

**GRAPHIC ARTS INDUSTRY JOINT PENSION TRUST**  
**25 LOUISIANA AVE NW • WASHINGTON, DC 20001**  
**PHONE: (202) 508-6670 • WEBSITE: WWW.GAIJPT.ORG**

**PENSION APPLICATION- FORMER LOCAL 449S**

Instructions: Please read this application and election form carefully and *print* all requested information. Mail the completed application to the Fund office. No pension benefits can be issued until after this application and all requested documents have been received. If you have ever been divorced, you must attach your divorce decree(s). If you have any questions regarding this application, contact the Fund office.

In accordance with the provisions of the Graphic Arts Industry Joint Pension Trust, I hereby apply for a retirement pension, for which I believe I have met the eligibility requirements (or shall have satisfied such requirements as of my contemplated retirement date). I submit this application for the purpose of obtaining such pension, and hereby certify that all the information contained on this application is true and correct to the best of my knowledge and belief.

Signature \_\_\_\_\_ Date \_\_\_\_\_  
(Do Not Print)

Application for:  Normal Retirement (Age 65 or over)  Deferred Vested Retirement  
 Early Retirement (Age 55 to 65)  Disability Pension

Name \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Male   
(First) (Middle) (Last) (Soc. Sec. No.) Female

Address \_\_\_\_\_ / (\_\_\_\_\_) \_\_\_\_\_  
(Number and Street) (City, State and Zip Code) (Telephone #)

Date of Birth\* \_\_\_\_\_ Place of Birth \_\_\_\_\_ Local Union No. \_\_\_\_\_

\*Proof of Age Must Be Submitted With Application

Name of Last Employer \_\_\_\_\_ Last Day Worked (or Expected to Work) \_\_\_\_\_

Retirement Date For Commencement of Benefits \_\_\_\_\_

Note: Early Retirement benefits cannot commence earlier than the first day of the month following the filing of this application with the Fund office, if otherwise eligible. If eligible, a Disability Retirement pension cannot commence earlier than the effective date of a Social Security Disability (SSDI) benefit (retroactive no more than 24 months from the filing of this application) or, if no SSDI award, the first of the month after filing this application.

**MARITAL STATUS: CHECK ALL THAT APPLY** – If you have been divorced, your pension may be subject to assignment to your former spouse under the terms of your divorce decree, including any Qualified Domestic Relations Order (QDRO). If you have more than one former spouse, add additional former spouse's information on separate sheet.

- I am married. Attach copy of marriage certificate and spouse's proof of age.
- I have never been married.
- I am married but am unable to locate my spouse.
- I was previously married (whether or not currently married). If divorced, attach divorce decree(s) and any Qualified Domestic Relations Order.
- I am legally separated from my spouse. Attach legal separation order and any Qualified Domestic Relations Order.

Name of Current Spouse \_\_\_\_\_ Soc. Sec. No. \_\_\_\_\_

Spouse's Date of Birth \_\_\_\_\_ Date of Marriage \_\_\_\_\_

Name of Former Spouse \_\_\_\_\_ Soc. Sec. No. \_\_\_\_\_

Spouse's Date of Birth \_\_\_\_\_ Date of Marriage \_\_\_\_\_ Date of Divorce \_\_\_\_\_

If you are applying for a *Disability Retirement* pension, complete the following and submit a copy of your Social Security Administration *Certificate of Disability Award* with this application. If your application for Social Security disability benefits is pending or has been denied and you are appealing, please submit status of your application below or attach a separate page.

Date Disability Incurred \_\_\_\_\_ Effective Date of Social Security Disability \_\_\_\_\_

Nature of Disability \_\_\_\_\_

Status of Application \_\_\_\_\_

### EMPLOYMENT HISTORY

List covered employment starting with your most recent employer. List as many as you can remember. If you do not know the exact dates, give approximate dates. Attach additional sheets if necessary.

