

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 with held check the box on line 1.
- 2,1500.00
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~~ 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
NOTICE OF AUTOMATIC FORMS OF PAYMENT

Participant's Name:

Date of this Notice:

Date of Birth:

Unless you elect a different form of payment, the Plan provides for the following "automatic" forms of distribution:

- Unmarried participant: Under the Northern IL Pension Plan as an unmarried participant your retirement benefit will be paid as a "five year certain and life annuity". A monthly benefit will be paid for your lifetime.
- Married participant: As a married participant, your retirement benefit will be paid as a "joint and 75% survivor benefit". A joint and 75% survivor benefit is a monthly benefit paid for your lifetime, and in the event of your death 75% will continue to your spouse.

You may elect during the 90-day period ending on the date retirement benefits commence to waive the automatic form of payment and have your retirement benefit paid in one of the optional forms of payment provided by the plan. You may also revoke any such election(s) during the same period. However, any election which deprives your spouse of the survivor benefit shall have no effect unless it is accompanied by his/her written consent. A notary public or a plan representative must witness such consent. Although you do not need spousal consent to revoke any waiver of the joint and 75% survivor benefit, additional spousal consent is required for all new elections of optional forms of payment or any non-spouse beneficiary designations.

It is important that you and your spouse understand the terms and conditions of the joint and 75% survivor benefit. You should consult with the plan administrator if you have any questions. You will be provided with an illustration showing your basic benefit and the adjusted benefit amounts which would be payable as the automatic joint and 75% survivor benefit and any other available optional forms of benefit payments under the plan prior to the date your retirement benefits are to commence.

If you marry before retirement benefits commence, you must notify the plan administrator. Conversely, if your spouse dies before your benefit commencement date, or you divorce, you should inform the plan administrator.

Retirement Plans Representative

Description of Optional Forms of Payment - Northern Illinois Pension Plan
Local 501

Five-Year Certain and Life Annuity: A monthly pension payable for the life of the retired participant with a guarantee of 60 monthly payments. If the participant dies before the minimum of payments are made, monthly payments shall continue to his/her beneficiary until the total payments made to the participant and his/her beneficiary equal to the guaranteed minimum number of payments.

Joint and Survivor Annuity: A monthly pension for the life of the Participant, with a survivor benefit for the life of the beneficiary, if living, equal to 50%, 75% or 100% of the amount payable during the life of the participant. No survivor benefit shall be paid if the survivor does not survive the participant.

Joint and Survivor Annuity with Pop-Up Feature: A monthly pension for the life of the participant, with a survivor benefit for the life of the beneficiary, if living, equal to 75% or 100% of the amount payable during the life of the participant. If the spouse predeceases the participant, the monthly benefit payable to the participant will increase to the benefit amount before the adjustment for the survivor benefit.

Forms of Payment Available To Former Local 319 Participants

Life Annuity Option: A monthly pension payable for the Life of the Participant. No payment shall be made after the Participant's death.

Certain and Life: A monthly pension payable for the life of the Participant with a guarantee of 120 monthly payments. If the participant dies before the minimum number of payments are made, monthly payments shall continue to her/her beneficiary until the total payments made to the Participant and his/her beneficiary equal to the guaranteed minimum number of payments.

Joint and Survivor Annuity: A monthly pension for the life of the Participant, with a survivor benefit for the life of the beneficiary, if living, equal to 50%, 75% or 100% of the amount payable during the life of the Participant. No survivor benefit shall be paid if the survivor does not survive the Participant.

Joint and Survivor Annuity with Pop-Up Feature: A monthly pension for the life of the Participant, with a survivor benefit for the life of the beneficiary, if living, equal to 50%, 75% or 100% of the amount payable during the life of the participant. If the Participant's spouse predeceases the Participant, the monthly benefit payable to the Participant will increase to the benefit amount before the adjustment for survivor benefit.

Lump Sum Distribution: A single payment equal to the present value of your monthly Retirement Benefit. No further benefit will be payable to you or your spouse.

Forms of Payment Available to Former Local 514 Participants

Single Life Annuity Option: A monthly pension payable for the life of the Participant. No payment shall be made after the Participant's death.

Certain and Life: A monthly pension payable for the life of the Participant with a guarantee of 60, 120 or 180 monthly payments. If the participant dies before the minimum number of payments are made, monthly payments shall continue to his/her beneficiary until the total payments made to the Participant and his/her beneficiary equal to the guaranteed minimum number of payments.

Joint and Survivor Annuity: A monthly pension for the life of the Participant, with a survivor benefit for the life of the beneficiary, if living, equal to 50%, 66-2/3% 75% or 100% of the amount payable during the life of the Participant. No survivor benefit shall be paid if the survivor does not survive the Participant.

Joint & Survivor Annuity with Pop-Up Feature: A monthly pension for the life of the Participant, with a survivor benefit for the life of the beneficiary, if living, equal to 50%, 66-2/3% or 100% of the amount payable during the life of the Participant. If the Participant's spouse predeceases the Participant, the monthly benefit payable to the Participant will increase to the benefit amount before the adjustment for survivor benefit.

Level Income Option: The monthly benefit is increased until the Participant qualifies to receive Social Security old age benefits. If this election is made, benefits will decrease after the Participant qualifies to receive Social Security old age benefits. The goal is to have the sum of the Participant's monthly income (from the Plan and Social Security), during both time periods, be approximately equal.

