

# TEAMSTERS LOCAL UNION NO. 572 RETIREMENT BENEFIT PLAN

Administered By: Benefit Programs Administration  
1200 Wilshire Blvd. Fifth Floor. Los Angeles, California 90017  
Telephone • (888) 410-1756 • (562) 463-5040 • Facsimile (562) 463-5894

DATE

PARTICIPANT NAME ADDRESS  
CITY STATE ZIP CODE

Dear Member:

Enclosed please find all of the forms necessary for you to apply for your benefit under the Teamsters Local Union No. 572 Retirement Benefit Plan.

Your current vested account balance is approximated at **\$PENSION AMOUNT:** Note that there may be additional contributions made in your behalf that are in transit from your employer. This approximated account balance may not accurately reflect the amount to which you will be entitled. Also note that the Plan Administrator will hold distribution payments until ALL such contributions are credited to your account. This should take no more than 60 days after your retirement.

The decision regarding receipt of your benefits is an important one. Therefore, you are advised to carefully read the information in this packet, the Plan document and Summary Plan Description booklet. Please contact the Plan Administrator if you need copies of these documents or have additional questions. You may also find it helpful to consult a tax professional regarding the tax implications of your benefit.

It is important that you submit all of the required documents when you return this application to your Plan Administrator. For your convenience, a checklist is provided at the end of this packet.

Board of Trustees  
Teamsters Local Union No. 572  
Retirement Benefit Plan

## IMPORTANT

**Complete and sign all applicable pages and return to:**

**Teamsters Local 572 Retirement Plan  
c/o Benefit Programs Administration  
1200 Wilshire Blvd., Fifth Floor  
Los Angeles, CA 90017**

**BE SURE TO RETAIN A DUPLICATE FOR YOUR FILES**

## **Identification Documents Required for Benefits Application**

**Please submit copies of the following documents with your application for benefits:**

- Birth Certificate for you and your spouse (see below for alternative documents)
  - Marriage License
  - Copy of current driver's license or current state I.D. (with photo) for you and your spouse
  - If you have ever been divorced, please submit a complete copy of your divorce decree(s) and any accompanying orders.
  - If you have ever served in the military, please submit a copy of your induction and discharge papers.
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### **ALTERNATIVE PROOF OF AGE DOCUMENTS (accepted when birth certificate is unavailable)**

In order to be eligible for retirement benefits, you are required to produce proof of your age. The following is a list of the documents that may serve as proof of your age. Some of these documents are better proof than others. The list is arranged starting with the best type of proof, and going down to the less desirable types of documents. ***You are required to furnish the best type of proof that is available.***

You do not have to furnish the original of any of these documents; you may submit a photocopy.

1. A birth certificate.
2. A baptismal certificate or a statement as to the date of birth shown by a church record, certified by the custodian of such record.
3. Notification of registration of birth in a public registry of vital statistics.
4. Hospital birth record, certified by a custodian of such record.
5. A foreign church or government record.
6. A signed statement by the physician or midwife who was in attendance at birth, as to the date of birth shown on their records.
7. Naturalization record.
8. Immigration papers.
9. Military record.
10. Passport.
11. School record, certified by the custodian of such record.
12. Vaccination record, certified by the custodian of such record.
13. An insurance policy, which shows the age or date of birth.
14. Marriage records showing date of birth or age (applications for marriage license or church record, certified by the custodian of such record; or marriage certificate).
15. Document showing approval of Social Security Pension.
16. Other evidence, such as signed statements from persons who have knowledge of the date of birth, voting records, poll-tax receipts, driver's license, etc.

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## APPLICATION FORM

I hereby make application for benefits from the Teamsters Local Union No. 572 Retirement Benefit Plan and certify that the information listed below is correct:

Name of Applicant: \_\_\_\_\_ Social Security #: \_\_\_\_\_  
Address: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
\_\_\_\_\_ Home Phone #: \_\_\_\_\_  
Spouse's Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_  
Spouse's Date of Birth: \_\_\_\_\_  
Applicant's Last Day of Work or Date of Separation from Employment: \_\_\_\_\_  
Applicant's Last Employer: \_\_\_\_\_  
\_\_\_\_\_

### Type of Retirement:

- Normal Retirement – Age 65
- Disability Retirement – Include Doctor's Report
- Death of Participant –  
Date of Death \_\_\_\_\_

