

SAN DIEGO COUNTY

PLASTERERS' PENSION TRUSTS

3444 Camino del Rio North – Suite 101 · San Diego, California 92108 · 619-280-2009

SAN DIEGO COUNTY PLASTERERS' PENSION BENEFITS APPLICATION

INSTRUCTIONS:

1. Please read each question carefully.
2. Print all information except where it shows “signature”.
3. Be sure to answer all applicable questions. You may attach additional sheets if you need more space.
4. Documents needed:
 - a. Proof of age document on retiree.
 - b. If you elect the Joint & Survivor Benefit, a proof of age for your spouse and copy of your marriage certificate showing you have been married at least one year.
 - c. If you elect the Life Annuity Benefit which will cease at the time of your death, and you are currently married, you and your spouse must complete the Declaration Regarding Joint and Survivor Option and submit with a copy of your marriage certificate.
 - d. If you are single, widowed, or divorced and are not currently remarried, please complete the applicable affidavit.
 - e. Complete the Notice of Federal Income Tax Withholding Election. If you elect to have taxes withheld, you must also complete the W-4.
 - f. Complete the Direct Deposit form and provide a voided check.
 - g. If you are divorced, provide a copy of the court-entered Judgement of Dissolution and all attachments.
5. Be sure to SIGN and DATE the application.
6. This application should be received between 30 and 180 days of your annuity starting date (effective date of retirement).

SAN DIEGO PLASTERERS PENSION TRUST FUND
PARTICIPANT'S RIGHT TO DEFER NOTICE

The Pension Protection Act of 2006 requires notice to participants of the consequences of currently taking a benefit distribution as opposed to deferring that distribution.

For Those Participants Applying for an Early Retirement Pension

If you are applying for an Early Retirement Pension, your pension is actuarially reduced for each month by which your benefits commence prior to age 65. If you choose to delay retiring, the early retirement reduction will be less based upon your age when you do decide to retire. If you defer payment until you reach age 65, there is no reduction for age and you will receive your full pension. The table below illustrates the reduction in your monthly benefit for retirement at various ages.

<i>Age</i>	<i>Reduction</i>
50	
51	
52	
53	
54	
55	48%
56	61.30%
57	57.34%
58	52.89%
59	47.89%
60	42.25%
61	35.85%
62	28.60%
63	20.32%
64	10.86%
65	0.00%

For Those Participants Applying for a Normal Retirement Pension

If you are applying for a Normal Retirement Pension, your pension will not be reduced based on your age on your annuity starting date.

For All Participants

You cannot delay distribution of your benefits beyond April 1 following the calendar year in which you attain age 70½. The failure to have your benefits begin by that date may result in the IRS imposing a penalty tax on fifty percent (50%) of the minimum amount that should have been paid to you.

SAN DIEGO COUNTY PLASTERERS PENSION APPLICATION

PERSONAL DATA:

1. NAME _____
LAST FIRST MIDDLE

2. ADDRESS _____
STREET CITY STATE ZIP CODE

TELEPHONE: _____ EMAIL ADDRESS: _____

3. SOCIAL SECURITY NUMBER: _____

4. DATE OF BIRTH: _____ (see attached acceptable proof of age documents)

5. MARITAL STATUS (check all that apply):

- Single
- Married (provide copy of marriage certificate)
- Widowed (provide copy of spouse's death certificate)
- Divorced (provide copy of final divorce paperwork, including Judgment, Marital Settlement Agreement and/or Interlocutory Judgment; this includes all prior divorces).

If married, Spouse's Name: _____ Spouse's Date of Birth: _____

Spouse's Social Security Number: _____ Date of Marriage: _____

6. Effective Date of Retirement: _____

7. Name and address of your last employer under the Plasterers and approximate date of employment

NAME OF EMPLOYER	ADDRESS	DATES OF EMPLOYMENT	
		FROM	TO

8. Type of pension requested:

- Normal Retirement (age 65 or older)
- Early Retirement (age 55 – 65)

ELECTION FORM – CHOOSE ONE FORM OF RETIREMENT BENEFITS:

PLEASE NOTE: SELECTION OF FORM OF BENEFITS WILL BECOME PERMANENT AND IRREVOCABLE UPON RECEIPT OF THE INITIAL BENEFIT CHECK OR DIRECT DEPOSIT.

