

Houston Area Teamsters Pension Fund

Fund Office

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Pension Application

(PLEASE PRINT ALL INFORMATION CLEARLY)



Houston Area Teamsters Pension Fund

Part I
Pension Application

date _____

1. NAME (LAST, FIRST, MIDDLE)	2. SOCIAL SECURITY No.	3. HOME TELEPHONE #	
4. HOME ADDRESS (NUMBER, STREET OR RURAL ROUTE)	5. DATE OF BIRTH	6. AGE LAST BIRTHDAY <i>(ATTACH PROOF OF AGE & SEE NEXT PAGE)</i>	
7. CITY, TOWN OR POST OFFICE:	STATE	ZIP CODE	8. LOCAL No. 9. SPOUSE DOB
10. DATE YOU RETIRED OR PLAN TO RETIRE (MONTH, DAY, YEAR)	11. ARE YOU WORKING AT THE PESENT TIME? <input type="checkbox"/> YES (NAME OF PRESENT EMPLOYER) <input type="checkbox"/> NO (NAME OF LAST EMPLOYER) _____ DATE LAST WORKED _____		
12. TYPE OF PENSION REQUESTING <input type="checkbox"/> NORMAL RETIREMENT AT AGE 60 <input type="checkbox"/> EARLY REDUCED RETIREMENT 55-59 <input type="checkbox"/> DISABILITY RETIREMENT <input type="checkbox"/> DEATH BENEFIT <input type="checkbox"/> QUALIFIED DOMESTIC RELATION ORDER <input type="checkbox"/> CASH BALANCE ACCOUNT			
13. MARITAL SATUS <input type="radio"/> MARRIED DATE OF MARRIAGE _____ <input type="radio"/> SINGLE <input type="radio"/> DIVORCED DATE OF DIVORCE (COPY OF DIVORCE DECREE) _____			
14. RECORD OF EMPLOYMENT FROM _____ To _____ LOCAL _____ POSITION _____ FROM _____ To _____ LOCAL _____ POSITION _____ FROM _____ To _____ LOCAL _____ POSITION _____			

Part II – BENEFICIARY DESIGNATION

Name of Participant _____

Benefit Commencement Date _____

(the first day of the month to coincide with or next following the date you satisfy all of the conditions for entitlement to a pension, including termination of covered employment).

Name of Spouse: _____

Date of Birth: _____

(attach marriage certificate or license)

(attach proof of age)

Spouses Social Security Number: _____

COMPLETE BELOW ONLY IF YOUR BENEFICIARY IS SOMEONE OTHER THAN YOUR SPOUSE

Name Beneficiary: _____

Date of Birth of Beneficiary: _____

Beneficiary's Social Security Number: _____

Relationship: _____

PART III – SIGNATURES

I acknowledge that I have completed the entire Pension Application Form. I hereby certify that the information is true and correct to the best of my knowledge and belief. I understand that a false statement may disqualify me for pension benefits, and that the Trustees shall have the right to recover any payments made to me because of a false statement.

Signature of Member: _____ Date: _____

Witness: Signature of Member must be witnessed by a plan Representative or Notary Public (Select A or B).

A. _____
Name and Title of Plan Representative (Please Print)

Signature of Plan Representative

B. State of _____
County of _____

On this _____ day of _____, 20____, I, _____

Hereby certify that _____ personally appeared

before me on this day and acknowledged the due execution of the forgoing instrument.

Given under my hand and official seal this _____ day of _____,

20 _____

My commission expires _____.

NOTARY PUBLIC

(SEAL)

DIRECT DEPOSIT BANKING AGREEMENT

Your monthly pension benefit will be deposited directly into your bank account. Please complete the attached bank account information and provide a voided check with this application to avoid processing delays:

Participant Information:

Name: _____

Address _____

City/State _____

Social Security Number _____

Telephone Number _____

Bank Information:

Bank Name _____

Bank Address _____

City/State _____

Telephone Number _____

Routing Number _____

Account Number _____

For credit to: **Checking** **Savings**

I also authorize the bank to charge the above account, or any other account in my name, for payments made after my death and to refund the payment to the Houston Area Teamsters Pension Fund.

