRTH**  
**INSTRUCTIONS FOR APPLICANT**

In order to be eligible for IATSE National Pension Fund benefits, you are required to provide proof of birth. The following is a list of documents which are acceptable as proof of birth. Some of these documents are better proof than others. **This list is arranged starting with the best type of proof.** You are required to furnish the best type of proof when it is available and is legible. Additional proof of your birth may be required if the document which you submit is not sufficient, or is not legible. **Photocopies of your proof are acceptable, but they must be certified. Any form of proof you may have which is not listed below will not be accepted and will delay the processing of your application.**

**ACCEPTABLE FORMS OF PROOF OF BIRTH**

- 1 Birth Certificate
- 2 A Baptismal certificate or statement as to the date of birth shown by a church record or certified by the custodian of such record.
- 3 Hospital Birth Record
- 4 Naturalization Papers
- 5 Military Record
- 6 Passport
- 7 Marriage records showing date of birth

**NOT ACCEPTABLE AS FORMS OF PROOF OF BIRTH**

- X Drivers License
- X Social Security Card

**IF YOU ARE MARRIED, YOU MUST SEND A COPY OF YOUR MARRIAGE CERTIFICATE**

**IF YOUR "PRESENT" NAME IS NOT THE SAME AS YOUR BIRTH NAME, SUBMIT ANY AND ALL AUTHENTICATED DOCUMENTS REGARDING YOUR NAME CHANGE(S).**

Documents accepted as proof of name change: Marriage Certificate, Divorce documents, Legal Name Change documents.

**Example:** You were born with the last name of Jones (birth record) but your last name is now Smith by marriage. Submit your marriage certificate as proof of the name change.

**Failure to submit a fully completed application, all forms of required documentation, and/or applicable notarizations, as required throughout this application will result in a delay in processing your application.**

## RETIREMENT DECLARATION

Name: \_\_\_\_\_ SS # \_\_\_\_\_  
Print

I declare that I have retired (or am about to retire) and in consideration of receipt of a pension from the IATSE National Pension Fund, I agree and declare as follows:

1. That I will be bound by the Rules and Regulations of the Pension Plan;
2. That I will personally endorse each pension check or have it electronically deposited to an account designated by me; and
3. That I am specifically aware of and will comply with the Suspension of Benefits guidelines that, provide the following: If I return to covered employment (under Plan B or Plan C) after I retire, but before age 70 ½, my monthly pension payments may be suspended if I work eight (8) or more days in “disqualifying employment” in any given month. Disqualifying employment is generally any self-employment or employment with a contributing employer to the Pension Fund in covered employment), in the theatrical, motion picture or television industry and within the geographic area covered under the Plan. The Suspension of Benefit guidelines also provide that my pension will not be suspended after I reach 70 ½, regardless of the number of hours I may work in disqualifying employment. Additionally, the Suspension of Benefits guidelines provide that if I retire before Normal Retirement Age (age 65 or my age at the fifth anniversary of Plan participation, whichever is later), my pension will be suspended for any month in which I work a day of service in disqualifying employment and for six consecutive months after any period in which I engage in disqualifying employment.

I further understand and agree that if I work in violation of these Rules and Regulations, I shall be subject to such penalty as the Trustees, in their sole discretion, may determine and as may be legally permissible under the statutes and regulations in force at that time.

Finally, I understand that these Suspension of Benefit Rules & Regulations cease to be effective as of the month following the month in which I reach age 70 ½.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## **SIGNATURE FORM**

### **TO THE TRUSTEES OF THE IATSE NATIONAL PENSION FUND:**

Below is the signature which will be used by me, at all times, in endorsing pension checks which you will send me, or may be deposited electronically each month to a bank of my choosing. In addition, the IATSE National Pension Fund will send me an annual verification of my signature form. The signature below will be used for that form each year and if I fail to complete it, or if my signature does not match, my benefits will be held by the Fund for further investigation.

**NOTE: YOUR SIGNATURE MUST BE IN INK**

\_\_\_\_\_  
**Signature of recipient**

\_\_\_\_\_  
**Social Security number**

\_\_\_\_\_  
**Signature of Witness**

\_\_\_\_\_  
**Date signed**

# IATSE NATIONAL PENSION FUND

417 Fifth Avenue  
New York, NY 10016  
Tel#(212)580-9092  
FAX#(212)787-3607

## AUTHORIZATION AGREEMENT FOR ELECTRONIC TRANSFER

(please print)

Name \_\_\_\_\_ Soc Sec # \_\_\_\_\_ - \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone # ( ) - \_\_\_\_\_

I hereby authorize the IATSE National Pension Fund, hereinafter called FUND, to initiate credit and debit entries to my account as designated below at the financial institution named below, hereinafter called DEPOSITORY, and to credit or debit the same to such account. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of US law.

**I understand that there will be a pre-note testing done for the first month of payment and that I will not receive an electronic transfer until the month following such test. My first payment will be sent to me via US mail.**

Bank Name \_\_\_\_\_  
(Name of Bank or Savings & Loan)

Phone # ( ) - \_\_\_\_\_

Account Type (Check one)

Checking  Savings

9 Digit ACH Routing Number

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Account Number

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

(ask your bank to furnish the routing # or send us a **VOIDED** check for your account)

This authorization is to remain in full force and effect until the FUND has received written notification from me of its termination in such time and in such manner as to afford the FUND and the DEPOSITORY a reasonable opportunity to act on it.

Signature of Pensioner or Beneficiary

Date

*Please Note:* If you already have electronic deposit and you are **changing banks**, it is recommended that you keep your previous bank account open until we have received a successful pre-notification (acceptance by the banking system of your new account), otherwise your next monthly benefit payment may be sent to your home address.

# PENSION BENEFIT TAX WITHHOLDING ELECTION FORM

TO THE TRUSTEES OF THE IATSE NATIONAL PENSION FUND:



Please **do not** withhold Federal income tax from my pension.



As an alternative to the W-4P worksheets, based on my individual estimated tax obligations, please withhold Federal income taxes from my monthly pension in the amount of \$ \_\_\_\_\_.



I have completed the attached IRS Withholding Certificate – W-4P indicating my withholding preference.

## NOTE:

If we do not receive an IRS withholding certificate, we are required to withhold on periodic payments as if you are married claiming three withholding allowances. This means that no taxes will be withheld if your benefit is less than such allowances.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print your name

\_\_\_\_\_  
Social Security number

\_\_\_\_\_  
Number and Street

\_\_\_\_\_  
Apt #

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

**Please note:** If you are a resident of Puerto Rico you may be subject to additional taxation and withholding requirements. Please see the Summary of Material Modifications to the Summary Plan Description of the I.A.T.S.E. National Pension Fund, Plans B & C, dated October 2013, available on request from the Fund office.