



**Pension Fund  
of Local No. One, I.A.T.S.E.**

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**APPLICATION FOR PENSION BENEFIT**

**PART 1 – Participant Information / Marital Status**

Name of Participant Social Security No.

Address City State Zip

Birth Date Date last worked Name of Employer

Marital Status (Check one): Single Married

*If you are married, your spouse will be your joint annuitant unless you elect otherwise and you submit the enclosed Spousal Consent form with your application.*

Name of Spouse Social Security No.

Date of Marriage Spouse's Date of Birth

**I agree to immediately inform the Fund Office of any change in my employment or marital status.**

**PART 2 – Pension Benefit Election**

I am eligible to retire and I hereby elect the following pension starting as of the first day of  
, 20 (Check type of Pension)

1. **Normal Pension** - I am age 65 or older and have at least 20 years of Past and Future Service Credit or at least 10 years of Future Service Credit.
2. **Early Retirement Pension** - I have attained age 60 but have not yet attained age 65, and have at least 20 years of Past and Future Service Credit or at least 10 years of Future Service Credit.
3. **Thirty-Year Service Pension** – I have attained age 55 but have not yet attained age 60, and have at least 30 years of Future Service Credit.
4. **Vested Pension** - I am age 65 or older and have at least 5 years of Vesting Credit and an Hour of Service under the Plan after December 31, 1998 (or December 31, 1988 if I am a Non-Bargained Employee) or I have 10 years of Vesting Credit.
5. **Disability Pension** - I am totally and permanently disabled and have not attained age 65. I have at least 10 years of Pension Credit, one year of which I earned in the last two calendar years immediately prior to the onset of my disability. (To be considered totally and permanently disabled, your disability must have lasted for at least five months and be expected to continue for at least seven additional months.)

**Complete the following if Disability Pension (option 5) is elected, otherwise skip to Part 3.**

I have applied for a Social Security Pension                      Yes                      No

Complete the following if you answered "yes":

Date applied

Disposition of Social Security application (check one of the following):

I have not received a decision on my application.

My application has been rejected.

My application has been approved.

(Submit Certificate of Social Security Disability Insurance Award)

**PART 3 – Election of Benefit Payment Form**

***Before completing this section, please read carefully the "Information on Benefit Payment Options" included with these application materials.***

Please check one of the following:

I am not married

I am married and I want my spouse listed below to be my joint annuitant

I am married and I want the person listed below who is not my spouse to be my beneficiary or joint annuitant

I have read the Information on Benefit Payment Options, and I elect to have my pension benefits paid in the following manner:

120-Month Benefit Guarantee

50% Joint and Survivor Pension

75% Joint and Survivor Pension

100% Joint and Survivor Pension

*If you are married and elect a form of payment other than one of the Joint and Survivor Pensions with your spouse as joint annuitant, your spouse must sign the enclosed Spousal Consent form (Part 8) and it must be submitted with your application.*

**PART 4 – Joint and Survivor Annuitant Designation**

**Name of Joint Annuitant**

Social Security No.

Address

Birth Date

Relationship

**Name of Joint Annuitant**

Social Security No.

Address

Birth Date

Relationship

*Please note that if you name two joint annuitants, payments to the joint annuitants will stop upon the death of the oldest joint annuitant, and no further benefits will be paid unless the younger joint annuitant is entitled to any remainder of the 120 Guaranteed Monthly Payments.*

**PART 5 – Beneficiary Designation for Remainder of 120 Monthly Payments**

I hereby designate the person(s) named below as my beneficiary(ies) to receive any guaranteed payments that may be due if I or my designated joint annuitant and I (if payments are being made as a Joint and Survivor Pension) die before receiving a total of 120 monthly payments.

Name of Primary Beneficiary(ies)	Social Security Number	% Share	Address	Relationship

100%

Unless noted otherwise noted, the above beneficiaries who are alive at the time any payments are due will share equally in any such payments.

In the event that all of my beneficiary(ies) designated above are not living at the time payments would be due, I hereby designate the person(s) named below as my contingent beneficiary(ies).

Name of Contingent Beneficiary(ies)	Social Security Number	% Share	Address	Relationship

100%

**PART 6 – Certification**

***If you are married and have elected any form of benefit payment other than a Joint and Survivor Pension with your spouse as joint annuitant, you must also complete Part 7, and your spouse must complete Part 8.***

- I hereby certify and swear under penalty of perjury: (1) that I will notify the Fund Office of any change in my employment status including employment and/or self-employment in the theatrical, television or amusement industry; (2) that all statements and information provided by me in connection with this form are true, and (3) that if I am married and waived the Joint and Survivor Pension or named someone other than my spouse as joint annuitant, the person consenting to such waiver by completing the Spousal Consent is my legal spouse.
- I understand my pension will be paid as a 50% Joint and Survivor Pension (with my spouse as joint annuitant if I am married) unless I affirmatively elect otherwise. If the present value of my pension benefit does not, however, exceed \$5,000, my distribution will be paid in a single lump sum.
- NOTE: If you file this election more than 180 days before the date your benefit is to begin, this form must be re-filed at least 30 but not more that 180 days before the date your benefit is to begin.**

I hereby revoke any prior election made by me with respect to my benefits under the Plan.