SIGNATURE OF RETIREE

DATE

Should you have any questions, please contact the fund office @ 1-866-236-3148.

Thank you.

**HOUSTON AREA TEAMSTERS PENSION PLAN
WITHHOLDING ELECTION/ ROLLOVER ELECTION FORM
FOR ELIGIBLE ROLLOVER DISTRIBUTIONS**

WITHHOLDING/ DIRECT ROLLOVER RULES

If you have your Plan benefits paid directly to you, the Plan Administrator is required to withhold 20% of your payment for Federal income taxes. If you elect a direct rollover, no Federal taxes will be withheld on the amount rolled over.

You can elect a direct rollover only if your plan distributions during the year are \$200 or more. You can have part of you Plan benefits paid directly to you and the remainder paid as a direct rollover to an IRA or to another qualified plan only if the portion you rollover is \$500 or more. For eligible periodic payments, you can change your election for future payments by filing a new form with the Plan Administrator.

1. PARTICIPANT INFORMATION

Name: _____

Address: _____

City _____ State _____ Zip _____

DIRECT ROLLOVER/ PAYMENT ELECTION

- I elect to have \$ _____ of my Plan benefits paid directly to me. I understand that 20% of my distribution will be withheld for Federal income taxes unless I have elected to have more than 20% withheld.
- I elect to have \$ _____ of my Plan benefits paid as a direct rollover to:

For my benefit, to account # _____

Pay the direct rollover as follows. Please check one if direct rollover is elected.

- Provide the check(s) to me for delivery to the receiving plan(s)/ IRA(s).
- Transfer the funds directly to the receiving plan(s)/IRA(s).

2. OPTIONAL ELECTION TO WITHHOLD DIFFERENT AMOUNTS

- I want more than 20% withheld for Federal income taxes, and have attached completed Form W-4P for Federal withholding.

I have received and read the Special Tax Notice Regarding Plan Payments summarizing withholding and direct rollover rules that may apply to my plan distribution. I have checked the appropriate boxes above to indicate my withholding elections for my distribution(s) from this Plan. I understand that if I do not make an affirmative election, the Plan Administrator will assume I want my Plan benefits paid to me and will withhold 20% of the distribution for Federal income taxes.

Participant's Signature: _____ Date: _____

Proof of Age Instructions to Applicant

After entering your age on your last birthday, arrange to obtain and attach to the application proof of your age. One of the types of age listed below must be provided. Proof as high in order on the list as possible should be submitted if you have it because such proof is generally more convincing. For instance, if you have or can readily obtain a birth certificate, it should be submitted rather than a baptismal certificate or a statement of birth shown by a church record. If you do not have either of these proofs, or they are not readily obtainable, try to submit the proof listed below in order, rather than the one low on the list. You must attach a photo static copy of proof of age, except that you are cautioned that **NATURALIZATION PAPERS, UNITED STATES PASSPORTS, AND IMMIGRATION PAPERS *may not be photo copied***. If any of these is the only proof of age you have, submit the original and it will be returned to you.

1. Birth Certificate
2. 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 U.S. Census Bureau.
5. Hospital birth record, certified by the custodian of such birth.
6. Document showing approval of social security pension.
7. A foreign church or government record.
8. A sign statement by the physician or midwife who was in attendance at birth, as to the date of birth shown on their records.
9. Naturalization record (PHOTOSTAT NOT PERMITTED; SUBMIT ORIGINAL).
10. Immigration papers (PHOTOSTAT NOT PERMITTED; SUBMIT ORIGINAL).
11. Military record.
12. Passport (U.S. PASSPORTS MAY NOT BE PHOTOSTATED; SUBMIT ORIGINAL)
13. School record, certified by the custodian of such record.
14. Vaccination record certified by the custodian of such record.
15. An insurance policy which shows the age or date of birth.
16. 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.
17. Other evidence such as signed statements from persons who have knowledge of the date of birth, voting records, poll-tax receipts, driver's license, etc.