

Application Information Sheet

If you are only interested in obtaining a determination of your eligibility status under this Plan or an estimate of possible future benefits to which you may be eligible, you should not submit an application. Please send a letter or e-mail your request with an explanation of the information you are seeking. This request will be processed as an inquiry and you will receive a response in writing.

If you print the Application for Benefits form and decide you are not going to submit it at this time, you should discard it. You should print a new form when you are ready to complete it, to ensure you are using the current form that is being accepted by the Fund Office.

Prior to completing the Application for Benefits form, we suggest that you review the Summary plan Description (SPD) to help you determine which type of benefit you wish to apply for. You should also read the Application Booklet for details on how to complete the Application for Benefits form. If you are applying for a Disability Pension, please pay special attention to the highlighted areas of the Application for Benefits form and the Application Booklet for additional details relative to the Disability Pension.

Applying for your pension is a two-step process. First, you must complete and submit an Application for Benefits form to the Fund Office. Second, following a determination of your eligibility for benefits, you will be sent forms for the Election of Benefits and your Consent to Receive Benefits, which must be completed and returned to the Fund Office.

Your Effective Date of Benefits is established as the later of:

- The first of the month following the date the Fund Office receives your completed application
- The first of the month following the month in which you cease working
- The date you request as an Effective Date of Benefits on your application

You should complete and mail your Application for Benefits form to the Fund Office 4 months prior to your retirement so as not to delay the payment of benefits once you retire.

When mailing your application enclose as many of the requested documents as possible. If you do not have all of the documentation available when completing your application, send whatever documents you have with it. You should send the remainder when they are available. Benefit payments will begin after the processing of your application is completed and all documentation has been received.

After the Fund Office receives your application, you will be sent an acknowledgment that we have received it within a few days. Should we require any further information after we receive your application, we will write to you.

If you have any questions regarding the Application for Benefits form, please contact us.

**PLUMBERS AND PIPEFITTERS NATIONAL PENSION FUND
DEFINITIONS OF RETIRED AND OF DISQUALIFYING EMPLOYMENT**

What does it mean to retire?

In order to begin receiving a pension from the Plumbers and Pipefitters National Pension Fund, you must first terminate your employment. Benefits cannot start for anyone who does not have the present intent to retire, which requires a severance from employment.

In order to retire, you ***cannot be employed by a Contributing Employer*** in any capacity. Any work for a Contributing Employer (even work that is not with the tools and would not be covered by a CBA) has to be terminated if you want to retire.

You also ***cannot be working in Disqualifying Employment***. The rules for Disqualifying Employment are different depending on whether you have reached age 65.

Disqualifying Employment before age 65 means work that is ANY of the following:

- for any Contributing Employer or any employer in the same or related business as a Contributing Employer,
- self-employment in the same or related business as any Contributing Employer,
- employment or self-employment in any business which is under the jurisdiction of the Union, OR
- employment with the Union or any Fund or program to which the Union is a party.

Disqualifying Employment after you reach age 65 means employment or self employment that is ALL of the following:

- in the plumbing and pipefitting industry,
- in any occupation covered by the Plan, AND
- in any area of the United States in which contributions are required to be made by or on behalf of any employer, which includes almost the entire country.

You cannot be working for a Contributing Employer or in other Disqualifying Employment on the date you want your payments to begin. You also must remain ***separated for at least six months*** from the date your pension begins. If you return to work after your payments begin and you did not remain separated for six months, you will not be considered to have retired. That means you were not entitled to any benefits you received, and you will have to return those benefits to the Fund. You will have to re-apply for a benefit when you decide to retire.

When you reach your “Required Beginning Date,” however, federal regulations require that your benefit be paid regardless of whether you work in Disqualifying Employment. Your Required Beginning Date is April 1 of the calendar year following the year you reach age 70½. For example, if you were born August 2, 1938, you are 70½ on February 2, 2009. Your Required Beginning Date is April 1, 2010, which is the calendar year following the year you attained age 70½.

Can I work after retirement?

You can return to work after you have retired, but it is important to understand the adverse effect this may have on your benefit. First, you cannot work for at least 6 months after your payments begin or you will not be considered to have retired.