I HEREBY APPLY FOR A PENSION FROM THE SAN DIEGO COUNTY PLASTERERS PENSION FUND. I UNDERSTAND THAT THE SELECTION OF FORM OF BENEFITS WILL BECOME PERMANENT AND IRREVOCABLE UPON RECEIPT OF THE INITIAL BENEFIT CHECK.

LIFE ANNUITY OPTION:

- I elect the Life Annuity Benefit which requires that all benefits will cease at the time of my death.
 - I am married and my spouse and I understand that my spouse will not receive a benefit after I die.** Enclosed is the completed and **notarized** DECLARATION REGARDING JOINT & SURVIVOR OPTION and a copy of our marriage certificate.
 - I am single. Enclosed is the affidavit stating that I have never been married.
 - I am divorced, and not remarried as of the date of this application. Enclosed is the affidavit stating I am not currently remarried and a copy of my Judgement of Dissolution and Marital Settlement Agreement, if any.
 - I am widowed. Enclosed is a copy of my spouses's death certificate and an affidavit stating that I am not currently remarried.

JOINT & SURVIVOR OPTION:

If you have been married on the Trust records at least one year at the date of retirement, you will receive a Joint & Survivor benefit unless you and your spouse waive the benefit. The Joint & Survivor benefit, provides a reduced monthly pension during your lifetime and at your death, your spouse will receive a percentage (50% 75% or 100%) of the benefit amount you have been receiving. The Joint & Survivor reduction is determined by an actuarial equivalent based on your age and age of beneficiary.

- I elect the Joint & Survivor Benefit which allows my surviving spouse to receive benefits upon my death should he/she survive me. Enclosed are proof of age documents for my spouse and a copy of our marriage certificate.
 - 50% Joint & Survivor Benefit
 - 75% Joint & Survivor Benefit
 - 100% Joint & Survivor Benefit

120 MONTHS GUARANTEED PAYMENTS (10 YEARS)

I elect the 120 Months Guaranteed Payments benefit where my benefit will continue to be paid to my beneficiary after my death unless at the time of my death all 120 payments have already been made. Once the 120 payments are paid my Spouse/beneficiary will receive no further benefit.

SPOUSE/BENEFICIARY NAME: _____

BENEFICIARY DATE OF BIRTH: _____ Social Security #: _____

RELATIVE VALUE OF OPTIONAL FORMS

Each form of benefit provided under the Plan is approximately equal in value. The relative value comparison is intended to allow you to compare the total value of distributions paid in different forms. The relative value comparison was made by converting the value of each optional form of benefit available to the 50% Joint and Survivor annuity as the common form. This conversion uses interest and life expectancy assumptions. The relative value of benefit is determined by projecting the total benefits expected to be paid to you and your spouse annuitant, if applicable based upon standard mortality tables and discounted for 7.5% interest. All comparisons are based on average life expectancies. The value of payments ultimately made under an annuity form of benefit will depend upon the actual longevity. You can request details regarding the actuarial assumptions used to calculate the relative value of optional forms of benefit by contacting the Trust Fund office.

I CERTIFY UNDER PENALTY OF PERJURY THAT ALL OF THE ABOVE STATEMENTS ARE TRUE AND CORRECT. 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 FALSE STATEMENTS.

DATE: _____

SIGNATURE: _____

SPOUSE'S SIGNATURE: _____

COMPLETE ONLY IF YOU ELECT THE LIFE ANNUITY BENEFIT

SUBJECT: DECLARATION REGARDING JOINT & SURVIVOR OPTION

We hereby waive the Joint & Survivor Pension Benefits which would provide a reduced pension for me as the pensioner during my lifetime which my spouse would receive a percentage of the monthly payment for my spouse's lifetime should she/he survive me. We understand that I may revoke this election with my spouse's consent at any time prior to my benefit commencement date.

