



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

320 West 46th Street, 6th Floor • New York, NY 10036 • Tel (212)247-5225 • Fax (212)247-5227 • www.fundoneiatse.com

APPLICATION FOR PENSION BENEFIT

PART 1 – Participant Information / Marital Status submit a copy of your birth certificate

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 5 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 5 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(submit copy of spouse birth record)

I am married and I want the person listed below who is not my spouse to be my beneficiary or joint annuitant (submit copy of joint annuitant birth record)

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 9) 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

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

PART 6 – Federal Tax Withholding

Please complete the attached W4P form which will determine the monthly taxes withheld from your pension check. If we do not receive the form, the IRS default withholding is based on single filing status with no adjustments. If you would like \$0 withholding, please write "No Tax Withholding" below line 4c.

We understand that this a complicated tax document. Your tax advisor may be able to assist you in completing it to get your desired withholding.

PART 7 – 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 8, and your spouse must complete Part 9.

1. 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.
2. 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.
3. **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 8 and 9 of this form.

**PART 8 – 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 9 – 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 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 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

Withholding Certificate for Periodic Pension or Annuity Payments

OMB No. 1545-0074

2023

Give Form W-4P to the payer of your pension or annuity payments.

Step 1:
Enter
Personal
Information

(a) First name and middle initial	Last name	(b) Social security number
Address		
City or town, state, and ZIP code		
(c) <input type="checkbox"/> Single or Married filing separately <input type="checkbox"/> Married filing jointly or Qualifying surviving spouse <input type="checkbox"/> Head of household (Check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual.)		

Complete Steps 2–4 ONLY if they apply to you; otherwise, skip to Step 5. See pages 2 and 3 for more information on each step and how to elect to have no federal income tax withheld (if permitted).

Step 2:
Income
From a Job
and/or
Multiple
Pensions/
Annuities
(Including a
Spouse's
Job/
Pension/
Annuity)

Complete this step if you (1) have income from a job or more than one pension/annuity, or (2) are married filing jointly and your spouse receives income from a job or a pension/annuity. **See page 2 for examples on how to complete Step 2.**

Do **only one** of the following.

(a) Reserved for future use.

(b) Complete the items below.

(i) If you (and/or your spouse) have one or more jobs, then enter the total taxable annual pay from all jobs, plus any income entered on Form W-4, Step 4(a), for the jobs less the deductions entered on Form W-4, Step 4(b), for the jobs. Otherwise, enter “-0-” . . . \$ _____

(ii) If you (and/or your spouse) have any other pensions/annuities that pay less annually than this one, then enter the total annual taxable payments from all lower-paying pensions/annuities. Otherwise, enter “-0-” . . . \$ _____

(iii) Add the amounts from items (i) and (ii) and enter the **total** here . . . \$ _____

TIP: To be accurate, submit a new Form W-4P for all other pensions/annuities if you haven't updated your withholding since 2021 or this is a new pension/annuity that pays less than the other(s). Submit a new Form W-4 for your job(s) if you have not updated your withholding since 2019. If you have self-employment income, see page 2.

Complete Steps 3–4(b) on this form only if (b)(i) is blank **and** this pension/annuity pays the most annually. Otherwise, do not complete Steps 3–4(b) on this form.

Step 3: Claim Dependent and Other Credits	If your total income will be \$200,000 or less (\$400,000 or less if married filing jointly): Multiply the number of qualifying children under age 17 by \$2,000 \$ _____ Multiply the number of other dependents by \$500 . . . \$ _____ Add other credits, such as foreign tax credit and education tax credits \$ _____ Add the amounts for qualifying children, other dependents, and other credits and enter the total here . . . 3 \$ _____
Step 4 (optional): Other Adjustments	(a) Other income (not from jobs or pension/annuity payments). If you want tax withheld on other income you expect this year that won't have withholding, enter the amount of other income here. This may include interest, taxable social security, and dividends 4(a) \$ _____ (b) Deductions. If you expect to claim deductions other than the basic standard deduction and want to reduce your withholding, use the Deductions Worksheet on page 3 and enter the result here 4(b) \$ _____ (c) Extra withholding. Enter any additional tax you want withheld from each payment 4(c) \$ _____

Step 5:
Sign
Here

Your signature (This form is not valid unless you sign it.)