Second, if you are under age 65 and return to work for a Contributing Employer in any capacity or in other Disqualifying Employment as detailed above, your pension will be suspended. When you want to re-retire, your pension payment will not be paid for 6 months after you stop working. If you did not notify the Fund Office within 30 days of your return to work, your pension will not be paid for an additional 6 months.

If you are 65 or over and work less than 40 hours per month, your pension will not be suspended. If you work in Disqualifying Employment as described above for 40 or more hours per month, your pension will be suspended for all months you work (unless you have reached your Required Beginning Date as detailed above). Your pension will resume the month following your last day of work.

Either way, you should notify the Fund Office of your return to work so that we are aware of the hours you will be working. Otherwise, if you have not notified us and we become aware that you are working, we will presume you are working 40 or more hours per month and your pension will be suspended. You may overcome this presumption by showing that you did not work 40 or more hours.

In certain limited cases, such as if there is a manpower shortage such that jobs cannot be filled with non-retired members or travelers, your Business Manager and International Representative may request a waiver of the suspension of benefits while you work. You still have to meet the definition of retired, ***including being separated from service for 6 months from the date your pension begins***, before you can qualify for a waiver. If granted, the waiver will be for a specific job and for a specific time. In the case of a waiver, you will continue to receive your pension while you work. You can earn additional pension credit, and your benefit will be recalculated when you stop working.

For more details on suspension of benefits, please see the Summary Plan Description (SPD) or the Summary on Suspension of Benefits, both of which are available on the Fund's website at www.ppnpf.org/planFeatures.cfm.

PLUMBERS AND PIPEFITTERS NATIONAL PENSION FUND

APPLICATION BOOKLET

DO NOT USE THIS APPLICATION IF YOU ONLY WANT A BENEFIT ESTIMATE.
To request a benefit estimate, write or call the Fund Office or submit a request via
email at www.ppnpf.org/contact.cfm

TABLE OF CONTENTS

	<u>Page</u>
Instructions for Completing Your Application.....	1
Instructions for Mailing Your Application	4
Information on Application Processing Procedures.....	4
Final Documentation for Payment of Benefits	5
Explanation of Benefits.....	6
Application for Benefits Form.....	Center
Employment History Form	Center

DISABILITY PENSION APPLICANTS

If you are applying for a Disability Pension, you should follow the instructions provided in this booklet, paying special attention to those highlighted in the shaded blocks for additional details relative to the Disability Pension. Complete the appropriate disability related item on the application form, also highlighted in the shaded block.

INSTRUCTIONS FOR COMPLETING YOUR APPLICATION

To apply for your benefit, you must completely fill out the Application for Benefits form provided in the center of this booklet. The Fund Office will only accept the official application form in effect just prior to your retirement. Read the instructions carefully before completing your application.

1. **Name:** Provide your full name including middle initial and suffix (Sr., Jr., etc.) if applicable. If applicable, indicate your maiden name.
2. **Social Security Number:** You must provide your Social Security Number for tax reporting purposes.
3. **Telephone Number:** Provide a daytime telephone number where we can reach you.
4. **Address:** Provide the address for the Fund Office to send written correspondence to you.
5. **Date of Birth:** Provide your birth date (month, day, year). You are also required to provide proof of age. **You may submit a copy of your proof of age; however, if the copy is unclear or incomplete, we will ask you to submit an original or official certified copy of one of the documents listed below.** You are required to furnish the best type of proof that is available. If a birth certificate is not available, you should secure the next best type of proof from the following (listed in order of preference):
 - a. Birth certificate.
 - b. Notification of registration of birth in a public registry of vital statistics.
 - c. Hospital birth record, certified by the custodian of such records.
 - d. Baptismal certificate or a statement as to the date shown by a church record, certified by the custodian of such records.
 - e. Document showing approval of Social Security benefits.
 - f. A foreign government or church record (with translation).
 - g. Current Driver's License
6. **Current Home Local Union Number:** Provide your Local Union number.
7. **Original Initiation Date:** Provide the date you first became a member of the United Association.
8. **Date first worked at the Trade:** Provide the date that you began working at the trade even if it is prior to your Initiation Date.
9. **My last day of work was/will be:** Provide the last date you intend to work or worked in the plumbing and pipefitting industry. This should be your actual last day of work and not the day you want your pension to begin.
10. **I would like my Effective Date of Benefits to be:** Provide the date you want your pension to begin. The date must be the first day of the month. Your Effective Date of Benefits CANNOT be on or before the date you list as your last day of work in Item 9 on the Application for Benefits form. Your Effective Date of Benefits cannot be before you submit your application to the Fund Office. Refer to the cover of the Application for Benefits form for detailed information regarding your Effective Date of Benefits.

