

**NORTHERN CALIFORNIA ELECTRICAL WORKERS
PENSION PLAN
720 Market St., Ste. 700
San Francisco, CA 94102
(415) 263-3670**

I. APPLICATION FOR PENSION BENEFITS

Please PRINT or TYPE all information and answer all questions fully. Please be sure to sign and date the application wherever necessary before returning to this office.

Name _____
(Last) (First) (Initial)

Mailing Address _____
(No., Street, Apt. #) (City) (State) (Zip Code)

Soc. Sec. No. _____ Birth Date _____ Phone (_____) _____

TYPE OF PENSION FOR WHICH YOU ARE APPLYING:

_____ Normal _____ Early Retirement _____ Disability

Requested Retirement Date _____ Date Last Worked _____

Employer for Whom You Last Worked _____

Marital Status (please check one): _____ Married _____ Single

A. Name of Present Spouse _____ Spouse's Soc. Sec. No. _____

Spouse's Birthdate _____ Date of Marriage _____

B. Name of Prior Spouse, if any _____

Date of Prior Marriage: _____ Date Previous Marriage Terminated: _____

Marriage Terminated Because of _____
(please specify: death, divorce, annulment)

Prior Spouse's Present
Name & Address (if presently alive) _____

If you have had more than one marriage since June 1, 1961, please attach a separate sheet of paper providing the information requested in Part B above for each such marriage.

Is there is a court order in effect, or a court proceeding presently pending, which grants, seeks to grant, or reserves the right to grant your spouse or any former spouse, child or other dependent any right or rights to any of your pension?
_____ NO _____ YES

Please attach a copy of any court order and/or marital settlement agreement, or, if a court proceeding is presently pending, indicate the name of the court and the case number, and the name, address and phone number of your attorney, if applicable.

Military Service

(please check the appropriate box)

Have you ever served in the United States Armed Services? Yes No

If yes, were you drafted? a member of an activated Reserve Unit? enlisted?

Did you perform work in the jurisdiction of IBEW Local 6 immediately prior to entering the military?

Yes No

If YES, please complete the following:

Employer Name

If YES, please enter the dates and service branch below and submit a copy of your DD214:

Start Date	Stop Date	Service Branch

Upon discharge from active duty, did you return to work in the electrical industry? Yes No

If YES, please complete the following:

Return Date	Employer Name

II. NOTICE OF TAX WITHHOLDING FROM YOUR MONTHLY PENSION BENEFIT PAYMENTS

(This Notice is Required by Federal Law)

The monthly pension check you receive as a Participant in the Northern California Electrical Workers Pension Plan is subject to Federal income tax laws and regulations regarding withholding of Pension Plan payments.

You must elect or reject having tax withholding apply to your monthly pension payments by completing the election notice on Page 4 of this application.

Your election to reject or accept withholding will remain in effect until you revoke it. You may revoke your election at any time by returning a signed and dated revocation to the **Northern California Electrical Workers Pension Trust at 720 Market St., Rm. 700, San Francisco, CA 94102.**

*Any election or revocation will apply no later than with the first pension check that is issued after 30 days from the date your election/revocation form is **received by the Plan Office.*** As an exception to this rule, your election will be effective upon receipt of your election form if it is received by the Plan Office by the 20th day of the month preceding the month in which your first pension check is issued. You may make and revoke elections to have or not have withholding applied as often as you wish. Additional election forms may be obtained from the Plan Office at the above address.

In computing the amount to be withheld, Federal regulations require the Trust to treat your pension payments as "wages" and to apply Federal tax tables. Federal regulations also direct the Trust to assume you are a married person claiming three withholding allowances unless you notify the Trust of a different number of withholding allowances you desire the Trust to use in making this computation

If the amount you can be expected to receive during a calendar month from the Northern California Electrical Workers Pension Plan will total more than \$1,480.00, Federal income tax ***will be withheld*** from your monthly pension payments ***unless you reject withholding.***

If you elect not to have withholding applied to your monthly pension plan payments, or if you do not have enough Federal income tax withheld from your monthly pension plan payments, you are still personally responsible for payment of any such tax. **You may incur penalties under the estimated tax rules if your withholding and tax payments are not sufficient.**

Pensioner's Withholding Election

Name _____

Social Security Number _____

Check Box "A" if you **DO NOT** want any Federal income tax withheld from your monthly pension payments.

A.