### Marital Status:

- Single
- Married (attach Spousal Consent)
- Widowed (attach Death Certificate)
- Divorced (attach Divorce Decree)

### Distribution Options:

- Qualified Joint & 50% Survivor Annuity
- Qualified Joint & 75% Survivor Annuity
- Single Life Annuity
- Lump Sum Payment
- Monthly Installments over 5-Year Period
- Monthly Installments over 10-Year Period
- Direct Rollover to Qualified Retirement Plan, traditional IRA or Roth IRA

\_\_\_\_\_  
Signature of Participant/Applicant Date

\_\_\_\_\_  
Signature of Spouse (required, if married) Date

### TRUSTEE / ADMINISTRATOR APPROVAL –

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

Date of Payment / Distribution: \_\_\_\_\_

## WAIVER OF QUALIFIED JOINT AND SURVIVOR ANNUITY

Federal law requires the Teamsters Local Union No. 572 Retirement Benefit Plan ("Plan") to pay retirement benefits in a special payment form unless your spouse chooses a different payment form and you agree to that choice. This special payment form is often called a "qualified joint and survivor annuity" or "QJSA." The QJSA payment form gives your spouse monthly retirement payments for the rest of his/her life. This is often called an "annuity." Under the QJSA payment form, after your spouse dies, each month the Plan will pay you either 50% or 75% of the retirement benefit that was paid to your spouse. The benefit paid to you after your spouse dies is often called a "survivor annuity" or a "survivor benefit." You will receive this survivor benefit for the rest of your life.

You and your spouse will receive benefits from the Plan in the special QJSA payment form required by federal law unless your spouse chooses a different payment form and you agree to the choice. If you agree to change the way the Plan's retirement benefits are paid, you give up your right to the special QJSA payments.

Your choice must be voluntary. It is your personal decision whether you want to give up your right to the special QJSA payment form.

If you agree, your spouse can choose to have the retirement benefits paid in a different form. Other payment forms may give your spouse larger retirement benefits while he/she is alive, but might not pay you any benefits after your spouse dies.

If you agree, your spouse can name someone other than you to receive all or part of the survivor benefits from the plan after your spouse dies. The person your spouse selects to receive all or part of the survivor benefits is often called a "beneficiary." If you agree to let your spouse name someone else as the beneficiary for all of the survivor benefits, you will not receive any payments from the plan after your spouse dies. If you agree to let your spouse name someone else as the beneficiary for part of the survivor benefits, your survivor benefits will be less than you would have received under the special QJSA payment form.

You must consent to this waiver and selection of payment by signing the Spousal Consent section of this form. Please note that:

- your signature **must** be witnessed by a notary public or a Plan representative;
- the waiver is valid only if execute within the 90-day period ending on the proposed payment date; and
- the waiver election may be revoked or changed during this 90-day period.

This is a very important decision. You should think very carefully about whether you want to sign this agreement. Before signing, be sure that you understand what retirement benefits you may get and what benefits you will no longer be able to receive.

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**Spousal Consent to Waiver of Qualified and Joint Survivor Annuity Payment Option**

**Participant's Authorization**

I have made an election for distribution of benefits in a form other than a QJSA. I understand that this selection is revocable up until the beginning distribution date, and anytime thereafter for assets that are not yet distributed.

I hereby waive the distribution of plan benefits in the form of a QJSA.

\_\_\_\_\_  
Participant's Signature

\_\_\_\_\_  
Date



**Spouse's Consent**

I, \_\_\_\_\_, am the spouse of \_\_\_\_\_. I understand that I have the right to have my spouse's Plan pay my spouse's retirement benefits in the form of a QJSA, and I agree to waive that right. I understand that by signing this agreement, I may receive less money than I would have received under the QJSA payment form, and I may receive nothing after my spouse dies depending on the payment form that my spouse chooses.

I understand that by signing this waiver, my spouse can choose any retirement benefit form that is allowable by the Plan without telling me and without getting my consent. I also understand that my spouse can change the retirement benefit form selected at any time without telling me and without getting my agreement.

I understand that I can limit my spouse's choice to a particular retirement benefit form and that I am waiving that right.

I understand that I do not have to sign this agreement. I am signing it voluntarily.