You have the right to defer your Effective Date of Benefits to a later date at any time prior to when payments begin. However, your benefits may not be deferred later than the April 1 following the Calendar year in which you attain age 70½.

If you are eligible for a Disability Pension and the date of your Disability is prior to your Effective Date of Benefits, your first benefit payment may include your monthly benefit for that month plus an "auxiliary" amount. The auxiliary amount is equal to your monthly benefit amount multiplied by the number of months between your Effective Date of Benefits and your Date of Disability, excluding any months of employment that would be considered to be Disqualifying Employment.

For this purpose, the Date of Disability shall be the first of the month after the month that the disability begins as determined by the Social

Security Administration.

11. **Marital History:** Place a check mark (☑) as needed to indicate your current and former marital status. If you are currently married provide your spouse's full legal name, Maiden Name, Former Married Name (if applicable), Date of Birth, and Social Security Number. Provide the date of your marriage and proof of your spouse's age (see item 5 for acceptable documents).

If you are currently married, you must submit a copy of your Marriage Certificate. Marriage licenses are not acceptable. If you cannot obtain a copy of your Marriage Certificate, contact the Fund Office to determine if other documents would be acceptable as proof of marriage.

Common law marriage is an informal means of entering into the marital relationship that is recognized in some states. The means for proof of common law marital status depends upon the state of your residence at the time of application for benefits and the state within which the common law relationship was begun. If you are married by common law marriage, you should make note of this on your application form so the Fund Office can identify the documentation that is acceptable as proof of marriage.

Even if you are legally separated from your spouse but not yet divorced, for pension purposes the Plan will treat you as a married Participant, and you will have to provide a copy of your Marriage Certificate and the requested information about your spouse.

If you have been divorced, you must submit a copy of each adjudicated divorce decree. Provide your former spouse(s) name, Social Security Number, if available, and Date of Divorce. If you submit a copy that is unclear or incomplete the Fund Office will request that you provide an original or court-certified copy.

You must submit an original or court-certified copy of any Qualified Domestic Relations Order (QDRO), or other domestic relations order in which you are named as the Participant. In the space provided, list all individuals with whom you have a QDRO or similar order as described above.

If you are widowed, you must submit an original or certified copy of your late spouse's Death Certificate.

12. **Names, Ages, and Social Security Numbers of Children:** This information should be provided in case your spouse or designated beneficiary does not survive you. In the absence of a designated beneficiary, any death or survivor benefit due under this Plan, other than a joint and survivor pension, will be paid to your surviving children, divided equally between them, if there is no surviving spouse. This information can also be useful if we have trouble locating you in the future.

13. **Military Service:** If you served in the military after you started work in the plumbing or pipefitting industry, indicate your dates of service and enclose a copy of your discharge papers (Form DD-214) with your application.

14. **Benefit Being Applied For:** You may only apply for one type of benefit. Place a check mark (☑) next to the Benefit for which you are applying (either a., b.1., or b.2.).

- a. **Pension (Normal, Early Retirement, Vested or Deferred):** You should place a check mark (☑) on this line unless you are applying for a Disability Pension or Contingent Early Retirement Pension. Refer to the last page of this booklet for an explanation of these benefits.

- b. If you are disabled and are applying for a Disability Pension, you should select one of the following:

1. **Disability Pension:** Place a check mark (☑) on this line if you have already received a Social Security Disability Award from the Social Security Administration and you are less than age 65.

An Award Certificate (Notice of Award) from the Social Security Administration, which indicates your date of disability, must be provided to the Fund Office in order to complete a claim for a Disability Pension.

2. **Contingent Early Retirement Pension:** Place a check mark (☑) on

this line if you are age 55 or older (but not yet 65) and (a) have applied for and are awaiting a favorable determination for a Disability Benefit from the Social Security Administration, or (b) are appealing an unfavorable determination by the Social Security Administration.