Date

General Instructions

Section references are to the Internal Revenue Code.

Future developments. For the latest information about any future developments related to Form W-4P, such as legislation enacted after it was published, go to www.irs.gov/FormW4P.

Purpose of form. Complete Form W-4P to have payers withhold the correct amount of federal income tax from your periodic pension, annuity (including commercial annuities), profit-sharing and stock bonus plan, or IRA payments. Federal income tax withholding applies to the taxable part of these payments. Periodic payments are made in installments at regular intervals (for example, annually, quarterly, or monthly) over a period of more than 1 year. Don't use Form W-4P for a nonperiodic payment (note that distributions from an IRA that are payable on demand are treated as nonperiodic payments) or an eligible rollover distribution (including a lump-sum pension payment). Instead, use Form W-4R, Withholding Certificate for Nonperiodic Payments and Eligible Rollover Distributions, for these payments/distributions. For more information on withholding, see Pub. 505, Tax Withholding and Estimated Tax.

Choosing not to have income tax withheld. You can choose not to have federal income tax withheld from your payments by writing "No Withholding" on Form W-4P in the space below Step 4(c). Then, complete Steps 1a, 1b, and 5. Generally, if you are a U.S. citizen or a resident alien, you are not permitted to elect not to have federal income tax withheld on payments to be delivered outside the United States and its territories.

Caution: If you have too little tax withheld, you will generally owe tax when you file your tax return and may owe a penalty unless you make timely payments of estimated tax. If too much tax is withheld, you will generally be due a refund when you file your tax return. If your tax situation changes, or you chose not to have federal income tax withheld and you now want withholding, you should submit a new Form W-4P.

Self-employment. Generally, you will owe both income and self-employment taxes on any self-employment income you (or you and your spouse) receive. If you do not have a job and want to pay these taxes through withholding from your payments, you should enter the self-employment income in Step 4(a). Then compute your self-employment tax, divide that tax by the number of payments remaining in the year, and include that resulting amount per payment in Step 4(c). You can also add half of the annual amount of self-employment tax to Step 4(b) as a deduction. To calculate self-employment tax, you generally multiply the self-employment income by 14.13% (this rate is a quick way to figure your self-employment tax and equals the sum of the 12.4% social security tax and the 2.9% Medicare tax multiplied by 0.9235). See Pub. 505 for more information, especially if your self-employment income multiplied by 0.9235 is over \$160,200.

Payments to nonresident aliens and foreign estates. Do not use Form W-4P. See Pub. 515, Withholding of Tax on Nonresident Aliens and Foreign Entities, and Pub. 519, U.S. Tax Guide for Aliens, for more information.

Tax relief for victims of terrorist attacks. If your disability payments for injuries incurred as a direct result of a terrorist attack are not taxable, write "No Withholding" in the space below Step 4(c). See Pub. 3920, Tax Relief for Victims of Terrorist Attacks, for more details.

Specific Instructions

Step 1(c). Check your anticipated filing status. This will determine the standard deduction and tax rates used to compute your withholding.

Step 2. Use this step if you have at least one of the following: income from a job, income from more than one pension/annuity, and/or a spouse (if married filing jointly) that receives income from a job/pension/annuity. The following examples will assist you in completing Step 2.

Example 1. Bob, a single filer, is completing Form W-4P for a pension that pays \$50,000 a year. Bob also has a job that pays \$25,000 a year. Bob has no other pensions or annuities. Bob will enter \$25,000 in Step 2(b)(i) and in Step 2(b)(iii).

If Bob also has \$1,000 of interest income, which he entered on Form W-4, Step 4(a), then he will instead enter \$26,000 in Step 2(b)(i) and in Step 2(b)(iii). He will make no entries in Step 4(a) on this Form W-4P.

Example 2. Carol, a single filer, is completing Form W-4P for a pension that pays \$50,000 a year. Carol does not have a job, but she also receives another pension for \$25,000 a year (which pays less annually than the \$50,000 pension). Carol will enter \$25,000 in Step 2(b)(ii) and in Step 2(b)(iii).

If Carol also has \$1,000 of interest income, then she will enter \$1,000 in Step 4(a) of this Form W-4P.

