

**SOUTHERN CALIFORNIA UNITED FOOD & COMMERCIAL WORKERS UNIONS AND
DRUG EMPLOYERS PENSION TRUST FUND**

P.O. Box 27920, Los Angeles, CA 90027 ♦ (323) 666-8910
Toll Free (877) 999-8329 ♦ Fax (323) 913-0484

APPLICATION FOR RETIREMENT

Participant's Name _____ Social Security No. _____
Mailing Address _____
City _____ State _____ Zip Code _____
Phone _____ Date of Birth _____ Local Union No. _____

Please read instructions on the attached page before completing both sides of this form.

RETIREMENT EFFECTIVE DATE

I request a Retirement Benefit beginning: _____. *(Specify the month and year you would like your retirement benefit to be effective).*

Please Note: Retirement Benefits cannot be effective until the first day of the month coincident with or following the date you file an application for retirement with the Pension Office and satisfy all other requirements for a pension benefit. You may choose a later retirement date.

DISABILITY RETIREMENT

- 1.) Are you applying for a Disability Retirement or are you applying for an Early Retirement Benefit which you plan to convert to a Disability Retirement? YES NO *(If NO, skip the rest of this Section)*
- 2.) Have you received a Determination as to your eligibility for Social Security Benefits from the SSA?
- YES *(Please include a complete copy of your Social Security Disability Award).*
- NO, but I filed for Social Security Disability benefits on _____ and am awaiting a final determination from SSA. *(Provide proof that you have applied for Social Security Disability Benefits).*
- NO, but I have a pending appeal from the denial of Social Security Disability Benefits. *(Provide proof).*

You must provide the Fund Office with a copy of your Social Security Disability Award or proof that you have a pending application or a pending appeal for Social Security Disability Benefits.

Converting Early Retirement Benefits to a Disability Retirement Benefit: If you are applying for an Early Retirement while awaiting a determination on your application for Social Security Disability Benefits, you must apply for a Disability Retirement by checking YES to the first question above.

MARRIAGE INFORMATION

Are you married? NO YES YES, but Separated Divorced

If you are married or separated, complete the following information:

Spouse's Name _____ Marriage Date _____
Spouse's Social Security No. _____ Spouse's Date of Birth _____

If you have been divorced, provide the following information and attach a copy of any court order or stipulation regarding the payment of benefits by this Pension Fund.

Former Spouse's Name and Last Known Address _____
Date of Final Divorce Decree _____

EMPLOYMENT INFORMATION

1.) Are you currently employed? YES NO

2.) List below your current employer / most recent employer even if you are not now working under a Retail Drug Agreement.

Current or Most Recent Employer

Name _____
Hire Date _____ Last Day Worked _____ Local Union No. _____
Job Title _____ Job Duties _____

3.) List your prior Retail Drug Employers.

Previous Employers

Name _____
Hire Date _____ Last Day Worked _____ Local Union No. _____
Job Title _____ Job Duties _____

Name _____
Hire Date _____ Last Day Worked _____ Local Union No. _____
Job Title _____ Job Duties _____

PREVIOUSLY DISABLED

If you were ever unable to work in the Retail Drug Industry because of a disability, please indicate the dates of disability.

Period of Disability: From _____ To _____

CREDITED SERVICE WITH OTHER RETAIL CLERKS PENSION PLANS

Do you have pension service under any other UFCW Pension Plan in California? YES NO

If yes, please provide name of Pension Plan _____
Period when pension service was earned: From _____ To _____

ELECTION OF AUTOMATIC BANK DEPOSIT

The Pension Fund strongly recommends that you have your monthly benefit check sent directly to your bank or financial institution. Please see additional information regarding this service. To take advantage of this free service, check YES below.

- YES, I would like automatic bank deposit (*provide a voided check*).
- NO, I do not want automatic bank deposit.

PARTICIPANT SIGNATURE

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Participant's Signature _____ **Date** _____
Participant signature must be in ink

Once you have completed your application form, return it to the Pension Office in the enclosed self-addressed envelope.

INSTRUCTIONS FOR COMPLETING YOUR RETIREMENT APPLICATION

Please read the information below before you complete your application for retirement. The information explains how to complete each of the questions asked on the application form. Also, we recommend that you read the pamphlet titled **Summary of Suspension of Benefits Rules** before electing the effective date of your pension.

If you have any questions about completing your Retirement Application, please call the Pension Office toll free at (877) 999-8329 extension 500.

Once you have completed your application form, return it to the Pension Office in the enclosed self-addressed envelope.

