

LOCAL NO. 1 PENSION FUND

1431 Opus Place #350
Downers Grove, IL 60515

Telephone: (630) 288-6868 – Toll Free: (866) 844-0488 – Fax: (630) 686-4128

Dear Participant:

Pursuant to your request, enclosed is a pension application form.

Step 1. Please complete and return it to the above address along with copies of the following documents:

- Copy of your birth certificate or acceptable proof of age (as explained on page 3 of the application).

And, if applicable,

- Copy of your spouse's birth certificate;
- Copy of your marriage certificate;
- Copy of any divorce decree(s), even if you are presently re-married;
- Copy of any Qualified Domestic Relations Order(s)

If applying for Disability benefits:

- Copy of your Notice of Social Security Disability Award letter, which must include the date the disability was awarded.

When your application is received in our office, along with the applicable documents, it will be reviewed to ensure all required documentation has been submitted and that you meet the eligibility requirements under the Plan for the benefits you seek. We may request additional information as needed.

Step 2. After the Fund Office receives all information requested under Step 1 (including all appropriate signatures and requested documentation), and a preliminary determination is made that you are entitled to the benefits you requested, your pension benefit will be calculated and correspondence will be sent to you explaining your pension benefit options. You will need to complete the benefit option election form and accompanying forms, which should be returned to our office for final processing.

Once a complete application has been received and processed in accordance with Steps 1 and 2 above, the Fund Office will send you confirmation of your award.

If you have questions or require further assistance, please do not hesitate to contact us at one of the above referenced numbers.

Thank you,

FUND OFFICE

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Downers Grove, IL 60515
Telephone: (630) 288-6868 – Toll Free: (866) 844-0488 – Fax: (630) 686-4128

APPLICATION PACKAGE FOR RETIREMENT OR DISABILITY BENEFITS

You are encouraged to review the Summary Plan Description (SPD) booklet that describes all of the benefits, requirements and rules of the Plan. If you do not have a copy of the booklet, contact the Fund Office and a copy will be mailed to you. Read the material in the booklet so that you will be familiar with the provisions of the Pension Plan.

Complete this application form in its entirety. If any portion of the application does not apply to you, please so indicate by "n/a". **Do Not leave any part of the application blank.** Failure to properly complete the application and provide the required attachments could delay the processing of the application. If you require assistance or have questions concerning any aspect of your benefits, do not hesitate to contact the Fund Office.

INSTRUCTIONS

- 1) Read all questions carefully.
- 2) **Type or print** all answers in ink.
- 3) Answer all questions. (If an item does not apply, mark "n/a").
- 4) Attach additional sheets if necessary.
- 5) Be sure to date and sign the application.
- 6) Mail completed application along with all required attachments to the Fund Office at the above address.
- 7) **Make sure you attach all applicable documents. (See list on page 3.)**

PERSONAL INFORMATION

Name	
Social Security Number	
Address	
City, State, Zip	
Telephone Number	
Alternate Telephone Number	
E-mail Address	
Date of Birth (Attach proof of age. See list on page 3.)	

MARITAL INFORMATION

Marital Status (Attach copy of, as applicable, marriage certificate, death certificate, divorce decree & QDRO.)	<input type="radio"/> Single	<input type="radio"/> Divorced*, not remarried	<input type="radio"/> Widowed
	<input type="radio"/> Married	<input type="radio"/> Remarried, with prior divorce*	
Spouse's Name			
Spouse's Social Security Number			
Spouse's Date of Birth (Attach proof of age. See list on page 3.)			
*If DIVORCED, does a QDRO (Qualified Domestic Relations Order) exist?	<input type="radio"/> Yes	<input type="radio"/> No	(Note: If Yes, please provide copy of Divorce Decree and QDRO.)

Print Name of Applicant/Participant: _____

TYPE OF PENSION BENEFIT APPLYING FOR

You may apply for a Retirement Benefit or a Disability Benefit. There are several types of Retirement Benefits. You will be informed about each benefit type for which you are eligible.

Please refer to the SPD booklet for additional provisions of the options available to you.

<input type="radio"/>	Retirement	You are eligible for a Normal, Early, Deferred or a Late retirement benefit depending on your age and service credits. You will be informed about each benefit you are eligible to receive.
<input type="radio"/>	Disability	Under the Pension Plan, you may be eligible for a Disability Pension if you meet the Plan's age and service requirements and are found to be disabled under the rules and are eligible for a Social Security Disability benefit. Attach a copy of your Social Security Award of Disability.