Name of Company	City	Dates of Employment		Local Union Number
		FROM Month-Year	TO Month-Year	

### INSTRUCTIONS FOR FURNISHING PROOF OF AGE OF APPLICATION (AND SPOUSE WHERE APPLICABLE)

One or more of the proofs of age listed below must be furnished. Proof as high on the list as possible should be submitted if obtainable. A birth certificate, for example, is more acceptable than a passport or a marriage record. Legible copies of original documents will be acceptable, and all original documents will be returned. An applicant whose name is different from the name on the birth certificate or other documentation, should submit proof of the name change, such as a marriage certificate.

1. Birth Certificate
2. Baptismal Certificate or statement of Date of Birth as shown by church records certified by custodian of such records
3. Notification of registration of birth in public registry of vital statistic
4. Hospital records of Date of Birth, certified by custodian of such records
5. Certificate of Social Security Award
6. Foreign church or government records
7. Signed statement of Physician or Midwife in attendance, of Date of Birth shown on their records
8. Census Records
9. Family Bible or other record, certified by Notary Public
10. Naturalization Record
11. Immigration Papers
12. Record of military service
13. Passport
14. School Record, certified by custodian of such records
15. Vaccination Record, certified by custodian of such records
16. Insurance Policy showing Date of Birth or age
17. Labor Union or Lodge records, certified by custodian of such records
18. Marriage Records showing Date of Birth or age (Application for Marriage License or church record) certified by custodian of such records
19. Other records, such as signed statement from persons having knowledge of Date of Birth; voting records; poll tax receipts; driver's license; etc.

## **RIGHT TO DEFER YOUR DISTRIBUTION**

You have the right to defer receiving a distribution from the Plan until a later date. Please read the enclosed notice entitled "Right to Defer Pension Benefits and Consequences of Not Deferring" before you make your election to take a pension benefit.

## **RELATIVE VALUE OF BENEFIT PAYMENT OPTIONS**

Please read the enclosed disclosure on Relative Value of Benefit Payment Options before making your election of a form of benefit payment. This disclosure provides important information on how to compare the forms of payment offered under the Plan.

## **ELECTION OF FORM OF PENSION PAYMENTS**

### **INSTRUCTIONS**

**(Please read carefully - For additional information, refer to the descriptions of your options in the Summary Plan Description, Schedule I that applies to you.)**

#### **Married Retirees**

**50% Spouse Joint and Survivor Annuity:** If you are married when pension benefits begin and you and your spouse do not reject in writing the 50% Spouse Joint and Survivor Annuity or the 75% Spouse Joint and Survivor Annuity form of payment, you will automatically receive a monthly benefit under the 50% Spouse Joint and Survivor Annuity form which pays you a benefit for life. Your surviving spouse will continue to receive an amount equal to one-half of your monthly benefit for life upon your death. The amount of your pension will not increase if your spouse dies before you die.

You and your spouse can reject this form of payment and elect one of the other applicable benefit payment options listed on the next page. This rejection must be in writing and must be signed by both you and your spouse no earlier than 180 days or less than 30 days before your pension benefit effective date. Your spouse must sign in the presence of a notary public. Your spouse must acknowledge the effect of rejecting this form of payment. You will receive a form to complete for this purpose.

**75% Spouse Joint and Survivor Annuity:** This option is available for benefits, except a Disability Pension, that commence on and after July 1, 2008. Instead of the 50% Spouse Joint and Survivor Annuity, you may elect to receive your pension as a 75% Spouse Joint and Survivor Annuity. Unlike the 50% Spouse Joint and Survivor Annuity, which is automatically the form of payment for a married participant, the 75% Spouse Joint and Survivor Annuity must be elected at the time you file your pension application. If you elect the 75% Spouse Joint and Survivor Annuity form of payment, you will receive monthly benefits during your lifetime, and after your death your spouse will receive a monthly benefit equal to 75% of your monthly benefits until your spouse's death.

**Note:** The Normal Retirement, Early Retirement, or Vested Pension Benefits paid under a 50% Spouse Joint and Survivor Annuity or 75% Spouse Joint and Survivor Annuity form of payment will generally provide a lower monthly payment to you during your lifetime than that paid under the normal form of payment for unmarried Participants. The choice is between more money during your lifetime with no survivors benefit for your surviving spouse versus less money in your lifetime with a benefit for your surviving spouse. The total amount paid under any choice is calculated so as to be approximately equal.

