



LOCAL UNION No. 569
INTERNATIONAL
BROTHERHOOD OF
ELECTRICAL
WORKERS

SAN DIEGO ELECTRICAL PENSION TRUST

P.O. BOX 231219
SAN DIEGO, CALIFORNIA 92193-1219
(858) 569-6322
(800) 632-2569



VISIT www.569trusts.org



SAN DIEGO COUNTY CHAPTER
NATIONAL
ELECTRICAL
CONTRACTORS
ASSOCIATION INC.

Dear Sir/Madam:

Enclosed you will find the standard Application for Retirement Benefits which must be filled out carefully and completely in order to make application for pension benefits from the San Diego Electrical Pension Trust, to include all forms accompanying this application.

On the last page of the form is a section entitled "Instructions for Providing Proof of Age" which lists and explains the documents that will be accepted as proof of age for you and your wife, if applicable. Please review this list carefully.

If you are married you must submit a copy of your marriage certificate with this application. If any prior marriages ended due to the death, divorce or annulment from your former spouse(s) it will be necessary to submit a copy of the death certificate or the Judgment of Dissolution, Legal Separation or Annulment and the entire divorce settlement agreement. These documents are necessary to ensure your entitlement to all benefits to be paid. However, if a divorce became final or your date of legal separation occurs before you commenced accruing benefits in this Plan it must be noted on your application and confirmed with documentation, but the above requirement to submit the settlement agreement(s) will not apply.

Please be sure to provide all information requested, while initialing pages 1 & 2 and signing page 3 of the application.

This application includes an Authorization permitting Trust access to Social Security Earnings/Disability records which must be completed, executed and returned with the application. Also included is a form to authorize for the electronic deposit of monthly benefits payments. It is now required that this mode of payment be utilized, which will eliminate any delay in the delivery of your benefits. The Plan C Acknowledgment Form must be completed, executed and returned with your application. Please note that if there is a separation from Plan A coverage it may not be possible to return to Plan C at a later time.

The completed Application and the above requested information should be sent to the Trust Office at least one month in advance of the first day of the month in which you want your benefit to begin. However, if there is any delay in the processing of your application, or making a final election as to your desired benefit option, your initial payment will be payable retroactive to the first month that you were eligible for benefits following the filing of your application. If any further information or materials are required, you will be so advised. Otherwise, you will receive a letter acknowledging receipt of your application and outlining all benefit options once you are deemed eligible to receive benefit payments.

Please be aware that for eligible early retirement applicants the Plan may provide for the same benefit amounts payable at age 65 to be payable as early as age 62. If you elect to delay the commencement of benefit payments until any time after age 65 there may be an actuarial increase to your monthly benefit amount, unless you continued to work in the electrical industry, craft or trade in California for 40 hours or more per calendar month.

Very truly yours,

Board of Trustees



LOCAL UNION No. 569
INTERNATIONAL
BROTHERHOOD OF
ELECTRICAL
WORKERS

SAN DIEGO ELECTRICAL PENSION TRUST

P.O. BOX 231219
SAN DIEGO, CALIFORNIA 92193-1219
(858) 569-6322
(800) 632-2569



Visit www.569trusts.org



SAN DIEGO COUNTY CHAPTER
NATIONAL
ELECTRICAL
CONTRACTORS
ASSOCIATION INC.

I hereby apply for pension benefits from the San Diego Electrical Pension Trust and acknowledge that in order for my application to be acceptable all forms accompanying this application must be properly completed, without modification, and submitted to the Trust Office.

I declare that I will be bound by all the Rules and Regulations of the Pension Plan in effect at the time of my retirement, and as may be incorporated thereafter. I further recognize that I must withdraw completely and refrain from any employment for wages, compensation or profit in the electrical industry in order to be eligible to receive pension benefits from this Trust, other than as may be specifically permitted in the Plan Document.

I acknowledge that, in order to satisfy the Plan's definition of 'retirement', if I am working for an employer signatory to a collective bargaining agreement with IBEW Local Union 569 or within the electrical industry, craft or trade within the jurisdiction of IBEW Local Union 569 immediately prior to my retirement date, that I must formally sever my employment with that employer. If I subsequently return to work in any form of employment that would be considered "Suspendable Employment" as defined in the Plan I will notify the Trustees in writing of this fact within 30 days of commencing such employment. I understand if I return to work in Suspendable Employment that my pension benefits may be suspended pursuant to the provisions of the Plan Document.

I declare that I have not engaged in any Non-Covered Electrical Service since the last Plan Year in which a Contributing Employer remitted contributions on my behalf. I acknowledge further that in the event I engage in Non-Covered Electrical Service while receiving Early Retirement benefits that my benefit accrued on and after January 1, 1989 will be suspended until I reach age 65 and that I will be obligated to reimburse the Trust for all Early Retirement benefits accrued on and after January 1, 1989 received prior to age 65. Non-Covered Electrical Service means any employment in the electrical industry, craft or trade with an employer which is not signatory to a Collective Bargaining Agreement requiring contributions into this Pension Plan within the same geographic area covered by the Plan (including all Reciprocal Agreements). This definition shall also include any non-bargaining relationship (i.e. ownership, officer, estimator, etc.) with a business involved in electrical construction, whether or not it is signatory to a Collective Bargaining Agreement with IBEW Local 569 or any other IBEW Local Union.

It is understood that upon deposit of my initial benefit payment my election as to the form of benefit becomes irrevocable, unless the benefit option I selected specifically provides for a change to the form of benefit upon some future event. It is further acknowledged that if I return to covered employment prior to age 62, by returning to work in the electrical industry, craft or trade in California for 40 hours or more per calendar month, I will not be entitled to Early Retirement Benefits again until I re-retire, as defined above, and have attained at least age 62.