**NORTHERN ILLINOIS PENSION FUND
APPLICATION FOR BENEFITS**

Name _____
 First Middle Last Date of Birth Social Security Number

Address: _____ City: _____ State: _____ Zip Code: _____

Telephone Number: _____

I hereby apply under the above named retirement plan for the following type of benefit to become effective on:

 Month Day Year

Check One:

- Normal Retirement Benefit Disability Benefit
- Early Retirement Benefit Survivor Benefit (date of participant's death ____/____/____)
- Late Retirement Benefit

Have you been divorced since 1984? Yes No If yes how many? _____

If yes, a copy of the divorce decree(s) is required

Are you aware of an existing Qualified Domestic Relations Order(s)? Yes No

If yes, a copy of the Qualified Domestic Relations Order (QDRO) is required

If this is a disability application was it work related? Yes No
 Is there a worker's compensation claim? Yes No
 Are you receiving worker's compensation benefits? Yes No
 Have you applied for Social Security Disability? Yes No

If yes a copy of the application is required

Were Social Security Benefits Approved Denied

Copy of the award/determination is required.

While you were a member of the Local were you in the Military? Yes No

If yes when _____

This application is subject to review and approval by the Northern Illinois Pension Fund Board of Trustees. I understand that the Plan Administrator's acceptance of this application is in no way a determination that I am entitled to receive a pension and that my eligibility will be determined in accordance with the plan document

 Signature

 Date

Witnessed by:

 Plan Representative or Notary Public's Signature

 Date

Date Received by Plan Administrator: _____

NORTHERN ILLINOIS PENSION FUND
ELECTION OF OPTIONAL FORMS OF BENEFIT PAYMENT

Participant's Name: _____ SSN: _____

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

Date payments are to commence: _____

OPTIONS AVAILABLE ON FROZEN BENEFIT AND FUTURE ACCRUAL

Monthly Frozen Benefit

- | | |
|--|---|
| * <input type="checkbox"/> Life Annuity | * <input type="checkbox"/> Joint and 75% Survivor Annuity |
| * <input type="checkbox"/> Ten Year (120 months) Certain and Life | * <input type="checkbox"/> Joint and 75% Survivor Annuity w/ Pop-Up |
| * <input type="checkbox"/> Lump Sum Distribution (Single One-Time Payment) | |
| <input type="checkbox"/> Joint and 50% Survivor Annuity | * <input type="checkbox"/> Joint and 100% Survivor Annuity |
| * <input type="checkbox"/> Joint and 50% Survivor Annuity w/Pop-Up | * <input type="checkbox"/> Joint and 100% Survivor Annuity w/Pop-Up |

-----AND-----

Monthly Future Accrual

- | | | |
|---|--|---|
| * <input type="checkbox"/> 5-Year Certain and Life | <input type="checkbox"/> Joint and 75% Survivor Annuity | * <input type="checkbox"/> Joint and 75% Survivor Annuity w/Pop-Up |
| * <input type="checkbox"/> Joint & 50% Survivor Annuity | * <input type="checkbox"/> Joint and 100% Survivor Annuity | * <input type="checkbox"/> Joint and 100% Survivor Annuity w/Pop-Up |

OR

NORTHERN ILLINOIS PENSION FUND TOTAL BENEFIT

- | | | |
|---|--|---|
| * <input type="checkbox"/> 5-Year Certain and Life | <input type="checkbox"/> Joint and 75% Survivor Annuity | * <input type="checkbox"/> Joint and 75% Survivor Annuity w/Pop-Up |
| * <input type="checkbox"/> Joint & 50% Survivor Annuity | * <input type="checkbox"/> Joint and 100% Survivor Annuity | * <input type="checkbox"/> Joint and 100% Survivor Annuity w/Pop-Up |

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

**Upon the death of the participant, the amount payable to the beneficiary is only for the remainder of the certain period, if any.

I hereby designate the following person to be beneficiary of the survivor portion, if any, under my elected form of benefit payment.

Name _____ SSN _____ DOB _____ Relationship _____

This election revokes any previously dated election.

Participant's Signature

Date

Witnessed by:

Plan Representative or Notary Public's Signature

Date

My commission expires: _____

Notary Public Seal/Stamp

**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
Joint and 75% 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 75% 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 75% 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 75% survivor benefit. This waiver shall only be effective if your spouse consents to this waiver by signing the consent of spouse form (Form6) 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 75% survivor benefit (Form 1), and
- b. I understand the terms and conditions of the joint and 75% 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

CONSENT OF SPOUSE

I _____ spouse of _____
Name of Spouse Name of Participant

I 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 75% 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 75% 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 75% 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 75% 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 75% 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

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

DIRECT DEPOSIT AGREEMENT
Northern Illinois Pension Fund

Select Which Item Applies: Initial Election Change of Bank or Account

PARTICIPANT INFORMATION

Participant's Name: _____
First Middle Last

Telephone #: _____

Social Security No: _____

When we receive the form, we will set up a "pre-note" for the first month. This is a "trial run" to ensure the routing number and the account number are both correct before actually wiring the money to your bank account the following month. This means your check will be **mailed** to you the first month, if the pre-note goes through, your check will be sent as a wire transfer the **following** month.

AUTHORIZATION

I authorize Northern Illinois Pension Fund to make all monthly pension payments due to me from the Northern Illinois Pension Fund by Electronic Direct Deposit, to the bank account designated below.

I also agree that, to cancel this agreement, I must give at least one month's written notice to the Northern Illinois Pension Fund. Upon my death, my executors or administrators will pay to Northern Illinois Pension Fund from my estate, the amount of any payments collected by the Bank which were not payable because they were issued after my death.

Bank Name: _____
_____ _____
City State

Bank Telephone Number: _____

Bank Transit Routing Number: _____

Account Number: _____ Savings Checking Other

ATTACH A COPY OF A VOIDED CHECK OR SAVINGS DEPOSIT SLIP

SIGNATURE

_____ _____ / /
Participant / Payee Date

**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