You are eligible for the Contingent Early Retirement Pension if you are eligible for an Early Retirement Pension, are totally and permanently disabled, have applied for a Social Security Disability Benefit (or are appealing a denial of a benefit), and have otherwise fulfilled the requirements for a Disability Pension except for receipt of a Social Security Disability Award.

15. **Employment Information:** Generally, Past Service Credit is Pension Credit granted for work in a job category performed for your employer before the employer was required to make contributions to the Plan. In order for the Fund to verify Past Service Credit, you must provide employment information to the satisfaction of the Trustees in accordance with Sections 5.02 and 9.02 of the Plan Rules.

If you have not previously submitted Earnings Information to the Fund Office, complete the "Employment History" form provided in the back of this booklet. Read and follow the instructions noted on the form.

16. **Periods of Disability:** List any periods of disability that occurred during your employment in the plumbing or pipefitting industry. Include dates and nature of disability.
17. **Statement:** Upon completion of the above information you must SIGN and DATE your application. The Trustees cannot accept an application that is not signed and dated.

If you are unable to sign your name, you may use an "X" in place of your signature. However, the "X" must be witnessed by a Notary Public. Also, if the Application is signed by someone acting as legal representative (*i.e.*, Power of Attorney, Guardian, etc.) for the applicant, this signature must also be witnessed by a Notary Public. The document granting authority for the legal representative to act on behalf of the applicant should be provided along with the Application.

INSTRUCTIONS FOR MAILING YOUR APPLICATION

Enclose as many of the following documents as are available with your Application for Benefits:

- proof of your age
- if you are married, proof of your spouse's age and proof of marriage
- if not previously submitted and if applicable, a copy of each divorce decree
- if not previously submitted and if applicable, original or court-certified copy of each Qualified Domestic Relations Order or similar domestic relations order
- if you are widowed, original or certified copy of your deceased spouse's death certificate
- if applicable, your military discharge papers (Form DD-214)
- if not previously submitted and if applicable, Employment History Form (#81) or other source of employment data
- complete Social Security Disability Award Certificate (Notice of Award) if available at this time (applicable only for Disability Pension applicants).

Your Effective Date of Benefits may be affected by a delay in your submission of this application. Accordingly, if all required documentation (including your Social Security Disability Award Certificate, if applicable) is not readily available, you may submit the application with the documentation you have at this time. As you obtain other necessary documentation, submit it to the Fund Office as soon as possible. Benefit payments can only begin after the processing of your application is completed and all documentation has been received.

INFORMATION ON APPLICATION PROCESSING PROCEDURES

After you submit a pension application, the Fund office will acknowledge receiving it and will review it within a few days for completeness. If the application is incomplete, you will be notified as soon as possible with a written request for additional information.

Every effort is made to process all applications within 90 days after the application is received by the Fund office. If a decision on an application cannot be made within 90 days of its receipt, the time to process the application may be extended up to 90 additional days. You will be sent a letter before the expiration of the first 90 days, explaining the special circumstances requiring another 90 days to take action.

If final action cannot be taken at the end of the second 90-day period, your application will be decided based on the information available at that time. Before the end of the second 90-day period, you will be sent an explanation, and you will be awarded any partial benefits that can be determined with the available information. If partial benefits cannot be awarded because of a lack of necessary information, your application will be conditionally denied, but the Fund office will continue to seek the necessary information to make a final determination.

FINAL DOCUMENTATION FOR PAYMENT OF BENEFITS

As required by federal law, the normal form of Pension for married Participants is the 50% Joint and Surviving Spouse Pension. The 50% Joint and Surviving Spouse Pension provides for an adjustment in the monthly benefit for the life of the pensioner. When the pensioner dies, the spouse receives a lifetime monthly benefit equal to 50% of the amount of benefit previously paid to the Pensioner. To receive another form of payment, you and your spouse must reject the 50% Joint and Surviving Spouse Pension within the 180 days prior to payment of your benefits.