Example 3. Don, a single filer, is completing Form W-4P for a pension that pays \$50,000 a year. Don does not have a job, but he receives another pension for \$75,000 a year (which pays more annually than the \$50,000 pension). Don will not enter any amounts in Step 2.

If Don also has \$1,000 of interest income, he won't enter that amount on this Form W-4P because he entered the \$1,000 on the Form W-4P for the higher paying \$75,000 pension.

Example 4. Ann, a single filer, is completing Form W-4P for a pension that pays \$50,000 a year. Ann also has a job that pays \$25,000 a year and another pension that pays \$20,000 a year. Ann will enter \$25,000 in Step 2(b)(i), \$20,000 in Step 2(b)(ii), and \$45,000 in Step 2(b)(iii).

If Ann also has \$1,000 of interest income, which she entered on Form W-4, Step 4(a), she will instead enter \$26,000 in Step 2(b)(i), leave Step 2(b)(ii) unchanged, and enter \$46,000 in Step 2(b)(iii). She will make no entries in Step 4(a) of this Form W-4P.

If you are married filing jointly, the entries described above do not change if your spouse is the one who has the job or the other pension/annuity instead of you.



Multiple sources of pensions/annuities or jobs. If you (or if married filing jointly, you and/or your spouse) have a job(s), do NOT complete Steps 3 through 4(b) on Form W-4P. Instead, complete Steps 3 through 4(b) on the Form W-4 for the job. If you (or if married filing jointly, you and your spouse) do not have a job, complete Steps 3 through 4(b) on Form W-4P for **only** the pension/annuity that pays the most annually. Leave those steps blank for the other pensions/annuities.

Step 3. This step provides instructions for determining the amount of the child tax credit and the credit for other dependents that you may be able to claim when you file your tax return. To qualify for the child tax credit, the child must be under age 17 as of December 31, must be your dependent who generally lives with you for more than half the year, and must have the required social security number. You may be able to claim a credit for other dependents for whom a child tax credit can't be claimed, such as an older child or a qualifying relative. For additional eligibility requirements for these credits, see Pub. 501, Dependents, Standard Deduction, and Filing Information. You can also include **other tax credits** for which you are eligible in this step, such as the foreign tax credit and the education tax credits. Including these credits will increase your payments and reduce the amount of any refund you may receive when you file your tax return.

Specific Instructions *(continued)*

Step 4 (optional).

Step 4(a). Enter in this step the total of your other estimated income for the year, if any. You shouldn't include amounts from any job(s) or pension/annuity payments. If you complete Step 4(a), you likely won't have to make estimated tax payments for that income. If you prefer to pay estimated tax rather than having tax on other income withheld from your pension, see Form 1040-ES, Estimated Tax for Individuals.

Step 4(b). Enter in this step the amount from the Deductions Worksheet, line 6, if you expect to claim deductions other than the basic standard deduction on your 2023 tax return and want to reduce your withholding to account for these deductions.

This includes itemized deductions, the additional standard deduction for those 65 and over, and other deductions such as for student loan interest and IRAs.

Step 4(c). Enter in this step any additional tax you want withheld from **each payment**. Entering an amount here will reduce your payments and will either increase your refund or reduce any amount of tax that you owe.

Note: If you don't give Form W-4P to your payer, you don't provide an SSN, or the IRS notifies the payer that you gave an incorrect SSN, then the payer will withhold tax from your payments as if your filing status is single with no adjustments in Steps 2 through 4. For payments that began before 2023, your current withholding election (or your default rate) remains in effect unless you submit a new Form W-4P.

Step 4(b)—Deductions Worksheet *(Keep for your records.)*



1	Enter an estimate of your 2023 itemized deductions (from Schedule A (Form 1040)). Such deductions may include qualifying home mortgage interest, charitable contributions, state and local taxes (up to \$10,000), and medical expenses in excess of 7.5% of your income	1	\$	
2	Enter: $\left\{ \begin{array}{l} \bullet \$27,700 \text{ if you're married filing jointly or a qualifying surviving spouse} \\ \bullet \$20,800 \text{ if you're head of household} \\ \bullet \$13,850 \text{ if you're single or married filing separately} \end{array} \right\}$	2	\$	
3	If line 1 is greater than line 2, subtract line 2 from line 1 and enter the result here. If line 2 is greater than line 1, enter "-0-"	3	\$	
4	If line 3 equals zero, and you (or your spouse) are 65 or older, enter: <ul style="list-style-type: none"> • \$1,850 if you're single or head of household. • \$1,500 if you're married filing separately. • \$1,500 if you're a qualifying surviving spouse or you're married filing jointly and one of you is under age 65. • \$3,000 if you're married filing jointly and both of you are age 65 or older. Otherwise, enter "-0-". See Pub. 505 for more information	4	\$	
5	Enter an estimate of your student loan interest, deductible IRA contributions, and certain other adjustments (from Part II of Schedule 1 (Form 1040)). See Pub. 505 for more information	5	\$	
6	Add lines 3 through 5. Enter the result here and in Step 4(b) on Form W-4P	6	\$	