PARTICIPANT INFORMATION

Enter your full name, Social Security Number, birth date, and the last Local Union of which you were a member. Also, enter your home mailing address, including apartment number, zip code, etc. Please provide your home phone number so that we may reach you if any questions arise during the processing of your claim. **A copy of your birth certificate will be required if not already submitted.**

RETIREMENT DATE

Your benefits may be effective as early as the first day of the month coincident with or following the date you file an application for benefits and complete all eligibility requirements for a pension. You may specify a later date on your application. In the event you are disabled, your Disability Retirement Pension will be effective as of the first month for which a Social Security Disability payment is due.

DISABILITY RETIREMENT

If you are applying for a Disability Retirement Benefit, or if you are applying for an Early Retirement Benefit while awaiting a determination on your application for Social Security Benefits, you must answer the first question "yes."

You are eligible for a Disability Retirement Benefit effective on the first day of the calendar month coincident with or next following the date all the requirements noted below are satisfied:

- You have at least 10 years of Benefit Credit;
- You have not attained age 60;
- You have qualified for Social Security Disability Benefits; and
- You have not incurred a Separation in Service as of the end of the Plan Year preceding the Plan Year in which the disability occurred, unless you earned some Benefit Credit in the year that the disability occurred.

The monthly amount of a Disability Retirement Benefit is the monthly Normal Retirement Benefit based on years of Benefit Credit accrued to the date of the Disability Retirement and without reduction by reason of age.

CONVERSION OF EARLY RETIREMENT BENEFITS TO DISABILITY RETIREMENT BENEFITS

If you have not received your Social Security Disability Award and you are at least 50 years of age, you may apply for an Early Retirement Benefit while awaiting a determination on your application for Social Security Disability Benefits. To do this, you must answer the first question "yes," and you **must** submit evidence with your application for Early Retirement that you have applied for Social Security Disability Benefits or have a pending appeal from the denial of Social Security Disability Benefits. If you do not apply for a Disability Retirement, you will not be able to convert Early Retirement Benefits to a Disability Retirement. **In order to be eligible to convert your Early Retirement Benefit to a Disability Retirement Benefit, your Social Security Disability Award must have an effective date no later than 6 months after your date of Early Retirement.**

If you do not receive a Social Security Disability Award or if the effective date of your Social Security Disability Benefits is more than 6 months after your date of Early Retirement, you will continue to receive Early Retirement Benefits and you will not be able to convert your Early Retirement to a Disability Retirement or to any other type of Retirement.

MARRIAGE INFORMATION

You must tell us whether you are married, not married, married but separated from your spouse, or divorced. If you are married or separated, please complete all of the information requested regarding your spouse. In addition, **we will require a copy of your marriage certificate and your spouse's birth certificate if not already provided.**

EMPLOYMENT INFORMATION

Question #1 asks whether you are currently working. Answer yes if you are currently working for any employer or in self-employment, even if your current employer is not covered under a Retail Drug Agreement.

Question #2 asks that you provide the name, hire date, last day worked, local union (if applicable), job title and job duties of your **current or most recent employer**, even if that employer is not party to a Retail Drug Agreement. This information is required, even if you are not currently working for an Employer that contributes to this Plan.

Question #3, asks that you list your previous Retail Drug Employer, including the name of the Employer, hire date, last day worked, Local Union, job title and job duties during that employment.

PREVIOUSLY DISABLED

If at any time you were unable to work while covered under a Retail Drug Agreement list the approximate dates of your disability.

CREDITED SERVICE WITH OTHER PENSION PLANS

If you have coverage under another UFCW Pension Plan in California, enter the name of the Plan and the approximate dates.

ELECTION OF AUTOMATIC BANK DEPOSIT

The Trust offers a free service to directly deposit your monthly pension check with your bank or other financial institution. The Trust will need your voided personal check to provide this service. If you wish this service, check the **“YES”** box on the application form and provide a copy of your voided check.

PARTICIPANT SIGNATURE

Your signature on this form must be in ink. The Pension Office must receive your signed application in order for your application to be valid. By signing the form, you are declaring under penalty of perjury that the information you have provided on the form is true and correct. Federal law imposes severe criminal penalties on persons who obtain Plan benefits through knowingly false statements.

DOCUMENTS ACCEPTABLE FOR ESTABLISHING BIRTH DATE

The following is a list of the documents the Trust will accept as verification of your date of birth.

Submit one of the following documents:

- Birth Certificate
- Baptismal Certificate
- Naturalization Record
- Copy of record taken from family Bible or other family register of births
- Passport

If you are not able to provide any of the above listed documents to verify your date of birth, please contact our office toll free at (877) 999-8329 extension 500.