

**IUPAT Industry Pension Fund
Pension Application**



INSTRUCTIONS FOR USE

**Please follow these steps to complete and submit your application for processing:
(Failure to complete these steps may prevent or delay processing of your application!)**

- 1. Review your application to ensure all information is complete and accurate.**
- 2. Complete the application by signing and having notarized (if required).**
- 3. If required, sign Section 7 and have notarized.**
- 4. Attach all required documents (See "Required Documentation" Page of this document).**
- 5. If you have any questions or need assistance completing this form contact the IUPAT Fund office at 1-800-554-2479.**

6. Mail the complete Application (minus this page) along with all required documentation to the IUPAT Fund Office at:

(Any delay mailing your complete application may delay the start of your pension payments!)

IUPAT INDUSTRY PENSION FUND

ATTN: PENSION APPLICATION

7234 Parkway Drive

Hanover, MD 21076

IUPAT Industry Pension Fund Pension Application

PROOF OF AGE INSTRUCTIONS:

Proof of age must be furnished to the Fund Office with your application for you and your spouse/beneficiary. The acceptable types of documents are listed below in order of preference. You may submit a photocopy of these documents.

1. A Birth Certificate.
2. A baptismal certificate or a statement as to the date shown by a church record, certified by the custodian of such record.
3. Notification of registration of birth in a public registry of vital statistics
4. Certification of record of age by the U.S. Census Bureau.
5. Hospital birth record, certified by the custodian of such record.
6. A Medicare Card or Certificate of Social Security Insurance Award, if age or birth date is shown.
7. A foreign church or government record.
8. A signed statement by the Physician or midwife who was in attendance at birth, as to the date of birth shown on their record.
9. Naturalization record.
10. Immigration papers.

If you cannot submit proof of age in accordance with items 1 to 10 above, then submit at least TWO (2) of the items listed below:

1. Military Record.
2. Passport.
3. Drivers License.
4. School record, certified by the custodian of such record.
5. Vaccination record, certified by the custodian of such record.
6. An insurance policy, which shows your age or date of birth.
7. Other evidence such as notarized signed statements from persons who have knowledge of your date of birth.



INTERNATIONAL UNION OF PAINTERS AND ALLIED TRADES INDUSTRY PENSION PLAN

7234 Parkway Drive
Hanover, MD 21076
Phone (800) 554-2479 / Fax (866) 656-4160
Email: pension@iupat.org

SECTION 1 - APPLICANT INFORMATION

Last Name	First Name	Middle Name
Street Address		Date of Birth
City, State, Zip ,		Social Security Number
Relationship to the Participant with Pension Plan benefits: <input type="checkbox"/> Self/Participant - Complete All Sections <input type="checkbox"/> Surviving Spouse - Complete Sections 1, 2 & 8 <input type="checkbox"/> Alternate Payee - Complete Sections 1, 2 & 8 <input type="checkbox"/> Beneficiary - Complete Sections 1, 2 & 8 <input type="checkbox"/> Other - Complete Sections 1, 2 & 8		Telephone Number(s) Home: Cell:
Retirement Date Month - Day 01 - Year		Email
		Applicants Mothers Maiden Name

SECTION 2 - PARTICIPANT INFORMATION

Last Name	First Name	Middle Name
Social Security Number	Date of Birth	Last Affiliated DC or LU
Current Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Legally Separated <input type="checkbox"/> Widowed <input type="checkbox"/> Married/Common Law Spouse	Current/Last IUPAT Plan/Company Date: Employer: City & State:	Telephone Number(s) Home: Cell:

SECTION 3 - SOCIAL SECURITY (LEVEL INCOME) PENSION OPTION

Please complete the following with the age you expect to begin receiving Social Security Benefits and the estimated amount you are going to receive. "The Fund can process your application without this information but you will not receive information on the Social Security Level Income options at page 37 of your Summary Plan Description booklet and you will not be able to elect that form of payment."

Age: - Amount:

SECTION 4 - DISABILITY PENSION

If you are applying for retirement based on disability, please complete and attach or send your Disability Award from the Social Security Administration to the Fund as soon as you receive it. Please see pages 25 - 28 of your Summary Plan Description booklet.

Are you applying for a Disability Pension? [NA]

Have you received your Disability Award from Social Security or is it pending? []

SECTION 5 - SPOUSE INFORMATION - (if no current/former spouse, leave blank)

Last Name			First Name			Middle Name		
Address - Street, City, State, Zip - If different from applicant. , ,								
Spouse Date of Birth			Spouse Social Security Number			Spouse Current Marital Status		

SECTION 6 - BENEFICIARY INFORMATION

Last Name			First Name			Middle Name		
Address - Street, City, State, Zip - If different from applicant. , ,								
Beneficiary Date of Birth			Beneficiary Social Security Number			Please Indicate Relationship		

SECTION 7 - MARITAL STATUS VERIFICATION

Complete if you are single "not married". - You MUST have this section NOTORIZED if you claim that you are not married!

- I state under penalty of perjury that I am not legally married at this time.
- I state under penalty of perjury that I cannot locate my spouse - Include name, SSN and last known address in Section 5.
- I state under penalty of perjury that I was previously married but am divorced and there is no order or agreement that requires payment of pension benefits to my former spouse. - Attach copy of Divorce Decree and any property settlement.
- I state under penalty of perjury that I was previously married and have attached all orders or agreements that require payment of pension benefits to my former spouse that have not previously been filed with the Fund Office.
- ** Not Applicable

Subscribed and sworn before me on _____ Date _____ Applicants Signature _____

NOTARY PUBLIC

SECTION 8 - APPLICANTS STATEMENT

Pursuant to federal law, I state under penalty of perjury that the forgoing is true to the best of my knowledge, information and belief. I have read and understand the previous statements and all answers and information provided on this application. I understand that a false statement may disqualify me for pension benefits and/or subject me to sanctions under Federal or State Law. I also understand that the Fund has the right to adjust my benefits and recover any payment made to me because of a false or inaccurate statement, even if I did not know it was untrue.

Date _____ Applicants Signature _____

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Required Documentation

A Completed Application Packet is required to process a pension application, Please submit all indicated
Use this checklist to ensure you have included all documents required:

- Proof of Age** Participants proof of age

- Signature - Section 8** All applicants must sign Section 8

To prevent delay in processing your application, please ensure that all of the referenced documents, if applicable to your situation are included with your returned paperwork. Additionally, your application must be notarized if you are currently single and all required sections must be signed. The above checklist has been provided to guide you in completing this application.

Please Note: If you would like to opt in to text message status updates regarding the processing of your application, please provide your cell number here: (_____) _____ - _____