The normal form of Pension for single Participants is the Single Life Pension with 5-Years Certain Payments. This benefit is also available to married participants if they reject the 50% Joint and Surviving Spouse Pension. This benefit provides a monthly benefit to the Pensioner for his/her lifetime. Pension payments continue to the designated beneficiary after the death of the pensioner only if the pensioner received fewer than 60 payments. The initial 60-month guarantee payment period begins on the Pensioner's Effective Date of Benefits and ends when a combined total of 60 payments have been issued.

When the Fund Office completes the processing of your application, and a favorable determination has been made regarding your eligibility for benefits, you will be sent an "Award" letter. The Award letter describes the benefit you are eligible for, and the forms of payment that are available. The following documents, if applicable, are sent with the Award letter:

- Retirement/Disability Declaration – you must certify that you have stopped or will stop working in the plumbing and pipefitting industry on the date indicated. This includes self-employment.
- Payment Option Package – provides you with detailed information about the optional forms of payment available to you, including the documents to elect an optional form of payment (with spousal consent, if applicable).
- Special Tax Notice Regarding Plan Payments – provides you with information on the benefits that are eligible for rollover to an IRA or other retirement plan, including a form to elect a rollover.
- Federal Tax Withholding form
- Direct Deposit Authorization – instructs the Fund to pay your benefits by direct deposit to your bank account.
- Election of Retroactive Annuity Starting Date form (if applicable).

You should send the completed documents to the Fund Office as soon as possible after their receipt to avoid delays in receiving your monthly benefit. See first page of application form for further explanation about how your Effective Date of Benefits may be affected by the need to complete and submit these additional documents. Normally, the first benefit payment will be within 10 to 14 days after the Fund's receipt of the necessary final documents.

EXPLANATION OF BENEFITS

The Plan provides the following benefits to eligible Participants. Refer to your SPD for more details.

- **Normal Pension** payable at age 65 or later to an eligible Participant with at least 5 years of Pension Credit including at least 1,500 Hours of Work in Covered Employment.
- **Early Retirement Pension** payable at age 55 or later to an eligible Participant who has at least 5 years of Pension Credit, including at least 1,500 Hours of Work in Covered Employment.
- **Disability Pension** payable to an eligible Participant who applied for benefits and became permanently and totally disabled before age 65, as demonstrated by an award of Disability Benefits from the Social Security Administration, and who has at least 5 years of Pension Credit, including at least 1,500 Hours of Work in Covered Employment. In addition, an eligible Participant must have worked in Covered Employment (or related employment, see Plan for details) for at least 500 hours in the 24-month period that immediately preceded the date on which he/she became disabled. This 500-hour requirement may be waived if the failure to satisfy was caused by a medical disability not recognized by the Social Security Administration, provided the Participant worked at least one Hour of Work within the 48 months preceding the date on which he became disabled, or if earlier, the date the application was submitted to the Social Security Administration for the Social Security Disability Award that deemed the Participant disabled.
- **Contingent Early Retirement Pension** payable to an eligible Participant who has fulfilled the requirements for an Early Retirement Pension, including having attained 55 years of age, and has otherwise fulfilled the requirements for a Disability Pension except has applied for and is awaiting a favorable determination for the award of Disability Benefits from the Social Security Administration or is appealing an unfavorable determination by the Social Security Administration.
- **Deferred Pension** payable at age 55 or later to an eligible Participant who left Covered Employment when he/she had at least 15 years of Pension Credit, including at least 5 years of Future Service Credit, and had attained age 40.
- **Vested Pension** payable at age 65 or later to an eligible Participant who left Covered Employment when he/she had earned at least 5 years of Vesting Service (10 years of Vesting Service if he/she does not have an Hour of Work on or after July 1, 1998). The Vested Pension is also payable to an eligible Participant who has attained Normal Retirement Age and has any Future Service Credit that was not canceled by a Permanent Break in Service. Normal Retirement Age is age 65 or, if later, the age on the fifth anniversary of participation (the tenth anniversary for anyone who does not have an Hour of Work on or after January 1, 1988).
- **Pro Rata/Partial Pension** may be payable to certain Participants otherwise lacking sufficient service credit to be eligible for a pension benefit because their years of employment have been divided between the National Pension Plan and other U.A. plans that have entered into a reciprocal agreement for Pro Rata/Partial Pensions. For a list of the local funds currently signed to the Pro Rata/Partial Pension addenda, refer to the Fund's website at ppnpf.org. When processing your application, if you are not otherwise entitled, the Fund will review the work history you provide to see if you had worked in the jurisdiction of any local fund signed to the agreement.