Check Box "B" if you **DO** want Federal income tax withheld from your monthly pension payments and complete the enclosed W-4P Form.

B.

Applies only to California State residents:

Check Box "A" if you **DO NOT** want any State income tax withheld from your monthly pension payments.

A.

Check Box "B" if you **DO** want State income tax withheld from your monthly pension payments and complete the enclosed DE-4P Form.

B.

I understand that even if I elect not to have Federal or State income tax withheld, I am liable for payment of Federal and State income tax on my monthly pension payments as part of my gross income and estimated tax. I may also be subject to tax penalties under the government's estimated tax payment rules if my payments of estimated tax are not sufficient.

I recognize that the election will remain in effect until revoked by me (or applicable law requires a change).

Signature _____ Date _____

III. SUSPENSION OF BENEFIT PLAN PROVISIONS

The provisions of the Northern California Electrical Workers Pension Plan, in compliance with Federal regulations, contain provisions to suspend pension payments if, after your retirement, you engage in certain types of work. This notice describes employment that will result in the suspension of your monthly pension benefits and your obligation to notify the Plan in the event you engage in prohibited employment; as well as the right of the Trust to suspend your monthly pension benefits if you engage in such employment and to recover pension payments in the event you fail to give proper notice. It also describes the procedures you may follow to review any decision resulting in the suspension of your benefits.

During any time you are receiving pension benefits, you must refrain from:

1. Before Age 65

Any work in the Electrical Industry in the United States.

Under Department of Labor regulations and the Plan document, you are required to refrain from any work in the Electrical Industry as a condition of receipt of any monthly pension benefit *prior* to reaching age **65**.

2. After Age 65

Work in the Electrical Industry in the United States of the type that would be covered under the terms of a collective bargaining agreement between the Union (Local 6) and any employer contributing to the Plan in the geographical area set forth in the Plan which covers the ten Bay Area counties even if there is no such agreement.

If you do work in such prohibited employment, the Plan provides that you must notify the Trust within 15 days of commencement of such prohibited employment. You are encouraged to notify the Trust before you engage in any work in the electrical industry to seek a determination that such work is not prohibited employment.

On and after reaching age **65** you must refrain from employment of 40 hours or more during any calendar month:

- A. in the ten counties comprising the San Francisco Bay Area: San Francisco, Alameda, San Mateo, Contra Costa, Marin, Solano, Napa, Santa Clara, Sonoma and San Benito;
- B. of the type performed by employees covered by the Plan on your pension effective date;
- C. which requires directly or indirectly the use of the same skills employed by employees on the pensioner's pension effective date; and
- D. involving any supervision of employees in the same trade or craft or directly or indirectly using the same skills as employees covered by the Plan on the date the pensioner retired.

If you become employed in work of the type described above, your pension payments will be suspended for a period equal to the number of months during which you are so employed. If you fail to seek advance written approval or to give written notice to the Plan Office of such employment within 15 days after commencement of such employment, pension payments shall also be suspended for three additional months which follow the period of such employment if the work is performed before you reach age **65**. Your pension payment will also be suspended for any month you work after age **65** in the above-described prohibited employment.

If you have failed to give notice to the Plan of such employment, the Trustees will assume that you worked for at least 40 hours in the month and any subsequent month before you give written notice that you have stopped prohibited employment. You have the right to prove that your work was not of a type or duration that entitles the

Plan to suspend benefits.

If the Plan has paid you a monthly pension for any month in which you engaged in prohibited employment, the Plan may offset any amounts so erroneously paid by deducting the amounts from future monthly payments. In making such deductions the Plan may reduce your future monthly pension payments by 100% for the first month of any pension payment to which you would otherwise be entitled, and up to 25% of future monthly payments until the full amount of overpayment is recovered. Any amounts owed to the Plan will be applied against any death benefits payable as a result of your death.

EXCEPTION: Under certain circumstances, a waiver of the suspension of benefits rules may be granted. Waivers are considered on an individual basis, and participants must contact the Plan office in advance.

- A. **Administrative Waivers:** The Trustees may grant waivers from the Suspension Rules for Employment in the Electrical Industry in:
 - 1. private and public building or electrical inspection;
 - 2. instruction in Taft-Hartley Trust apprenticeship and training programs; and
 - 3. sales of electrical products or systems which are not substitutes for on-site fabrication protected or sought to be protected under IBEW Inside Wire Agreements.