Privacy Act and Paperwork Reduction Act Notice. We ask for the information on this form to carry out the Internal Revenue laws of the United States. You are required to provide this information only if you want to (a) request federal income tax withholding from pension or annuity payments based on your filing status and adjustments; (b) request additional federal income tax withholding from your pension or annuity payments; (c) choose not to have federal income tax withheld, when permitted; or (d) change a previous Form W-4P. To do any of the aforementioned, you are required by sections 3405(e) and 6109 and their regulations to provide the information requested on this form. Failure to provide this information may result in inaccurate withholding on your payment(s). Failure to provide a properly completed form will result in your being treated as a single person with no other entries on the form; providing fraudulent information may subject you to penalties.

Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation, and to cities, states, the District of Columbia, and U.S. commonwealths and territories for use in administering their tax laws. We may

also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by section 6103.

The average time and expenses required to complete and file this form will vary depending on individual circumstances. For estimated averages, see the instructions for your income tax return.

If you have suggestions for making this form simpler, we would be happy to hear from you. See the instructions for your income tax return.



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

320 West 46th Street, 6th Floor • New York, NY 10036 • Tel (212)247-5225 • Fax (212)247-5227 • www.fundoneiatse.com

INFORMATION ON BENEFIT PAYMENT OPTIONS

The Pension Fund of Local No. One, I.A.T.S.E. (the “Plan”) requires that payment be provided to you in an annuity form (the “Normal Form”) unless you make a valid election for another form of benefit (an “Optional Form”).

I. Explanation of Benefit Options

Normal Form of Payment

Married Participants

If you are married, the Normal Form in which benefits will be paid is the **50% Joint and Survivor Pension**, unless you waive this form of payment. Under this form of benefit, you will receive monthly payments for your life and, upon your death, your spouse will continue to receive monthly payments for his or her life equal to 50% of the monthly amount you received. Your monthly payment will be reduced since payments will be made over two lifetimes - yours and your spouse's. If you and your spouse die before 120 payments are made, the balance of the 120 payments will be paid to your contingent beneficiary.

If your spouse predeceases you, your monthly benefit will be increased to the amount under the 120-Month Guarantee (described below).

If, before your annuity starting date, you and your spouse divorce or your spouse dies, payments will automatically be made under the **120-Month Benefit Guarantee**, unless you choose an optional form of payment (as described below). However, once payments start, you cannot change the form or amount of your payments.

Single Participants

If you are not married on your annuity starting date, the Normal Form in which benefits will be paid is the **120-Month Benefit Guarantee**. This monthly benefit will be paid for the remainder of your life, except if you die before 120 monthly payments have been made, payments will continue to be made to the beneficiary or beneficiaries you designate until 120 payments have been made to both you and your beneficiary or beneficiaries. In the event that your beneficiary or beneficiaries die(s) before the full 120 month payments have been paid, the remaining monthly payments will be made to the contingent beneficiary or beneficiaries for the remainder of the guaranteed period.

Optional Forms of Payment for Married and Unmarried Participants

In lieu of the Normal Forms of payment outlined above, you may choose one of the following Optional Forms of Payment.

120-Month Benefit Guarantee –This is the normal form of benefit for unmarried participants, and is an option for married participants. This form of payment is an annuity payable monthly for your life. However, if you die before 120 monthly payments have been made, payments will continue to be made to the beneficiary or beneficiaries you designate until 120 payments have been made to both you and your beneficiary or beneficiaries. In the event that your beneficiary or beneficiaries die(s) before the full 120 month payments have been paid, the remaining monthly payments will be made to the contingent beneficiary or beneficiaries for the remainder of the guaranteed period. Your spouse must consent, in writing, to your designated beneficiary.