I understand that if I do not sign this agreement, they my spouse and I will receive payments from the Plan in the form of a QJSA.

I execute my consent on \_\_\_\_\_, 20\_\_\_\_, which is no more than 90 days from the beginning payment date requested by my spouse.

\_\_\_\_\_  
Spouse's Signature



**Witnessed By:**

\_\_\_\_\_  
Plan Representative's Signature

\_\_\_\_\_  
Date

**OR**

\_\_\_\_\_  
Notary Public's Signature

\_\_\_\_\_  
Date

My commission expires on: \_\_\_\_\_.

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## CERTIFICATION OF MARITAL / SINGLE STATUS

Federal Law requires the Trustees to confirm whether a previous spouse is entitled to any portion of your pension benefits. It is necessary that we request the following certification and supporting documentation. **Failure to complete this form fully, including signing it in front of a Plan Representative or notary public, and providing ALL documentation requested, will result in a delay of the processing of your application.**

Participant Name: \_\_\_\_\_ SSN: \_\_\_\_\_

Current marital status:  SINGLE NEVER MARRIED  
 SINGLE, PREVIOUSLY MARRIED\*  
 MARRIED, NO PREVIOUS MARRIAGES  
 MARRIED, WITH PREVIOUS MARRIAGE(S)\*  
 LEGALLY SEPARATED\*

\*If you have had previous marriages, please list the names of your ex-spouses, the dates of marriage and date of divorce or separation (if any of your previous marriages ended due to the death of your spouse at the time, please list the date of death):

<u>Ex-spouse's Name</u>	<u>Date of Marriage</u>	<u>Date of Divorce/Death</u>
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**Please provide complete copies of ALL marriage certificates, divorce decrees, separation agreements, Qualified Domestic Relations Orders and any other accompanying documents related to the termination of your previous marriage(s).** If any previous spouse(s) have passed away, please provide a copy of the death certificate(s).

I hereby certify, subject to the penalty of perjury, that the above information is, to the best of my belief and knowledge, true and complete. ANY PERSON WHO SUPPLIES A FALSE CERTIFICATION IN CLAIMING A BENEFIT FORFEITS ANY RIGHT HE OR SHE MAY HAVE TO THE BENEFIT AND, UPON DISCOVERY, BECOMES LIABLE FOR FULL REPAYMENT OF ANY MONEY RECEIVED AS A CONSEQUENCE.

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

\_\_\_\_\_  
Participant's Soc. Sec. #

\_\_\_\_\_  
Date

Notice to Notaries: Federal Law (i.e., the Retirement Equity Act of 1984) requires that the above Waiver must be executed in the presence of an authorized Plan Representative or a Notary Public. Accordingly, it is most important that you not only witness the actual signatures identified above, but also examine their credentials to satisfy yourself that they are, in fact, the same persons as the ones identified.

### PLAN REPRESENTATIVE OR NOTARY MUST WITNESS SIGNATURE

Subscribed to and sworn to before me, this  
This \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

Notary Public, \_\_\_\_\_ County  
State of \_\_\_\_\_

My Commission expires \_\_\_\_\_

## Lump Sum Election Form

I elect to receive my benefit in a lump sum instead of having it transferred to an IRA or other qualified retirement plan.

I understand that this benefit payment is subject to federal and state income taxes, and that if my income from all sources is high enough to require me to pay income taxes, I could be subject to tax penalties if my withholding and estimated tax payments are insufficient.

I understand that **at least 20% of the total benefit payment must be withheld for federal income taxes**, and that I may elect a higher percentage for federal withholding. I understand that if I am a California resident and I do not complete the Income Tax Withholding section below, an additional 2% will be withheld for state income tax.

\_\_\_\_\_  
Participant's Name (please print)

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

\_\_\_\_\_  
Participant's Signature

\_\_\_\_\_  
Date

Please check **one** of the income tax options below:

- Please withhold California income taxes at 10% of the federal taxes withheld.
- Please do not withhold anything for California income taxes.
- Please withhold the following Federal and California income taxes:

Federal Rate: \_\_\_\_\_% (must be 20% or greater)

California Rate: 0 % or amount: \$ 0

**DIRECT ROLLOVER ELECTION FORM**

I elect to have my benefit paid directly to the Individual Retirement Account ("IRA") or pension plan named below. I certify that the rollover recipient I have named is an IRA or a tax-qualified plan that accepts direct rollovers and has agreed to accept this transfer on my behalf.