Participant's  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name:

**THIS DOCUMENT MUST BE SIGNED IN THE PRESENCE OF A NOTARY PUBLIC OR AUTHORIZED FUND REPRESENTATIVE**

STATE OF \_\_\_\_\_ :SS.

COUNTY OF \_\_\_\_\_

On the \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, before me came \_\_\_\_\_, to me known to be the person whose name is first inscribed above and who executed the foregoing, and acknowledged that \_\_\_he executed the same of h\_\_\_ own volition.

WITNESS my hand the day and year aforesaid.

\_\_\_\_\_  
Notary Public or Authorized Fund Representative

***If you are single, or if you are married and elected a Joint and Survivor Pension with your spouse as joint annuitant, you do not need to complete Parts 7 and 8 of this form.***

**PART 7 – Participant’s Waiver of Qualified Joint and Survivor Pension with Spouse as Joint Annuitant**

I acknowledge that I have read and understood the Information on Benefit Payment Options, and I have received any additional information I have requested regarding the forms of benefit payment available and the financial effect on me and my spouse of electing a form of payment other than a Joint and Survivor Pension with my spouse as joint annuitant. I believe I have received sufficient information to permit me to make my election.

I hereby decline to receive my benefits under the plan in the form of a Joint and Survivor Pension with my spouse as joint annuitant. I understand that I may revoke this election at any time prior to the date on which benefits are first paid to me under the Plan.

My spouse has consented in writing, by completing the attached Spousal Consent, to: (i) my election to decline the Joint and Survivor Pension with herself or himself as joint annuitant, (ii) my selection of the benefit option elected in Part 3 of my pension application, and (iii) the joint annuitant or beneficiary of any guaranteed benefits that may be payable following my death or the death of my joint annuitant.

If you are legally separated or cannot locate your spouse, check whichever is applicable and attach the appropriate proof:

My spouse and I are legally separated (Submit a copy of the Separation Agreement)

I cannot locate my spouse (Submit Affidavit of Inability to Locate a Missing Spouse)

Participant's  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name:

**PART 8 – Spousal Consent to Waiver of Qualified Joint and Survivor Pension with Spouse as Joint Annuitant**

I, \_\_\_\_\_, hereby swear under penalty of perjury that I am the lawful spouse of \_\_\_\_\_ (the participant identified on page 1), whose social security number is \_\_\_\_\_.

I acknowledge that I have read and understood the Information on Benefit Payment Options, and I have received any additional information I have requested regarding the forms of benefit payment available and the financial effect of my spouse electing a form of payment other than a Joint and Survivor Pension with me as joint annuitant.

I understand that I have the right to have the Pension Fund of Local No. One, I.A.T.S.E. pay my spouse’s pension in the form of a 50% Joint and Survivor Pension, which would pay monthly benefits to me for my life after my spouse dies, and I agree to give up that right.

I hereby consent to: (i) the election by my spouse to reject the Joint and Survivor Pension with me as joint annuitant, (ii) the election by my spouse to the specific benefit option elected in Part 3 of the pension application, (iii) the specific joint annuitant named by my spouse in Part 4 (if any), and (iv) the beneficiary or beneficiaries named by spouse in Part 5 to receive any guaranteed benefit payable on the death of my spouse (and my spouse’s joint annuitant, if any).

I understand that I may not revoke my consent to these choices, and but for my consent to the choices, should my spouse die during my lifetime, I would be entitled to receive a surviving spouse’s benefit commencing upon my spouse’s death, continuing thereafter for the remainder of my life. I understand fully the consequences of this action on my part, and the loss of benefits that I may experience if I survive my spouse. In addition, I understand that if I do not sign this consent, then my spouse and I will receive payments from the Fund in the form of a 50% Joint and Survivor Pension.

I understand that I do not have to sign this consent and my action as set forth herein is voluntary and freely taken on my part. I have participated in my spouse’s decision to decline coverage under the Joint and Survivor Pension form of benefit.

Spouse’s Signature \_\_\_\_\_ Date: \_\_\_\_\_

Print Spouse’s Name

**THIS DOCUMENT MUST BE SIGNED IN THE PRESENCE OF A NOTARY PUBLIC OR AUTHORIZED FUND REPRESENTATIVE**

STATE OF \_\_\_\_\_ :SS.

COUNTY OF \_\_\_\_\_

On the \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, before me came \_\_\_\_\_, to me known to be the person whose name is first inscribed above and who executed the foregoing, and acknowledged that \_\_\_he executed the same of h\_\_\_ own volition.

WITNESS my hand the day and year aforesaid.

\_\_\_\_\_  
Notary Public or Authorized Fund Representative