50% Joint and Survivor Pop-Up Pension – an annuity payable monthly for your life, reduced to reflect the cost of providing a survivor benefit to your designated beneficiary. Upon your death, your designated beneficiary will continue to receive monthly payments for his or her life equal to 50% of the monthly amount you received. Your monthly payment will be reduced since payments will be made over two lifetimes - yours and your designated beneficiary's. If you and your spouse or beneficiary die before 120 payments are made, the balance of the 120 payments will be paid to your contingent beneficiary. If your spouse or designated beneficiary predeceases you, your monthly benefit will increase to the 120-Month Benefit Guarantee (described above). If you are married and designate someone other than your spouse as your beneficiary, your spouse must consent, in writing, to such designation.

75% Joint and Survivor Pop-Up Pension* – an annuity payable monthly for your life, reduced to reflect the cost of providing a survivor benefit to your spouse or designated beneficiary. When you die, your spouse or designated beneficiary will receive a monthly benefit for his/her lifetime equal to 75% of the amount payable during your lifetime. Your monthly payment will be reduced as a result of payments made to both you and your spouse or beneficiary during your respective lifetimes. If you and your spouse or beneficiary die before 120 payments are made, the balance of the 120 payments will be paid to your contingent beneficiary. If your spouse or designated beneficiary predeceases you, your monthly benefit will increase to the 120-Month Benefit Guarantee. If you are married and designate someone other than your spouse as your beneficiary, your spouse must consent, in writing, to such designation.

**Depending on your designated beneficiary's age, you may not be eligible to elect this Optional Form. Please call the Fund Office to determine your eligibility for this Optional Form.*

100% Joint and Survivor Pop-Up Pension* - an annuity payable monthly for your life, reduced to reflect the cost of providing a survivor benefit to your spouse or designated beneficiary. When you die, your spouse or designated beneficiary will receive a monthly benefit for his/her lifetime equal to 100% of the amount payable during your lifetime. Your monthly payment will be reduced as a result of payments made to both you and your spouse or beneficiary during your respective lifetimes. If you and your spouse or beneficiary die before 120 payments are made, the balance of the 120 payments will be paid to your contingent beneficiary. If your spouse or designated beneficiary predeceases you, your monthly benefit will increase to the 120-Month Benefit Guarantee. If you are married and designate someone other than your spouse as your beneficiary, your spouse must consent, in writing, to such designation.

**Depending on your designated beneficiary's age, you may not be eligible to elect this Optional Form. Please call the Fund Office to determine your eligibility for this Optional Form.*

II. Financial Effect of Benefit Options

In order to enable you to understand how much is payable to you under each form of benefit available to you, the Plan is required to provide you with a description of the financial effect of electing each form of benefit available under the Plan. You will find this description in the form of a chart which is attached to this document as "**Exhibit A**". Please note that for purposes of providing this financial effect description, the Plan used reasonable estimates, such as an assumption that your spouse or designated beneficiary is 3 years younger than you.

Upon your request, the Plan will provide a more precise calculation that takes into account your actual benefit and your, and your spouse's, if any, actual age. Please contact the Fund Office at 212-247-5225 if you would like a more precise calculation specific to your benefit entitlement.

III. Financial Effect of Deferring Commencement of Benefit Payments

If you are applying for an Early Retirement Pension, the benefit amount above has been reduced by 2/9 of 1% for each month that you are younger than age 65 on the pension effective date you have chosen. If you defer payment until you reach age 65, your benefit amount will not be reduced. Please refer to page 5 of your summary plan description for an explanation of the determination of the amount of the Early Retirement Pension.

If you decide to delay receiving a pension until you are older than age 65, your monthly benefit will be increased so that it is the actuarial equivalent of the benefit to which you would have been entitled at age 65, provided you are not working in disqualifying employment. If you are working in disqualifying employment, your benefits will be suspended, but you may accrue additional benefits while you are working. In either event, you must begin receiving your pension by the later of (1) April 1 of the calendar year following the year you reach age 70 $\frac{1}{2}$, or (2) the date you retire. Please refer to page 8 of your summary plan description for an explanation of this increase and to page 9 for an explanation of disqualifying employment.