PLUMBERS AND PIPEFITTERS NATIONAL PENSION FUND
APPLICATION FOR BENEFITS
REV. 4/2019

DO NOT USE THIS APPLICATION
IF YOU ONLY WANT
A BENEFIT ESTIMATE

To request a benefit estimate,
write or call the Fund Office or submit an
email at www.ppnpf.org/contact.cfm

Name

Social Security Number

Local Union Number

Your application for benefits must be made on this official National Pension Fund form. If you do not receive an acknowledgment of receipt of this Application for Benefits form from the Fund Office within fifteen (15) business days from the day you mail the application, notify the Fund Office.

If possible, you should send the completed application form to the Fund Office three to six months prior to your anticipated date of retirement. Except as set forth below, your Effective Date of Benefits will be the *later* of (1) the first of the month following receipt by the Fund of your completed Application for Benefits, (2) the Effective Date of Benefits (first of the month) you request on your Application for Benefits, or (3) the first of the month after the month you cease working with the intent to retire.

Federal law requires the National Pension Fund to provide you with necessary information about your payment options no earlier than 180 days prior to your Effective Date of Benefits. The actual payment of benefits may begin no sooner than 30 days after we have supplied you with the Election and Consent to Payment forms. However, you may elect to start the payment of benefits before the end of this 30-day period by returning your Election and Consent to Payment forms in fewer than 30 days, but, in no event can payment begin sooner than 7 days after the information about your options is provided to you by the Fund.

If your Effective Date of Benefits as set forth above is before the date the Fund Office sends you the Election and Consent to Payment forms and you still want the earlier date to be your Effective Date of Benefits, you must affirmatively elect it as a "Retroactive Annuity Starting Date" on a form that will be provided to you by the Fund Office. If you do not elect to have a Retroactive Annuity Starting Date, your Effective Date of Benefits will be the first of the month following the Fund Office's receipt of your Election and Consent to Payment forms.

If the Fund Office supplies you with your Election and Consent to Payment forms after your Effective Date of Benefits (as first defined above), you must complete and return your Election and Consent to Payment forms within 180 days after we supply them to you. You will then be provided a form on which to elect a Retroactive Annuity Starting Date. If the Fund Office supplies you with your Election and Consent to Payment forms before your Effective Date of Benefits (as first defined above), you must complete and return the forms by that date.

Note that the letter you will receive from the Fund providing the Election and Consent to Payment forms will indicate the date by which the forms must be returned to the Fund Office. It is important that you return the forms timely or you will have to begin the application process over and establish a new Effective Date of Benefits.

While completing this Application for Benefits, we recommend that you also review the National Pension Fund's Summary Plan Description (SPD) and the Application Booklet. The Application Booklet accompanies this Application Form. If you do not have the last SPD that was mailed to you, you may access the SPD on the Fund's website (ppnpf.org) or you may contact the Fund Office to send you the SPD. The SPD and Application Booklet are especially helpful for understanding what type of benefit is best for you.

If you have any questions on how to complete this Application Form, call the Fund Office at 800-638-7442 without delay. You may also submit a question via email at www.ppnpf.org/contact.cfm.

PLUMBERS AND PIPEFITTERS NATIONAL PENSION FUND

Please PRINT ALL Information (Ink Only)

Be Sure to Answer All Applicable Questions

If you are applying for a Disability Pension or a Contingent Early Retirement Pension, be sure to complete the appropriate disability-related item (14.b.1 or 14.b.2) highlighted in the shaded block on this form.

1. Name _____
2. Social Security Number _____ - _____ - _____
3. Telephone No. _____ - _____ - _____
(Area Code)
4. Address _____
(Street) (City) (State) (Zip Code)
5. Date of Birth _____ (Enclose proof of age)
(Month) (Day) (Year)
6. Current Home Local Union No. _____
7. Original Initiation Date _____
8. Date first worked at the Trade _____
9. My last day of work was/will be _____
10. I would like my Effective Date of Benefits to be ____/____/01____/____ (Must be First Day of Month and After Last Day of Work)
11. Marital History: Place a check mark (☑) next to ALL that apply. Indicate dates where applicable.