If you choose a Five-Year Certain Annuity form of payment, then pension payments from the Plan may stop upon your death so that your spouse will not receive lifetime monthly payments after your death. A waiver may be revoked at any time before pension benefit payments begin. After pension benefits begin, you cannot change the form of the pension benefit payment.

**Unmarried Retirees:** If you are not married when Normal Retirement, Early Retirement or Vested Pension benefits begin your pension shall be paid under the Five-Year Certain Annuity.

**Changing your Choice:** The election or revocation of a form of pension payment may not be made or altered after the first pension payment.

## LOCAL UNION CERTIFICATION

(To Be Completed By Local Union)

We certify that the following information is part of the official records of our Local with reference to the above-named applicant.

1. Applicant has held membership in GCC/IBT as follows: From \_\_\_\_\_ to \_\_\_\_\_ Local # \_\_\_\_\_

From \_\_\_\_\_ to \_\_\_\_\_ Local # \_\_\_\_\_ From \_\_\_\_\_ to \_\_\_\_\_ Local# \_\_\_\_\_

2. If not a union member, date of first collective bargaining agreement with employer \_\_\_\_\_

3. Applicant's date of birth according to Local's records \_\_\_\_\_

4. Date applicant will cease (or has ceased) all work in the industry \_\_\_\_\_ GCC/IBT Local No. \_\_\_\_\_

\_\_\_\_\_  
Date Signature of President or Principal Officer (The Signature must be an original) Title

### ELECTION OF FORM OF BENEFIT PAYMENT

Check one of the boxes below. If you are not married, you must check box 3. If you check box 3, you must complete the enclosed Beneficiary Information.

1. I wish to receive my pension in the form of a 50% Spouse Joint and Survivor Annuity.  
This option will provide me with a lifetime monthly pension and upon my death my surviving spouse will continue to receive an amount equal to one-half of my monthly pension. Please attach a copy of your marriage certificate and your spouse's proof of age.
2. I wish to receive my pension in the form of a 75% Spouse Joint and Survivor Annuity  
This option will provide me with a lifetime monthly pension and upon my death my surviving spouse will continue to receive an amount equal to 75% of my monthly pension. Please attach a copy of your marriage certificate and your spouse's proof of age. (This option is not available for a Disability Pension.)
3. I wish to receive my pension in the form of a Five-Year Certain Annuity.  
This option will provide me with a lifetime monthly pension. However, under this option the Plan must make a total of 60 monthly payments (i.e. five years) to you, or if you die before 60 payments are made, to your beneficiary until a total of 60 monthly payments are paid. If you are married and elect this option, then you will receive a waiver form to reject the 50% Spouse Joint and Survivor Annuity that must be signed by you and also by your spouse in front of a notary public, within 180 days prior to your pension benefit effective date. (This option is not available for a Disability Pension) (Complete the enclosed Beneficiary Information if you elect this option)
4. I wish to receive my pension in the form of a Single Life Annuity. (Disability Pensions ONLY)  
This option will provide me with a lifetime monthly pension with no benefits payable after my death. If you are married and elect this option, then you will receive a waiver form to reject the 50% Spouse Joint and Survivor Annuity that must be signed by you and also by your spouse in front of a notary public, within 180 days prior to your pension benefit effective date.

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

\_\_\_\_\_  
Participant's Full Name (Print)

\_\_\_\_\_  
Date

**BENEFICIARY INFORMATION**

(Complete this election if you checked box 3, above)

FIVE-YEAR CERTAIN ANNUITY- I hereby designate the following as my beneficiaries to receive the balance of payments due me, if any, payable under the Graphic Arts Industry Joint Pension Trust.

Name of Primary Beneficiary \_\_\_\_\_ Soc. Sec. No. \_\_\_\_\_

Address \_\_\_\_\_

Relationship \_\_\_\_\_

Name of Contingent Beneficiary \_\_\_\_\_ Soc. Sec. No. \_\_\_\_\_

Address \_\_\_\_\_

Relationship \_\_\_\_\_

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

\_\_\_\_\_  
Participant's Full Name (Print)

\_\_\_\_\_  
Date