



Benefit Office

1850 MT. READ BLVD
ROCHESTER NY 14615

UA LOCAL 13 PLUMBERS, PIPEFITTERS
& SERVICE TECH'S BENEFIT OFFICE
STEVE OSTRANDER – FUND ADMINISTRATOR

P (585) 338-2310
F (585) 544-3993

PARTICIPANT REQUEST FOR PENSION BENEFITS

Date : _____

I request from the Pension Committee an estimate of the Pension benefit amounts available to me under all options offered by the UA Local 13 Pension Plan for my retirement on _____.
Retirement Date

I further understand the benefit amounts for the various rollover options are subject to change, based upon the time span between my actually receiving the information and the date of my actual application for pension, and further, the approval of my request by the Pension Trustees.

I have been informed that I have the right to waive a Joint and Survivor Pension Form of benefit that would have the effect of denying my spouse's benefits after my death.

I also understand that my spouse has the right to a Joint and Survivor Pension Form of Benefit and that any Waiver made by me would be ineffective unless my spouse consents to such Waiver. I understand that a Waiver may be made at any time during the applicable election period that is defined as the 90-day period prior to the commencement of benefits. The benefit commencement date is the first day of the month for which an amount is payable. I understand that I may revoke any such Waiver during the applicable election period. Finally, I understand that if a Waiver is elected or revoked within a 30-day period prior to the commencement date, my retirement date may be amended.

I further understand that if I perform work in the same trade, craft, or within the U.A. geographical area my monthly pension may be stopped.

Signature : _____

SECTION II : Form of Retirement Requested:

Name : _____

Address : _____

City : _____, **State :** _____ **Zip :** _____

Spouse's Full Name : _____

Spouse's Date of Birth : _____

Spouse's Social Security Number : _____

(Initial One Choice Only)

_____ Normal Retirement / **FULL BENEFIT** : Participant must be age 65 or older

_____ Early Retirement / **FULL BENEFIT** : Participant must attain BOTH (24 Years of Credited Service & Age 55)

_____ Special Early / **REDUCED BENEFIT** : Participant must attain BOTH (10 Years of Credited Service & Age 50)

_____ Disability Retirement / **ADJUSTED BENEFIT** : Refer to Pension Plan Document Section 5.4

_____ Terminated with Deferred Vesting : 55-65 or Over and Terminated prior to January 1, 1982

_____ Terminated with Deferred Vesting: 50-65 or Over and Terminated after December 31, 1981

Signature of Participant : _____ **Date :** _____

ALL APPLICANTS : Return this completed Pension Request Form along with a copy of the Birth Certificate.

MARRIED APPLICANTS : Birth Certificate for your spouse. You must also provide a copy of your Marriage Certificate.