

# U.A. Local No. 467 Trust Funds

MAILING ADDRESS: P.O. BOX 5057, ZIP 95150-5057 • 1120 S. BASCOM AVE., ZIP 95128-3590 • SAN JOSE, CALIF. • PHONE(408) 288-4400

ADMINISTRATORS

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## U. A. Local 467 Pension Trust Defined Benefit Plan Application Procedures

This is being distributed so that you will know the length of time needed to process requests for Retirement Benefits. You should apply 60 days prior to your planned requested retirement date. Applying 90 days prior will ensure that you will receive your first check on the first day of the month that your retirement will become effective.

### Defined Benefit Plan (DBP)

- A. The Application forms will be sent to the Member when forms are requested from the Plan office.
- B. The Member must fully complete all of the forms (Please note that the Retirement date you choose **must be the first day of the month after the last day worked**) and return to the Plan office with all of the following documents:
  1. Proof of Age (member and spouse)
  2. Marriage License
  3. Divorce Documents, if applicable including Qualified Domestic Relations Order
  4. Death Certificate, if applicable
  5. Social Security Award (if applying for Disability Retirement)
- C. Once all fully completed forms and documents noted in B above are received, the Plan office will complete the following two (2) items:
  1. Calculate benefit
  2. Complete Benefit Election Form and send to Member

**This process will take approximately 30 days from the date the Plan office receives all of the required forms and documents. If all of the required information is not received, it will delay the calculation and the completion of the Benefit Election Form.**

- D. The Member must return the Benefit Election Form to the Plan office as soon as possible.

**If the fully completed Benefit Election form is received at the Plan office before the 10<sup>th</sup> day of the month, benefit payments will start the 1<sup>st</sup> of the next month. If the fully completed Benefit Election form is received at the Plan office after the 10<sup>th</sup> day of the month, there will be an additional month's delay. The first check will then not be issued until the 1<sup>st</sup> day of the next month following receipt by the Plan office. The check will include any retroactive amounts due.**

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## U. A. Local 467 Pension Trust Defined Contribution Plan Application Procedures

This is being distributed so that you will know the length of time needed to process requests for Retirement Benefits. You should apply 60 days prior to your planned requested retirement date. Applying 90 days prior will ensure that you will receive your first check on the first day of the month that your retirement will become effective.

### Defined Contribution Plan (DCP)

- A. The Application forms will be sent to the Member when forms are requested from the Plan office.
- B. The Member must fully complete all of the forms and return to the Plan office with all of the following documents:
  - 1. Proof of Age (member and spouse)
  - 2. Marriage License
  - 3. Divorce Documents, if applicable including Qualified Domestic Relations Order
  - 4. Death Certificate, if applicable
  - 5. Social Security Award (if applying for Disability)
- C. Once all fully completed forms and documents noted in B above are received, the Plan office will review member's eligibility for distribution:
  - 1. If determined eligible, the Plan office will send a distribution form to be completed by the member
  - 2. If determined not eligible, the Plan office will send member a denial letter

**This process will take approximately 30 days from the date the Plan office receives all of the required forms and documents. If all of the required information is not received, it will delay the processing of your application.**

- D. DCP benefits are payable as follows:
  - 1. Lump Sum
  - 2. Partial Lump Sum
  - 3. Monthly Installment Payments
  - 4. Rollover of Funds (Cash only)

**Please Note: All requests for a distribution must be received in the Plan office no later than the 10<sup>th</sup> (effective 8-1-2001) of a month in order to be generated on the 1<sup>st</sup> day of the following month. If the request is received after the 10<sup>th</sup> (effective 8-1-2001) of a month, there will be an additional month's delay.**

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## PENSION APPLICATION

### INSTRUCTIONS

1. Please read each question carefully.
2. Print all information.
3. Be sure to submit a Proof of Age.  
(See reverse side for Proof Submission)

4. Mail the completed application to:  
**United Administrative Services**  
**1120 S. Bascom Avenue**  
**P.O. Box 5057**  
**San Jose, CA 95150-5057**

### PERSONAL DATA

1. Name: \_\_\_\_\_  
(Last) (First) (Middle Initial)
2. Address: \_\_\_\_\_  
(Number & Street) (City) (State) (Zip Code)
3. Social Security Number: \_\_\_\_\_
4. Date of Birth \_\_\_\_\_
5. Telephone Number: \_\_\_\_\_
6. Date you plan to retire: \_\_\_\_\_  
Month\* Year
7. Date last worked: \_\_\_\_\_  
Month Year
8. Spouse: \_\_\_\_\_  
(Last) (First) (Middle Initial)
9. Spouse's Soc. Sec. No: \_\_\_\_\_
10. Spouse's Date of Birth \_\_\_\_\_
11. Marital Status:  Married  Single  Divorced  Widowed
12. Have you ever been divorced?  Yes  No  
(Provide copies of Final Divorce Decree and Property settlement or Qualified Domestic Relations Order (QDRO).

### TYPE OF PENSION

If eligible, I wish to apply for: \_\_\_\_\_  
Defined Contribution Plan only: \_\_\_\_\_  
(Please initial)

- Normal  Early  Disability  Estimate only

I have applied for Social Security Disability benefits. Upon approval, I will send a copy of my Social Security Disability Award.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witness: \_\_\_\_\_ Date: \_\_\_\_\_

This form must be submitted before any payments can be calculated. The Administrative Office will advise you of the payment amount to which you are entitled and provide you with the necessary forms.

\* Your effective date of retirement will be the 1<sup>st</sup> of the following month after your application has been received, unless you select a later month.

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## INSTRUCTIONS CONCERNING SUBMISSION OF PROOFS OF AGE

The acceptable Proofs of Age are listed below in two (2) groups. Submit a copy of one of the proofs listed in **Group I**, if you have it or can possibly obtain it; since this class of proof of age is the more convincing.

If you cannot submit a proof in the **Group I** classification, submit copies of two (2) of the proofs listed in **Group II**.

Additional proofs of age may be requested if the documents you submit do not constitute convincing Proof Of Age.

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### GROUP I

1. A Birth Certificate
  2. A Baptismal Certificate or a Statement as to the Date of Birth 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 US Census Bureau
  5. Hospital birth record, certified by the custodian of such record.
  6. A foreign Government Record.
  7. A signed statement by the Physician or Midwife who was in attendance at birth, as to the Date of Birth shown on their records.
  8. Naturalization Record.
  9. Immigration Papers.
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### GROUP II

1. Military Record.
2. Passport.
3. School Records, certified by the custodian of such record.
4. An insurance policy, which shows the age or Date of Birth.
5. Marriage Records showing date of birth or age (application for Marriage License or Church Record, certified by the custodian of such record; or Marriage Certificate).
6. Other evidence such as signed statements from person who have knowledge of the Date of Birth.
7. Letter from social security stating your Date of Birth as shown in their records.
8. Drivers' License.