

Northern Illinois Pension Fund

Local 501

Enclosed is a complete pension application package. Please complete the appropriate forms and return them to the Fund Office 30 days before your commencement date, but not more than 90 days before your commencement date, along with your certified birth certificate. If you are married a certified marriage certificate and certified birth certificate for your spouse is also required.

Following is a list of the enclosed forms and instructions;

- Form 1 Notice of Automatic Forms of Payment this is an explanation of the "automatic" forms of payment.
- Form 2 Explanation of Optional Forms of Payment
- Form 3 Pension Application this form must be completed and returned with proof of age and marriage
- Form 4 Election of Optional Forms of Payment you elect the form of payment you wish to receive. There are five (5) different Forms for this election, they are differentiated at the top right corner. The form you complete will depend on your past service. The appropriate form is completed as follows:
- 319dv - 319 participant terminated before the merger (6/1/98)
 - 514dv - 514 participant terminated before the merger (6/1/98)
 - 319- 501 participant with a frozen 319 benefit
 - 514- 501 participant with a frozen 514 benefit
 - 501- 501 participants with all 501 service includes former 507 participants
- Form 4 part 2 Election of Direct Rollover applies to a lump sum distribution. After reading the Special Tax Notice Regarding plan payments you elect whether or not to roll your distribution over into another qualified plan or an IRA
- Form 5 Automatic Form of Payment Waiver on this form a married participant may elect to waive the Normal Form of Payment.
- Local 501 (Northern Illinois Benefit Fund) - Normal form for a married participant is the joint and 75% survivor benefit
 - Local 319 and Local 514 Frozen Benefit and Deferred Vested - Normal form for a married participant is the joint and 50% survivor benefit.
- Form 6 Consent of Spouse on this form your spouse consents to your election to waive the Normal form of payment.
- Form 7 Certification of Marital Status this form must be completed by any participant whose marital status is single.
- Form 8 Statement of Non-Work all participants must complete form 8.
- Form 9 Application For Electronic Wire Transfer this is a voluntary election to have your pension wired to your financial institution
- Form 10 W-4P Federal Withholding on Pension Plan Distributions. If you want income tax to be withheld, you must designate the number of withholding allowances on line 2 of this form. Under current law, you cannot designate a specific dollar amount to be withheld. However, you can designate an additional amount to be withheld on line 3. If you do not want any income tax withheld check the box on line 1.

If you do not submit form W-4P the Fund must withhold as if you are married claiming three withholding allowances. Generally, this means that tax will be withheld if your pension is at least ~~\$1,320.00~~ ^{2,150.00} a month.

- Form 11 Federal Withholding Tax Election to be completed if you are receiving a one time payment

Information *Income tax withholding tables*

NORTHERN ILLINOIS PENSION FUND

ELECTION OF OPTIONAL FORMS OF BENEFIT PAYMENT

Participant's Name: _____

Social Security Number: _____

Date payment is to commence: _____

I hereby elect under the terms of the above named retirement plan that my retirement benefit be paid in accordance with the following optional form of benefit payment:

Check One

* _____ Life Annuity

* _____ Ten Year (120 months) Certain and Life Annuity

* _____ Lump Sum Distribution

_____ Joint and 50% survivor Annuity (Automatic form for married participants unless properly waived and spouse consents – see Forms 5 & 6)

* _____ Joint and 75% Survivor Annuity

* _____ Joint and 100% Survivor Annuity

* _____ Joint and 50% Survivor Annuity with Pop-up

* _____ Joint and 75% Survivor Annuity with Pop-up

* _____ Joint and 100% Survivor Annuity with Pop-up

Beneficiary _____ SSN _____

Relationship _____ Date of Birth _____

*** For married participants, this election requires waiver of automatic joint and survivor benefit and spousal consent.**

This election revokes any previously dated election.

Participant's Signature

Date

Witnessed by:

Plan Representative or Notary Public's Signature

Date

**NORTHERN ILLINOIS PENSION FUND
ELECTION OF DIRECT ROLLOVER
FOR QUALIFYING DISTRIBUTION**

I, _____ have read the SPECIAL TAX NOTICE REGARDING PAYMENT PLAN PAYMENTS. I understand that I have the right to consider the decision as to whether or not to elect a direct rollover for a period of at least 30 days from the date the Special Tax Notice was given to me. By returning this election form, I hereby waive any such rights and make the following election:

I elect to have a direct rollover of the amount set forth below, to be made to the following plan or IRA:

Name of Plan or IRA: _____

Account Number (if applicable): _____

Name and address of trustee, custodian, or insurer, whichever applies:

the amount of the direct rollover is:

the entire distribution

\$_____ and the remainder of the distribution will be paid to me. (This option may only be selected if the amount to be directly transferred is at least \$500).

I elect to receive the distribution. I understand that if I elect to receive the distribution, 20% will be withheld for income taxes.

I hereby certify that the trustee, custodian, or insurer, as applicable, of the IRA or retirement plan will accept the direct rollover and that such plan is intended to be a qualified IRA or retirement plan.

I further understand that if I fail to return this form to the Administrator, I will be deemed NOT to have elected a direct rollover and the distribution amount will be paid to me after it is reduced for income tax withholding.

Date

Participant

NORTHERN ILLINOIS PENSION FUND
 Frozen Benefit Local 319 Portion
Joint and 50% Survivor Benefit Waiver Form

Instructions: This form must be completed in conjunction with Form 4 – “Election of Optional Forms of Benefit Payment.” Complete the applicable items below and sign your name where indicated. If you elect to waive the joint and 50% survivor benefit form of payment under Item III of this Form 5 your spouse must consent to this.