I understand that I have the right to change or revoke this election, in writing, at any time prior to the payment of the rollover distribution.

Name of Trustee: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Attention: \_\_\_\_\_

Check Payable To: \_\_\_\_\_

Account Number: \_\_\_\_\_

\_\_\_\_\_  
Name (please print)

\_\_\_\_\_  
Soc. Sec. No.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



**Federal Income Tax Withholding Form  
for  
Monthly Payment Election**

**ONLY AVAILABLE IF DISTRIBUTION IS OVER \$5,000.00**

I am electing to receive my benefit in monthly payments as a Qualified Joint **& 50%** Survivor Annuity, Single Life Annuity, Monthly Installments over 5-Year Period, or Monthly Installments over 10-Year Period. I understand that these benefit payments are subject to federal income tax withholding.

My current mailing address is: \_\_\_\_\_  
\_\_\_\_\_

Please select **one** of the federal income tax options below:

- I elect **not** to have federal income tax withheld from my pension payments.
- I **do** elect to have federal income tax withheld from my pension payments.

\_\_\_\_\_  
Participant's Name (please print)

\_\_\_\_\_  
Soc. Sec. No.

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



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## Employee Declaration

I understand, agree to and make the following declarations:

- (1) **That all the information and statements provided by me in this application are true and correct.**
- (2) That I am familiar with the rules and regulations of the pension plan, as summarized and described in the plan booklet, and that in retiring I agree to be bound by the rules and regulations of the pension plan.
- (3) **That if I return to work in the type of employment covered by this pension fund, that I must report this fact, in writing, to the pension fund office within ten days of my reemployment.**
- (4) That I am required to notify the pension fund office in writing when I am no longer reemployed and I again return to retired status.
- (5) **That a false statement may disqualify me from pension benefits, and that the pension fund shall have the right to recover payments made because of a false statement.**
- (6) That the following is my signature as it will appear on the endorsement of my pension checks.
- (7) That I have received and reviewed the Summary Plan Description Booklet and all information provided in this application packet.
- (8) **I hereby declare that my employment terminated or that I retired on\_**

***I also understand that there will be a waiting period for the payout so that ALL the recent contributions can be entered into my account, to ensure I receive all that is due to me.***

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

## **Application Packet Checklist**

- Identification Documents
  - copy of Birth Certificate for you and your spouse (or allowable alternative documents)
  - Marriage License
  - copy of current driver's license or current state I.D. (with photo) for you and your spouse
  - If you have ever served in the military, please submit a copy of your induction and discharge papers.
  
- Completed "Application Form"
  
- Completed "Certification of Marital / Single Status"
  - signature **must** be witnessed by a Notary Public or a Plan Representative
  
- Documents regarding Marital Status
  - If you are *currently married*, you must provide the required Identification Documents for your spouse listed above **plus** the completed "Spousal Consent Form" if you are choosing a benefit other than the Qualified Joint & Survivor Annuity (note that the "Spousal Consent Form" **must** be witnessed by a Notary Public or a Plan Representative).
  - If you are *widowed*, provide a copy of your spouse's death certificate.
  - If you are *legally separated*, provide a copy of any Separation Agreements.
  - If you are *currently single but previously married* **or** *currently married with previous marriage(s)*, provide Marriage Certificates, Divorce Decrees, Qualified Domestic Relations Orders or other accompanying documents relating to the termination of the previous marriage(s). If your previous marriage ended due to the death of your spouse, provide a copy of the death certificate.
  
- If you are applying for a Disability Retirement, please include the Physician's Report.
  
- If you are applying for benefits as a result of the Participant's death, please provide a copy of the Death Certificate.
  
- If you are choosing a lump sum distribution, please provide the completed "Lump Sum Election Form."
  
- If you are choosing the Direct Rollover option, please provide the completed "Direct Rollover Election Form."
  
- If you are choosing any monthly payment option (i.e., QJSA, Single Life Annuity, Monthly Installments over 5-Year Period, Monthly Installments over 10-Year Period), please provide the completed "Federal Income Tax Withholding Form."
  
- "Employee Declaration"— signed and dated.

**Return all required documents to:**

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**BE SURE TO RETAIN A DUPLICATE FOR YOUR FILES**