RETIREMENT DATE

Planned Retirement Date:	
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PRESENT EMPLOYMENT

1) Are you currently self-employed or working in Covered Employment? <input type="radio"/> Yes <input type="radio"/> No
2) If Yes , please provide the name, address and phone number of your present employer and the last day worked or expected last day worked:
Employer Name:
Address:
City, State, Zip:
Phone Number: ()
Last Day Worked or Expected Last Day Worked:
If No , please provide year last worked in Covered Employment:

UNION MEMBERSHIP

I HAVE BEEN A MEMBER IN GOOD STANDING OF THE SERVICE EMPLOYEES LOCAL NO. 1 CONTINUOUSLY FROM: _____ TO _____ (Date) (Date)

Print Name of Applicant/Participant: _____

EMPLOYMENT HISTORY

Please List Below the Buildings in Which You Have Been Employed.			
MONTHLY WAGES	BUILDING ADDRESS	OWNER/AGENT	FROM MONTH/YEAR TO MONTH/YEAR

MILITARY HISTORY

Please List Below Whether You Have Ever Served in the U.S. Armed Forces.			
Branch	Date of Enlistment	Date of Discharge/Separation	Type of Discharge

I understand that benefits will not be paid prior to actual retirement and if this application is approved, monthly benefits will commence as soon as possible after all required certifications, documents and records have been furnished to the Trustees.

I hereby certify and affirm that the foregoing statements are true, correct and complete to the best of my knowledge and belief. I understand that a false statement may disqualify me for any pension benefits and that the Trustees shall have the right to recover any payments made to me because of a false statement.

I further state that it is my intention to retire from active employment as defined in the Local No. 1 Pension Trust Plan.

Participant's Signature

Date

<p>Documents acceptable as proof of age:</p> <ol style="list-style-type: none"> 1) Birth Certificate. 2) Baptismal Certificate or other certified statement from a Church record. 3) Notification of registration of birth in a public registry of vital statistics. 4) Certified hospital records. 5) Certificate of a Social Security Award with date of birth. 6) Signed and Notarized statements of physician or mid-wife in attendance at birth. 7) Family Bible entry of birth information certified by a Notary Public. 8) Naturalization or immigration record or Passport. 9) Military Induction or Discharge papers. 10) Early life insurance policy showing date of birth or age on a specific date. 11) Census or school records showing age on a specific date. 	<p>Required Documents, as applicable:</p> <ol style="list-style-type: none"> 1) Proof of age. 2) Spouse's proof of age. 3) Marriage certificate. 4) Proof of common-law marriage. 5) Divorce decree. 6) QDRO - Qualified Domestic Relations Order. 7) Certified copy of Death Certificate (not a photo-copy). 8) Proof of Military Service. 9) Court name change document. 10) Social Security number change a specific document. 11) Social Security Award of Disability Letter. 12) Power of Attorney.
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RETIREMENT DECLARATION

To be deemed retired under the Local No. 1 Pension Plan, a Participant must cease and refrain from employment or self-employment as a janitor in the building maintenance industry in the geographical area of the Plan; provided, however, that a Participant who has retired, but thereafter returns to such work for 40 or more hours in a month, shall no longer be deemed retired.

If a Pensioner takes employment of the type described above, the pension benefits shall be suspended for any calendar month in which they are employed. After that period, pension benefits shall become payable again.

A Pensioner must notify the Trustees in writing within 15 days of returning to employment. The notice must provide information sufficient to establish whether or not the employment is of the type described above. If an appropriate notice is not given, the Trustees shall assume that the Participant was employed for at least 40 hours in such month and any subsequent month before the Participant gives notice that he has ceased the employment. When the Pensioner does furnish information sufficient to establish that the employment is not of the type described above, the Trustees will pay the withheld payments with the next monthly pension payment.

If a Pensioner fails to give written notice within the 15-day period, benefits may be suspended at the discretion of the Board of Trustees, for an additional six months over and above the suspension period described above.

By my signature below I acknowledge that I have read and understand the above rules of the Local No. 1 Pension Plan.

Participant's Signature

Date