SIGNED: _____
(Pensioner)

SIGNED: _____
(Spouse)

DATE: _____

BOTH SIGNATURES NOTARIZED BY:

STATE OF _____)

COUNTY OF _____)

On _____ before me, the undersigned, a Notary Public in and for the said State, personally appeared _____ and _____, known to me, or proved
(Pensioner) (Spouse)

to me on the basis of satisfactory evidence, to be the person(s) whose name(s) is/are subscribed to the within instrument, and acknowledged to me that they executed the same and that by the signature(s) on the instrument the person(s) executed same in their authorized capacities, and that by their signature on the instrument the person(d) or the entity upon behalf of which the person(s) acted, executed the instrument.

The spouse of the participant executed the Spouse's Consent to Waiver of Automatic Joint & Survivor Benefit in my presence.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature of Notary Public: _____

Notary's Seal

PROOF OF AGE

The acceptable proofs of your age are listed below in two groups. Submit a clear copy of one of the proofs listed in Group I, if you have it, or can possibly obtain it, since this class of proof of age is the more convincing.

If you cannot submit a proof in Group I classification listed in Group II. You are cautioned however that Naturalization Papers, United States Passports and Immigration Papers may not be Photostated. If you are submitting any of these, you must submit the original. They will be returned to you.

Additional proofs of age may be requested if the documents you submit do not constitute convincing proof of age.

GROUP I – submit a copy of 1 of these documents.

1. A Birth certificate
2. A baptismal certificate or a statement as to the date of birth shown by church records, certified by the custodial of such record.
3. Notification of registration of birth in a public registry of vital statistics.
4. Certification of record of age by the U.S. Census Bureau.
5. Hospital birth record certified by the custodian of such record.
6. A foreign church or government record.
7. A signed statement by the physician or midwife who was in attendance at birth, as to the date of birth shown on their records.
8. Naturalization record. (Photostat not permitted; submit original.)
9. Immigration papers. (Photostat not permitted; submit original.)

Group II - Submit copies of 2 of these documents.

10. Military Record.
11. Passport. (U.S. Passports may not be photocopied; submit original.)
12. School records, certified by the custodian of each record.
13. Vaccination record, certified by the custodian of each record.
14. An insurance policy, which shows the age or date of birth.
15. Marriage records showing date of birth or age (application for marriage license or church record certified by the custodian of such record; or marriage certificate.)
16. Other evidence such as signed statements from persons who have knowledge of date of birth.

NOTICE OF WITHHOLDING FEDERAL AND STATE TAX

Payments from the Defined Benefit Plan are subject to Federal and State income tax withholding. Please make your election for tax withholding and complete the enclosed IRS Form W-4.

DECLARATION RE WITHHOLDING

FEDERAL TAX

- I do not want federal income tax withheld from my Defined Benefit Plan payments.
- I want federal income tax withheld from my Defined Benefit Plan payments in accordance with my instructions:
 - Withhold tax in the amount \$ _____ per month
 - Or
 - Withhold taxes at the rate of _____ %

STATE TAX

- I do not want State of California income tax withheld from my Defined Benefit Plan payments.
- I want State of California income tax withheld from my Defined Benefit Plan payments in accordance with my instructions:
 - Withhold tax in the amount \$ _____ per month
 - Or
 - Withhold taxes at the rate of _____ %

Employee's Signature: _____ Date: _____

Spouse's Signature: _____ Date: _____

SAN DIEGO COUNTY PLASTERERS PENSION DIRECT DEPOSIT FORM

We are happy to inform you that we offer Retiree Automatic Electronic Deposit. Automatic electronic depositing puts your pension check directly and accurately into your account on the first of each month. This procedure is recommended as it eliminates postal problems, change in address errors or the (10) business day waiting period for stop payments.

The Board of Trustees and our office highly recommend that you have your check automatically deposited. **To do so, please fill in and sign this form and return to this office along with a voided check as soon as possible.** We are unable to accept the deposit slip. For those who wish their benefits to go to their Savings account, please obtain the correct transit routing and account number from your financial institution.

I HEREBY REQUEST TO HAVE MY PENSION CHECK ELECTRONICALLY DEPOSITED INTO MY BANK ACCOUNT.

Date: _____

Name: _____ Social Security Number: _____

Address: _____

Telephone Number: _____

Signature: _____

Name of Bank: _____

Bank Address: _____

Bank Routing Number: _____

Bank Account Number: _____

Type of Account: Checking Savings