Single -- Never Married

Currently Married (including Separated)

Name of Spouse: _____

Maiden Name: _____

Former Married Name: _____

Date of Birth: _____ (Enclose Proof of Age)

Social Security Number: _____ - _____ - _____

Date of Marriage: ____/____/____ (Enclose Marriage Certificate)

Divorced - Enclose Copy of Divorce Decree(s) and indicate below if Domestic Relations Order applies

Name of Former Spouse	Social Security Number	Date of Divorce

Widowed - Enclose Original or Certified Copy of Death Certificate

Name of Spouse: _____

Maiden Name: _____

Former Married Name: _____

Social Security Number: _____ - _____ - _____

Date of Spouse's Death: ____/____/____ (Enclose Death Certificate)

Domestic Relations Order including Qualified Domestic Relations Order (QDRO) – Provide a copy of any Domestic Relations Order or QDRO in which you are named as the Participant. List below all individuals with whom you have a QDRO or similar order.

12. Names, Ages, and Social Security Numbers of Children: (Please list additional children on a separate sheet of paper). This is optional. This information should be provided in case your spouse or designated beneficiary does not survive you or in case the Fund is for some reason unable to locate you in the future.

Name	Age	SSN

Name	Age	SSN

13. If previously in Military Service after you started work in the plumbing or pipefitting industry, fill in the dates below and enclose a copy of your Form DD-214. This is applicable if you entered Military Service after you began working in the trade.

Dates of Duty: From _____ To _____; From _____ To _____

14. BENEFIT BEING APPLIED FOR: You may only apply for one BENEFIT. Please place a check mark (☑) next to the Benefit for which you are applying (either a, b.1., or b.2.).

a. PENSION (Normal, Early Retirement, Vested, or Deferred):

b. If you are disabled and are applying for a Disability Pension you may apply for one of the following:

1. DISABILITY PENSION (Enclose the Social Security Disability Award [Notice of Award] in its entirety)

2. CONTINGENT EARLY RETIREMENT PENSION (You have attained age 55, but have not received a Social Security Disability Award)

I have applied to the Social Security Administration for Disability Benefits. My application was submitted to the Social Security Administration on _____.(Date Application Submitted)

As indicated on my application to the Social Security Administration, I became disabled on _____ (Date on Social Security Application).

15. Employment Information: Place a check mark (☑) next to the statement that applies to you.

I have previously submitted Employment History or Earnings Information to the Fund Office.

I have enclosed a completed and signed "Employment History" form.

I have enclosed other forms of Employment information.

I do not have any additional Employment information as described on the Employment History form.

Note: Employment history includes any history of self-employment.

16. Identifying periods of Disability, if any, may be helpful in waiving breaks in service and work test requirements. Please list below any periods that you were unable to work as a result of disability which occurred during the period of your work in the plumbing or pipefitting industry.

17. STATEMENT

I hereby apply for benefits from the Plumbers and Pipefitters National Pension Fund. The preceding statements are true to the best of my knowledge and belief. I understand that a false statement may disqualify me for benefits, and that the Trustees shall have the right to recover any payments made to me or on my behalf because of a false statement.

I understand that after this application is received, the Fund will provide me with necessary information, as required by federal law, about my payment options during a period that begins no sooner than 180 days prior to my Effective Date of Benefits. I also understand that the actual payment of benefits may begin no sooner than 30 days after the Fund has supplied me with this information and with the Election and Consent to Pay forms. I further understand that I must complete the Election and Consent to Pay forms and return them to the Fund Office by the date set forth in the Fund's letter transmitting those forms to me. Otherwise, I will have to begin the application process over and establish a new Effective Date of Benefits.

I understand further that my Effective Date of Benefits will be the *later* of the first of the month following the Fund Office's receipt of my completed Application for Benefits, the first of the month I specify on my Application for Benefits, or the first of the month after the month I cease working. I understand that my Effective Date of Benefits may be before the date the Fund Office supplies me with the Election and Consent to Pay forms but only if I affirmatively elect the earlier date as a "Retroactive Annuity Starting Date." I understand that if I do not elect to have a Retroactive Annuity Starting Date, my Effective Date of Benefits will be the first of the month following the Fund's receipt of my Election and Consent to Pay forms.

