



International Union of Operating Engineers
Local 132 Pension Fund
P.O. Box 2626
Huntington, West Virginia 25726-2626
(304) 525-0482 1-800-642-3525 www.iuoe132.org

NOTIFICATION OF RETIREMENT APPLICATION (Survivorship)

Please complete ALL sections of this application, attach copies of the required documents and sign and date before returning to the Fund Office. We will contact you within thirty (30) to ninety (90) days from the date of receipt of this application. You will then be provided an Application for Retirement Benefits, showing the benefit types and monthly amounts payable, provided you meet all of the qualifications for benefits. Should you be ineligible for benefits, you will also be notified in writing.

Participant and Spouse Information

Participant Name: _____ ID Number or SSN: _____
Participant Date of Birth: _____
Participant Date of Death: _____

Spouse Name: _____ Social Security Number: _____
Address: _____ Spouse Date of Birth: _____
_____ Date of Marriage: _____
Phone Number: _____

In applying for benefits you must submit a copy of the Participant's birth certificate, union registration card showing the initiation date and the Certified Death Certificate. You will also need to provide a copy of your birth certificate and a copy of the marriage license. Should you send originals, we will make a copy and return the original documents to you.

Employment Information

Enter the date in which your pension benefit is to begin: _____
Enter the last day you worked in the jurisdiction of IUOE Local 132: _____

Has the participant ever worked out of state? Yes No

If yes, please list each local union number and the approximate time worked in that jurisdiction:

Local	_____	Years	_____
Local	_____	Years	_____
Local	_____	Years	_____

Were contributions reported to Central Pension Fund upon the participant's behalf?
 Yes No

Retirement Benefit

Please select the type of retirement benefit in which you are applying:

Normal

Age 65 with 16,000 hours of contributory service
Age 65 with 10 years of participation, you must have worked on or after April 1, 1976
Age 65 with 5 years of participation, you must have worked on or after June 1, 1997

Early

Non-Reduced Benefit Qualifications

Age 64 with 25,000 hours of contributory service
Age 63 with 30,000 hours of contributory service
Age 62 with 35,000 hours of contributory service
Age 61 with 40,000 hours of contributory service
Age 60 with 45,000 hours of contributory service
Age 59 with 50,000 hours of contributory service, you must have worked on or after January 1, 2001
Age 58 with 55,000 hours of contributory service, you must have worked on or after January 1, 2001
Age 57 with 60,000 hours of contributory service, you must have worked on or after January 1, 2001

Early

Age 60 with 16,000 hours of contributory service
Age 55 with 24,000 hours of contributory service

Severance

Requires a Break-in-Service with at least 1,600 hours of contributory service and you must be ineligible for any other benefits, including a vested future benefit.

Please note, the above listed retirement types and descriptions show only the minimum qualifications required for benefits and are in no way a guarantee of benefits. Please refer to your Summary Plan Description for the official plan language and all qualification requirements for benefits.

Declaration and Signature

I hereby declare the information I have provided is true and correct to the best of my knowledge. I understand that a false statement may disqualify me from benefits and that the Fund has the right to recovery from any Participant, any payments made as a result of misrepresentation, mistake or error, irrespective of the party causing any such mistake or error.

→

Beneficiary's Signature

→

Date Signed

→

Witness's Signature

→

Date Signed

Notarized Statement Concerning Qualified Domestic Relations Orders (QDRO)

I, the undersigned, do hereby certify that the participant and/or I have no financial responsibility which would affect the distribution of my pension benefit, at this time, as indicated by a Qualified Domestic Relations Order (QDRO).

→ _____
Beneficiary's Signature

→ _____
Date Signed

STATE OF _____

COUNTY OF _____, TO WIT:

The foregoing Notarized Statement Concerning Qualified Domestic Relations Orders was acknowledged before me, this the _____ day of _____, _____ by _____, whose name is signed in writing above.

My commission expires

Signature of Notary Public