If you have any questions about your pension benefit or the forms of payment, please contact the Fund Office.

IV. Relative Value Disclosure

IRS regulations require plans, such as ours, to give retiring participants a comparison of the relative values of the benefit payment options generally available under the Plan. The goal is to help individuals make informed choices about the forms in which they may choose to receive their retirement benefits. By providing participants with the relative economic value of the optional forms of benefits, participants can make a meaningful comparison as to the value of the benefits in comparison to each other.

What Is Relative Value and What Are The Relative Values Under Our Plan?

The “relative value” of the forms of benefit is an expression of the actuarial value of each optional form of benefit as compared to the 50% Joint and Survivor Annuity.

In general, all of the forms of payment available under our Plan have approximately the same actuarial present value as the 50% Joint and Survivor Annuity, even though the benefits are paid in different manners. This is true for participants retiring between ages 55 and 65 with a spouse up to 5 years younger or older and for disabled participants retiring between ages 40 and 60 with a spouse up to 5 years younger or older.

How Was This Determined?

To determine the relative value, the Plan’s actuaries converted the value of each form of benefit offered by the Plan to a common form and then compared them. The actuarial values of benefits were determined using the following actuarial assumptions:

- Mortality assumptions about the average life expectancy of the Plan participants. Mortality assumptions are based on standardized tables developed by actuarial organizations and life insurance companies. Information is analyzed about large groups of people to project the rates at which groups of individuals at different ages are expected to die.
- Interest assumptions, which estimate the likely investment earnings, over time, of the money put aside to pay benefits. This is important in the determination of actuarial value because investment earnings provide some of the money used to pay benefits.

The valuation and reporting methodologies used were based on IRS regulations, which can be found in Treasury Regulations Section 1.417(a)(3)-1. These methodologies are fairly technical and can be difficult to understand. However, IRS regulations require that we provide this information to you.

What Does This Mean To Me?

As we said earlier, basically, this means that the optional forms of payment provided by the Plan have relatively the same value as the 50% Joint and Survivor Annuity option under our Plan. However, it is important that you realize that this is not a guarantee or even a prediction of what you will actually be eligible to receive when you retire. The actual amount you ultimately receive under a payment option will depend on your and your spouse's (if any) or designated beneficiary's actual longevity.

Upon your written request, you will be provided with the relative values, based on your own age (and, if appropriate, your spouse's actual age) and estimated benefits, between the 50% Joint and Survivor Annuity and on any other forms of payment that you are eligible for. If requested, we will also provide you with the details of the actuarial assumptions used to make the comparison for this notice. You may want to consult a financial advisor when you are nearing retirement to determine what is right for you.

To obtain an individual relative values estimate, please send a written request to:

**Mariann Zappalla
Supervisor Annuity/Pension
Fund Office Local No. One I.A.T.S.E.
320 West 46th Street, 6th Floor
New York, New York, 10036**



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

320 West 46th Street, 6th Floor
New York, NY 10036
(212)247-5225

RETIREMENT DECLARATION

Participant Name

**Social Security
Number**

DECLARATION

In retiring on a pension from the Pension Fund of Local No. One, I.A.T.S.E., I declare that I will be bound by all the Rules and Regulations of the Pension Plan. I will personally endorse each pension check, or if checks are deposited directly to my bank account, then such deposit and withdrawal will have the same effect as my personal endorsement.

NOTICE OF RETURN TO WORK REQUIRED

I understand that if I resume work in the jurisdiction of Local No. One, I.A.T.S.E., I must notify the Fund Office in writing within 15 days, registered or certified mail, after I resume such work.

DISABILITY RETIREMENT

I acknowledge that if I am a Disability Retiree under age 65, my pension will be suspended if I engage in any work within the jurisdiction of Local No. One, IATSE, except as provided in the Plan document.

BEFORE AGE 60

I acknowledge that if I return to work within the jurisdiction of Local No. One, I.A.T.S.E. and have not attained age 60, my pension will be suspended for any month in which I engage in any such work plus an additional 6 or 12 months.

AGE 60 TO 64 AND 11 MONTHS

I acknowledge that if I return to work within the jurisdiction of Local No. One, I.A.T.S.E. and have attained age 60 but not yet age 65, my pension will be suspended for any month in which I engage in any such work for 5 or more days or shifts plus an additional 6 or 12 months.