(Applicant Signature)

(Date)

NOTARY WITNESS REQUIRED WHEN YOU SIGN WITH AN "X", OR IF SIGNED BY A LEGAL REPRESENTATIVE ON BEHALF OF AN APPLICANT: If you are unable to sign your name, you may use an "X" in place of your signature. However, a Notary Public must witness the "X". Also, if the individual signing this form is acting on behalf of the applicant as a legal representative (*i.e.*, Power of Attorney; Guardian, etc.), a Notary Public must witness the signature. **In addition, the legal document granting authority to act on behalf of the applicant should be provided to the Fund Office along with this Application.**

NOTARY PUBLIC STATEMENT

On the _____ day of _____, 20____, before me came _____ 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

My commission expires on _____

IMPORTANT! An Application that is NOT SIGNED and DATED will not be accepted for processing.

Do not delay sending your Application to the Fund Office for any reason as it may delay your Effective Date of Benefits. If all required documentation is not readily available, send whatever documentation you have now along with your application. You may send the remainder of the documentation as soon as it is available.

**PLUMBERS AND PIPEFITTERS NATIONAL PENSION FUND
EMPLOYMENT HISTORY INSTRUCTION SHEET**

Participant's Name: _____

Social Security Number: _____

This form is for you to provide employment information for which we do not have any records. We suggest you start by reviewing your Annual Statement from the National Pension Fund. You may obtain your last Annual Statement from our website www.ppnpf.org if you worked in Covered Employment and received a statement in 2005 or later. Otherwise, you may call the Fund Office for a Contribution History Report.

If you agree with the employment information we have in our records, you do not need to complete this form. If something is missing or there is something you are not sure about, please let us know about it by completing this form.

Sometimes, we do not have a record of a period of future service credit, which consists of hours for which employer contributions were due, because your hours were not reported to us. We need to know about that kind of situation.

We also need to know about your employment in the plumbing and pipefitting industry for periods before your employers became contributing employers to the National Pension Fund. Such employment might count as Past Service Credit if the Plan's rules are met. It is very important that we learn about your past employment in the industry before the National Plan was in place.

Additionally, we need to know about periods of self-employment in the plumbing and pipefitting industry.

Follow the instructions below and complete the form if you worked out of a local for which we do not have records, (for example, your work history prior to your local joining the National Pension Fund, or if you traveled to a non-participating local which started participating at a later date). **Also complete the form if any of your work was in self-employment.**

INSTRUCTIONS: In the space on the back of this form, please indicate your employment or self-employment in the plumbing and pipefitting industry for which we do not have any records as described above for each Calendar Year from the first Calendar Year in which you worked at the trade even if that work was prior to your initiation date. Please provide the requested information on a separate line for each of the following:

- work performed in each Calendar Year for each employer within each local union jurisdiction,
- work performed within two or more local jurisdictions (a separate line for each) during the same Calendar Year,
- work performed in more than one Calendar Year (a separate line for each) for a single employer, and
- work performed in self-employment in the plumbing and pipefitting industry in each calendar year.

For Example:

Calendar Year Worked	Local Jurisdiction or Location	Employer Name	Number of Months Worked for Employer within Calendar Year
1970	116	Joe’s Mechanical Contractor	12
1971	116	Joe’s Mechanical Contractor	4
1971	Boise, ID	Samson’s Piping	3
1972	139	Samson’s Piping	4

To assist you in completing this form, you may need to refer to your yearly W-2 statements or your Local Health and Welfare, Pension or other fringe benefit fund records to identify the employers for whom you worked. If you need further information regarding the names of your employers and the time periods you were employed, you may contact your local Social Security Administration Office to obtain Form SSA-7050-F3 to request your employment information. Any cost incurred for obtaining this information from the Social Security Administration will be your responsibility. You should first confirm the information the Fund has on file, as you do not need to provide that same information. You do need to identify any work in self-employment.

Plumbers & Pipefitters National Pension Fund Mailing Address:
Plumbers & Pipefitters National Pension Fund 103 Oronoco St. Alexandria, VA 22314
Questions 1-800-638-7442