- B. **Case-by-Case Waivers:** Requests for waivers to be considered by the Board of Trustees on a case-by-case basis include:
 - 1. training or teaching positions with other than a Taft-Hartley trusted apprenticeship and training program.

If you desire further information on the applicable Department of Labor regulation, the regulation is Dept. of Labor Regulation 2530.203-3. A copy of the regulation is available upon written request of the Plan Office.

IV. INFORMATION ON DESIGNATION OF BENEFICIARY

The Northern California Electrical Workers Pension Plan provides a Death Benefit for Participants who die before retirement age. This benefit is payable to the beneficiary of any Participant who had at least 4,000 or more hours of Pension Credit since any permanent break in service. The Death Benefit is equal to the amount of contributions made on a Participant's behalf since any permanent break in service.

There is also a Post Retirement Death Benefit equal to the amount of employer contributions made on the Participant's behalf, minus the aggregate amount which has been paid to the Participant and his surviving spouse, if any, in the form of pension benefits. Payment shall be deferred until the death of any spouse entitled to receive a Joint Survivor pension under the Plan.

Following this notice you are requested to designate the beneficiary or beneficiaries you desire to receive any Death Benefit payable in the event of your death before or after retirement under the terms of the Northern California Electrical Workers Pension Plan. Before completing this form, the Trustees call your attention to the following matters to assist you in completing it.

- A. If you are married at the time of your death, prior to retirement, federal law requires that your surviving spouse be the beneficiary of the death benefits provided in the Plan, unless your spouse waives such benefit in the manner provided in the Plan and as is required by federal law. You may designate a beneficiary other than your lawful spouse but only with your spouse's written consent before a Notary on a form designated by the Plan office.
- B. You should be precise in naming your beneficiary or beneficiaries and use their correct names and some form of identification beyond the name. For example, if your name is "Smith" and you name your beneficiary as "Mary Smith," and you should die 15 years later, it may be very difficult to determine which "Mary Smith" you intended to be your beneficiary, particularly if a mother and daughter or sister-in-law have the same name.
- C. There may be tax consequences that make it more advisable in certain circumstances to designate your estate as the primary or contingent beneficiary if you have a will. You should consult your personal attorney or tax consultant for advice on this matter.
- D. Because of the possibility of a common accident or an earthquake or other disaster, it is desirable to name contingent beneficiaries to receive any death benefit in the event your primary beneficiary or beneficiaries die at the same time as or before your death.
- E. If you become married and you have not yet retired, any previous designation of a beneficiary other than your current spouse is invalid. Similarly, if you are divorced after naming your prior spouse as a beneficiary and you have not yet retired and commenced receiving a pension, such designation will be automatically revoked. In either situation, you should immediately execute a new beneficiary form.
- F. At least every few years, you should review your beneficiary form and update addresses.
- G. When filling out the form, you should answer all questions and check all appropriate boxes and print clearly all names, addresses and relationships to assist in a correct processing of the form.

DESIGNATION OF BENEFICIARY FORM

Participant _____ Soc. Sec. # _____

Address _____

Marital Status _____ Date of Birth _____

Primary Beneficiary or Beneficiaries Subject to Spousal Consent

You may name one or more beneficiaries. All primary beneficiaries who survive you share equally unless you indicate otherwise.

Name 1: _____ Soc. Sec. # _____

Address: _____

Relationship to Participant _____ Date of Birth _____

Name 2: _____ Soc. Sec. # _____

Address: _____

Relationship to Participant _____ Date of Birth _____

Contingent Beneficiary or Beneficiaries

All contingent beneficiaries who survive you share equally unless you indicate otherwise.

If my primary beneficiary(ies) predecease(s) me, or disclaim(s) all or part of the benefits provided under the Plan, then my contingent beneficiary(ies), listed below, are entitled to my benefits in equal shares unless otherwise noted.

Name 1: _____ Soc. Sec. # _____

Address: _____

Relationship to Participant _____ Date of Birth _____

Name 2: _____ Soc. Sec. # _____

Address: _____

Relationship to Participant _____ Date of Birth _____

PENSIONER DIRECT DEPOSIT REQUEST

Pensioner Name: _____ Social Security #: _____

Address: _____

Telephone Number: (____) _____

Please deposit my benefit check into my account as follows:

Name of Financial Institution: _____

____ Checking Account Number: _____

or

____ Savings Account Number: _____

Attach Voided Check Here

(FROM THE ACCOUNT IN WHICH YOU WANT YOUR BENEFIT DEPOSITED)

PLEASE NOTE: the deposit slip does not always include the nine digit bank routing number that we **MUST** have in order to complete electronic transfers. Therefore, for checking account deposits, you are required to provide a voided check rather than a deposit slip; however, if you are requesting direct deposit to a savings account, a deposit slip will be accepted. You should check with your financial institution to make sure your deposit slip includes the correct routing number for electronic deposits.