Participant's Name: _____ Social Security Number: _____

I am (check one):

- I I am not married at this time and will notify you if that status changes.
- II I accept the joint and 50% survivor benefit as indicated on the attached Election of Optional Forms of Benefit Payment.

Spouse's Full Name _____

Spouse's Social Security # _____

Spouse's Date of Birth _____

- III I am currently married; by this election I waive the joint and 50% survivor benefit. This waiver shall only be effective if your spouse consents to this waiver by signing the consent of spouse Form (Form 6). You must select one of the optional forms of benefit payment on Form 4. I hereby acknowledge that:

- a. I have received and explanation of my right to payment in the form of a joint and 50% survivor benefit (Form 1), and
- b. I understand the terms and conditions of the joint and 50% survivor benefit, and
- c. any failure to correctly indicate marital status may invalidate my election, and
- d. this election is revocable by completing and submitting a new written election prior to the date plan benefits begin

Participant's Signature

Date

Witnessed by:

Plan Representative or Notary Public's Signature

Date

My commission expires: _____

Notary Public Seal/Stamp

Consent of Spouse
Frozen Benefit Local 319 Portion

I _____ spouse of _____ hereby acknowledge that I am the spouse of the participant identified above and that I have read the "Notice of Automatic Forms of Payment:" (Form 1). I further understand that by consenting to my spouse's election to waive the joint and 50% survivor benefit, to receive retirement benefits in an optional form of payment and to name a beneficiary other than me, as applicable, I will not be entitled to any survivor benefits under the plan upon the death of my spouse. I also understand that I do not have to consent to this waiver, however, if I do consent, I may not revoke my consent.

The joint and 50% survivor benefit is a monthly benefit which, in the absence of this election, would have been payable for the life of my spouse and, after his/her death, payable to me for my life, with the amount of each monthly benefit payable to me equaling 50% of each monthly benefit payable to my spouse.

I hereby consent to my spouse's election (1) not to receive retirement benefits in the form of a joint and 50% survivor benefit and (2) to have retirement and survivor benefits paid in the optional

_____ form of payment with _____ as beneficiary to receive applicable survivor benefits, if any.

This consent shall become null and void if my spouse revokes his/her election not to receive the joint and 50% survivor benefit or if he/she changes the optional form of benefit payment election or beneficiary designation.

Signature of Participant's Spouse

Date of this Consent

Witnessed By:

Plan Representative or Notary Public's Signature

Date

My commission expires: _____

Notary Public Seal/Stamp

CERTIFICATION OF MARITAL STATUS

As a participant in the pension plan of the Northern Illinois Pension Fund, I hereby certify that I have no spouse and that the spousal consent requirements under Section 103(c)(2) of the Retirement Equity Act of 1984 is not applicable.

Participant's Signature

Date

Witnessed by:

Plan Representative Or Notary Public's Signature

NORTHERN ILLINOIS PENSION FUND
STATEMENT OF NON-WORK

NAME : _____

Northern Illinois Pension Fund
1295 Butterfield Road Aurora IL 60502

SSN: _____

PH: (630) 978-4600 FX: (630) 978-4616

Your request for pension benefits will be considered for approval **only after you have retired from employment as a plumber or pipefitter and confirm that there is not a workers compensation case pending.**

I am no longer working or self-employed as a plumber or pipefitter, there is not a workers compensation case pending and request that my pension application be considered for approval.

Last day worked: _____

Employer _____

Address: _____

City & State _____

Participant's Signature

Date

I understand the Trustees shall suspend the pension benefits of any retiree during certain periods of reemployment. Benefits shall be suspended if the retiree is paid for more than 40 hours in a calendar month in:

- **An industry in which employees were employed and earned benefits under the Plan at the time the Participant's pension benefits commenced or would have commenced if the Participant had not remained in or returned to employment;**
- **A trade or craft in which the Participant was employed at any time under the Plan; and**
- **The geographic area covered by the Plan at the time the payment of benefits commenced or would have commenced if the Participant had not remained in or returned to employment.**

Witnessed by:

Plan Representative or Notary Public's Signature

Date

My commission expires: _____

Notary Public Seal/Stamp

RE: QUALIFIED DOMESTIC RELATIONS ORDER (QDRO)
NORTHERN ILLINOIS PENSION FUND
NORTHERN ILLINOIS RETIREMENT FUND

Dear Pension and Retirement Fund Participant:

Since 1984, a spouse may claim a part of a beneficiary's pension as part of a settlement agreement in a dissolution of marriage. This claim must be brought by submitting a QDRO (Qualified Domestic Relations Order), signed by a Court of competent jurisdiction and submitted to the Fund. The document is not valid unless it is received and accepted by the Fund and the Fund is, therefore, required to provide a receipt (an acknowledgement that the QDRO is acceptable). In order to make sure that our records are correct, we require that you complete the questionnaire at the end of this correspondence.

If you were married and have been divorced since 1984, you must provide the Fund office with a copy of the divorce decree, if there was no agreement for your spouse to share your pension, (defined benefit or defined contribution plan). If there was an agreement for your prior spouse to share your pension, you must provide this office with a QDRO, if you have not already done so.

NAME: _____ SS# _____
ADDRESS: _____ PHONE # _____
CITY: _____ STATE: _____ ZIP: _____

- I have been divorced since 1984.
If so, Date of Divorce _____, County _____,
State _____.
- I have enclosed a copy of the final divorce decree.
- I have enclosed a copy of the QDRO(s).
- I have NOT been divorced since 1984.

Signature

Date

Federal Income Tax Withholding Election

This form is to be completed if you elect to receive a single one time payment in lieu of you missed payments.

_____ Please do not withhold Federal Income Tax

_____ Please with hold _____ % Federal Income Tax

Participant's Signature

Social Security Number

Date