

WESTCHESTER PUTNAM COUNTIES HEAVY & HIGHWAY LABORERS

BENEFIT FUNDS

PENSION - WELFARE - ANNUITY - LEGAL - TRAINING

LOCAL 60

140 BROADWAY
HAWTHORNE, N.Y. 10532
Tel: (914) 769-2440
Fax: (914) 769-4023

Union Trustees
Anthony Ascencao
Richard Berardo
Augusto Rosa

Employer Trustees
Ross Pepe
George Pacchiana



APPLICATION FOR PENSION

I hereby apply to the Board of Trustees for a Pension:

MY NAME IS _____

MY ADDRESS IS _____

MY TELEPHONE NUMBER IS _____

MY DATE OF BIRTH IS (Proof of age must be submitted) _____

MY SOCIAL SECURITY NUMBER IS _____

MY UNION IDENTIFICATION NUMBER IS _____

MY WIFE'S / HUSBAND'S NAME IS _____

I HAVE BEEN MARRIED FOR _____ YEARS.

I HAVE RETIRED OF PLAN TO RETIRE ON _____ 20_____.

TYPE OF RETIREMENT FOR WHICH YOU ARE APPLYING: (check one)

Normal Early Disability Deferred Reciprocal

MARITAL STATUS:

Never Married Married Widowed Separated Divorced Date of Separation/Divorce*: _____

*IF YOUR MARRIAGE WAS DISSOLVED AFTER DECEMBER 31, 1984, YOUR ELECTION OF BENEFITS MAY BE SUBJECT TO THE RIGHTS OF A PRIOR SPOUSE AND YOU ARE REQUIRED TO ATTACH A COPY OF YOUR DISSOLUTION DECREE AND PROPERTY SETTLEMENT AGREEMENT AND/OR QUALIFIED DOMESTIC RELATIONS ORDER (QDRO).

I agree to notify the Trustees of the Pension Fund in writing whenever I return to work in the Industry. I also agree that Pension payments are to be governed in all aspects by the provisions of the Pension Plan, or as the same may hereafter be amended; and that the making of any Pension payment and its acceptance by me shall not prevent the Trustees from recovering or otherwise affect their right to recover any payment to me in excess of the amount of which I am entitled under the provisions of the Plan, nor shall the making of any Pension payments to me obligate the Trustees in any way to make any further payments in any amount whatsoever except as the same may be provided for by the Plan, as it may from time to time be amended.

DATE: _____ SIGNATURE OF APPLICANT: _____

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ELECTION FORM

To: THE BOARD OF TRUSTEES

I have been furnished with a general explanation of the circumstances in which a Joint and Survivor Annuity will be provided and the financial effect on my annuity of such election.

CHECK ONE

- A. I DO NOT WANT TO BE COVERED BY THE JOINT AND SURVIVOR ANNUITY WITH MY SPOUSE (HUSBAND AND WIFE PENSION).
- B. I WANT TO BE COVERED BY THE 50% JOINT AND SURVIVOR ANNUITY WITH MY SPOUSE (HUSBAND AND WIFE PENSION). I UNDERSTAND THAT THERE WILL BE AN ACTUARIAL REDUCTION IN MY RETIREMENT BENEFIT DEPENDING UPON MY AGE AND THE AGE OF MY SPOUSE ON THE EFFECTIVE DATE OF MY RETIREMENT.
- C. I WANT TO BE COVERED BY THE 75% JOINT AND SURVIVOR ANNUITY WITH MY SPOUSE (HUSBAND AND WIFE PENSION). I UNDERSTAND THAT THERE WILL BE AN ACTUARIAL REDUCTION IN MY RETIREMENT BENEFIT DEPENDING UPON MY AGE AND THE AGE OF MY SPOUSE ON THE EFFECTIVE DATE OF MY RETIREMENT.

NOTE: If Block B or C is checked, please submit proof of the date of birth of your spouse and a copy of your marriage certificate.

Name (print)

Signature of Pensioner

Name of Spouse

Spouse's Date of Birth

Date of Marriage

Signature of Spouse

An election not to take a Joint and Survivor Annuity (Box A) will only be effective if the Spouse consents to it in writing and it is witnessed by a notary public.

Signature of Notary Public

Date signed

THIS ELECTION IS IRREVOCABLE AFTER THE EXPIRATION OF 90 DAYS FROM THE DATE OF APPLICATION OR UNTIL THE FIRST CHECK IS CASHED, WHICHEVER IS LATER.

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FEDERAL INCOME TAX WITHHOLDING ELECTION FORM

CHECK ONE

- A. () I DO NOT WANT TO HAVE FEDERAL INCOME TAX
WITHHELD FROM MY MONTHLY PENSION BENEFIT.
- B. () I DO WANT TO HAVE FEDERAL INCOME TAX WITHHELD
FROM MY MONTHLY PENSION BENEFITS. PLEASE
SEND ME AN IRS FORM (W-2P) SO THAT I MAY INDICATE
MY EXEMPTIONS.

NAME - PLEASE PRINT

SIGNATURE

SOCIAL SECURITY NUMBER

DATE

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DIRECT DEPOSIT AUTHORIZATION

I hereby authorize Local 60 Pension Fund to direct deposit my monthly pension benefit check in my bank account. I have provided Local 60 with a copy of my personal check with my account number.

Name of Pensioner

Address of Pensioner: _____

Signature of Pensioner

Social Security Number

Date: _____

PLEASE ATTACH A VOIDED CHECK FOR VERIFICATION **OR:**

Give Bank Name: _____

Account Number: _____

Route Number: _____

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RETIREMENT AGREEMENT

NAME _____

SOCIAL SECURITY # _____ - _____ - _____

BOOK # _____

I, _____, RESPECTFULLY REQUEST
THAT MY MEMBERSHIP STATUS IN LABORERS' LOCAL 60 BE CHANGED
FROM ACTIVE TO RETIRED AS OF THE EFFECTIVE DATE _____.

I WISH TO CONFIRM MY INTENTION TO RETAIN AN AFFILIATION WITH
LABORERS' LOCAL 60 IN A RETIRED STATURE, REFLECTING THAT I
WILLFULLY BE OBLIGATED TO PAY THE RETIREE MONTHLY DUES FEE AS
SET FORTH BY LABORERS' INTERNATIONAL UNION OF NORTH AMERICA,
COMMENCING ON THE DATE REGISTERED ABOVE.

IF I HAPPEN TO CHANGE MY INCLINATION REGARDING THIS MATTER, I
WILL NOTIFY LOCAL 60 OF THIS DECISION IMMEDIATELY.

SIGNED: _____

DATE: _____