Certification by Applicant

By signing below, I signify that I understand and agree to the following:

1. This Direct Deposit request is to remain in effect until written notification is given to the Plan Office of the Plan Office no longer offers Direct Deposit via Electronic Funds Transfer.
2. It is my responsibility to provide any bank changes (account number, name or address) to the Plan Office before any such change has occurred to assure timely receipt of my benefit
3. If my home address changes, I will advise the plan office of the change in writing.
4. There will be a transaction reversal for any amount deposited into my account that I am not entitled to receive.

Signature _____

Date _____

PROOF OF BIRTH:

This application is accompanied by one of the following:

- ____ Birth Certificate;
- ____ Letter from Social Security Administration establishing that you have retired and establishing your entitlement to Social Security benefits and birth date used for such entitlement;
- ____ Baptismal Record;
- ____ Court decree establishing fact of birth;
- ____ Other (specify) _____

NOTE: Only in the most compelling and unusual of circumstances will the Trustees accept any proof of birth other than the first three set forth above. The processing of your pension application will be considerably delayed if satisfactory proof of birth is not submitted concurrently with this application.

If you have elected to have your pension paid in the form of a Joint and Survivor Annuity, you must also submit proof of marriage and birth of your spouse in the same manner as the proof required to establish your own date of birth and enclose with this application.

I CERTIFY UNDER PENALTY OF PERJURY THAT ALL OF THE INFORMATION PROVIDED ON THESE FORMS IS COMPLETE AND ACCURATE. I ACKNOWLEDGE THAT I HAVE RECEIVED A WRITTEN EXPLANATION FROM THE PLAN OFFICE OF THE TERMS AND CONDITIONS OF A JOINT AND SURVIVOR ANNUITY DESCRIBING THE RIGHT TO MAKE, AND THE EFFECT OF, AN ELECTION TO WAIVE PENSION PAYMENT IN THE FORM OF A JOINT SURVIVOR ANNUITY. IF MARRIED, I FURTHER ACKNOWLEDGE THE RIGHT OF MY SPOUSE TO CONSENT TO RECEIVE OR NOT TO RECEIVE PAYMENT IN THE FORM A JOINT AND SURVIVOR ANNUITY DURING AN ELECTION PERIOD, NO MORE THAN 90 DAYS NOR LESS THAN 30 DAYS PRIOR TO THE BENEFIT STARTING DATE. IF MARRIED FOR LESS THAN ONE YEAR PRIOR TO MY BENEFIT STARTING DATE, I UNDERSTAND THAT MY PENSION WILL BE PAID IN THE FORM OF A SINGLE LIFE ANNUITY BUT WILL BE CHANGED TO A JOINT AND SURVIVOR ANNUITY ONCE WE HAVE BEEN MARRIED FOR ONE YEAR RETROACTIVELY TO MY BENEFIT STARTING DATE; UNLESS WE EXERCISE OUR RIGHTS TO WAIVE BENEFITS IN THIS FORM IN WRITING WITHIN 30 DAYS AFTER THE DATE WE HAVE BEEN MARRIED FOR ONE YEAR

I FURTHER ACKNOWLEDGE THAT I HAVE READ THE PROVISIONS OF THE PLAN RELATING TO THE SUSPENSION OF BENEFITS AND WILL COMPLY WITH THE REQUIREMENTS TO NOTIFY THE TRUST IN THE EVENT I ENGAGE IN ANY PROHIBITED EMPLOYMENT NO LATER THAN FIFTEEN (15) DAYS AFTER THE COMMENCEMENT OF SUCH EMPLOYMENT. I FURTHER ACKNOWLEDGE THAT THE TRUST IS ENTITLED TO RECOVER ANY AMOUNTS OF OVERPAYMENT IN THE EVENT I ENGAGE IN SUCH PROHIBITED EMPLOYMENT.

Signature

Date

Signature of Witness