AFTER AGE 65

I acknowledge that if I return to work after attaining age 65, my pension will be suspended for any month in which I work in the jurisdiction of Local No. One, I.A.T.S.E. for eight or more days or shifts.

In all cases, I agree to report to the Pension Fund of Local No. One, I.A.T.S.E. the days and shifts I work while retired and receiving a pension benefit, such reporting to be on a form prescribed by the Pension Fund.

Participant Signature

Date



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

320 West 46th Street, 6th Floor
New York, NY 10036
(212)247-5225

RETIREE WELFARE FUND MEDICAL COVERAGE

The Local One Welfare Fund will continue to provide medical coverage for retirees on a self-pay premium basis. As of January 1, 2023 to December 31, 2023, the self-pay premium rates for retirees are as follows:

	Class	Retiree Only	Retiree Plus 1	Retiree Family
<u>Recovery Tier</u>	Under Age 60	\$161.00	\$293.00	\$424.00
	Age 60 through 64	\$91.00	\$177.00	\$247.00
<u>Medicare</u>	Age 65/Disability	\$25.00	\$50.00	\$75.00

If you are under 65 years of age when you retire, the Welfare Fund will continue as your health care insurer for yourself and your eligible dependents.

If you will be 65 years of age or over at the time of your retirement, you will need to have Medicare Part A and Part B in place. You will be covered under the Aetna Medicare Advantage Plan which includes Hospital, Major Medical and Prescription Drugs.

YOU MUST APPLY FOR PART B MEDICARE 3 MONTHS BEFORE YOU TURN 65 YEARS OF AGE.

If you do not sign up during this Initial Enrollment Period (3 months before you are 65) the start of your Medicare Advantage coverage will be delayed.

All health benefits for you and an eligible spouse will remain in place providing you enroll for these health benefits at the time of your retirement. Failure to enroll will result in losing your AETNA Medicare Advantage coverage.

If you require any additional information or have questions, please contact the Fund Office at 212-247-5225 or 800-974-2873.

I have read, and understand the above information and explanations and choose the following option:

- ☐ Effective , please deduct per month from my monthly Pension Benefit in order to maintain health **coverage for myself** in the Welfare Fund of Local No. One, IATSE.
- ☐ Effective , please deduct per month from my monthly Pension Benefit in order to maintain health **coverage for myself and 1 eligible family member** in the Welfare Fund of Local No. One, IATSE.
- ☐ Effective , please deduct per month from my monthly Pension Benefit in order to maintain health **coverage for myself and 2 or more eligible family members** in the Welfare Fund of Local No. One, IATSE.
- ☐ I decline medical coverage.

I have been personally advised and understand that if I retire before reaching my 65th birthday, AETNA HealthCare will continue as my primary healthcare insurer.

If I choose to retire at 65 years of age, I understand that just prior to my 65th birthday (at least 3 months before) **I must register and file for retirement with Social Security and elect Parts "A" (hospitalization) and Part "B" (medical) of my Social Security benefits** effective on my retirement date.

If I do not elect Part "A" and Part "B" (medical), the AETNA Medicare Advantage plan will not be in force and you will have no coverage with the Welfare Fund.

I understand that it is totally my responsibility to register with Social Security for Part A and Part B Medicare and that I will be penalized, by not having any Social Security medical coverage, if I fail to do so.

Date of Retirement

Retiree Name

Social Security Number

Retiree Signature _____

Date

I have witnessed the above participant sign this document:

Fund Representative Signature _____

Date



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

320 West 46th Street, 6th Floor
New York, NY 10036
(212)247-5225

DIRECT DEPOSIT FORM

If you wish to enroll for electronic direct deposit of your pension check, please fill in the information requested below, sign the form, attach a voided personal check from the bank to which you would like your pension payment transferred, and return this application to the Fund Office as soon as possible. The Fund office will contact you to let you know the month that your first direct deposit will be made.

Participant Name

Social Security Number

Street Address

City

State

Zip

Home Phone

Work Phone

Cell Phone

Email Address

Participant Signature:

Date:

Please attach a voided personal check from the bank account to which you would like your pension check direct deposited:

< VOIDED CHECK SAMPLE >