



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 FOR ALTERNATE PAYEE (QDRO)

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 Alternate Payee Information

Participant Name: _____ ID Number or SSN: _____
Alternate Payee Name: _____ Alternate Payee SSN: _____
Address: _____ Date of Birth: _____

Phone Number: _____

The Alternate Payee applying for benefits must submit a copy of their birth certificate. Should you send an original, we will make a copy and return the original to you. The Trust Office is also required to have a copy of the Qualified Domestic Relations Order (QDRO) on file to process this application.

Retirement Benefit

Enter the date in which your pension benefit is to begin: _____

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, the participant must have worked on or after April 1, 1976
Age 65 with 5 years of participation, the participant must have worked on or after June 1, 1997
- Early** Age 60 with 16,000 hours of contributory service
Age 55 with 24,000 hours of contributory service
- Disability** Age 45 with 8,000 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.

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Alternate Payee's Signature

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Date Signed

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Witness's Signature

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Date Signed