I acknowledge that I may elect to delay the commencement of benefit payments until any time after age 65 for which there may be an actuarial increase to my monthly benefit amount payable at age 65 based upon my attained age at the time benefits commence and that the determining factor with respect to whether there would be an actuarial increase to the monthly benefit amount will be whether I continued to work in the electrical industry, craft or trade in California for 40 hours or more per calendar month.

I certify under penalty of perjury that all statements to be made in this application are true and correct. I am aware that a false statement may disqualify me for pension benefits, and that the Trustees shall have the right to recover any benefit payments made to me because of such a false statement.

Date _____

Signature _____

Type of retirement for which you are applying:

_____ Normal (Age 65) _____ Early (Ages 55-64) _____ Early, pending disability _____ Disability

If disability, attach copy of Social Security award letter or Workers' Compensation rating.

Date first employed in Local Union 569 jurisdiction: _____

Month Day Year

Last day worked or expected to work in Local Union 569 jurisdiction: _____

Month Day Year

Name of Last employer for whom you worked in the electrical industry: _____

I plan to Retire on:

(date cannot be retroactive) _____

Month Day Year

Have you applied for retirement benefits from the Social Security Administration?

_____ Yes _____ No If yes, what is the first date you became disabled? _____

If yes, check type of retirement you applied for: _____ Normal _____ Early _____ Disability

If Disability please provide a copy of your Social Security Disability Award Letter.

Did you work in the jurisdiction of IBEW Local Union 569 prior to 1964? _____ Yes _____ No

If yes, during what period(s): From: (month/year) _____ To: (month/year) _____

Have you ever worked as an electrician outside of the jurisdiction of IBEW Local Union 569?

_____ Yes _____ No

If Yes, please list all other local union jurisdictions and the period(s) of time worked in each:

_____ (Initials)

Are you now or were you ever a sole proprietor or a partner of a company in the electrical industry, craft or trade?

_____ Yes _____ No

If Yes, please complete the following:

Name & Type of Business: _____

From: (month/year) _____ To: (month/year) _____

Name & Type of Business: _____

From: (month/year) _____ To: (month/year) _____

List below any interruption in your employment in the electrical industry due to disability, military, maternity or paternity leave, or work for a signatory employer in non-covered employment:

Name & Type of Business _____

From: (month/year) _____ To: (month/year) _____

Name & Type of Business _____

From: (month/year) _____ To: (month/year) _____

Have you ever worked in the electrical industry, craft or trade for an employer who was not signatory to a Collective Bargaining Agreement? _____ Yes _____ No

If yes, complete the following:

Name of Employer _____

From: (month/year) _____ To: (month/year) _____

Name of Employer _____

From: (month/year) _____ To: (month/year) _____

Use the reverse side of a separate sheet of paper to list additional employers, if necessary.

I hereby certify under penalty of perjury that the above statements are true and correct to the best of my knowledge. I also certify that I will adhere to the retirement requirements of the current Plan which may be amended at any time by the Board of Trustees. I understand a false statement may disqualify me for benefits. This application revokes any prior application for pension benefits and/or designation(s) of beneficiaries.

Please sign in Ink:

Participant's Signature _____ Date _____

This signature must be signed before a notary public.

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document, to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of _____

County of _____

Subscribed and sworn to (or affirmed) before me on this

____ day of _____, 20____, by
Date Month Year

Name of Signer

proved to me on the basis of satisfactory evidence to be the person who appeared before me.

Signature _____

Signature of Notary Public

Place Notary Seal Above



Local Union No. 569
International
Brotherhood of
Electrical Workers

SAN DIEGO ELECTRICAL PENSION TRUST
4747 VIEWRIDGE AVENUE, SUITE 100
P.O. Box 231219
SAN DIEGO, CA 92194-1219
(858) 569-6322, ext 310
(800) 632-2569, ext 310
Fax: (858) 565-2951



San Diego Chapter
National Electrical
Contractors Association Inc.

ELECTRONIC DEPOSIT AUTHORIZATION (ACH CREDITS)

I/we hereby authorize the San Diego Electrical Pension Trust, hereafter called COMPANY, to initiate credit entries of all benefit payments due me or my designated beneficiary to the financial institution listed below. If a payment is received after notification of my or my beneficiary's death, the financial institution shall return the payment to the COMPANY.

I/We further authorize the financial institution to debit my/our account and return to the COMPANY any and all amounts requested pertaining to benefit payments made in error at any time and all amounts requested pertaining to benefit payment(s) made in error at anytime or following my/our death to which I/we were not entitled. This authorization is to remain in full force and effect until the COMPANY has received written notification from me or my designated beneficiary of its termination in such time and in such manner as to afford the COMPANY and the receiving financial institution a reasonable opportunity to act on it.

Date

Date

Retiree's Name (Please print)

Spouse/Beneficiary's Name (Please print)

Retiree's Signature

Spouse/Beneficiary's Signature

Retiree's Soc. Sec. Number

Spouse/Beneficiary's Soc. Sec. Number

Type of Account: Checking Savings

Account # _____ Routing & Transit # _____

To ensure accuracy please attach a voided check or ask your financial institution to provide you with these numbers.

Name of Financial Institution _____

Address of Financial Institution _____

City/State/Zip Code _____

PLEASE CHECK ONE:

_____ 1ST AUTHORIZATION FOR
ELECTRONIC DEPOSIT

_____ NEW ACCOUNT / REPLACE
PREVIOUS AUTHORIZATION



LOCAL UNION No. 569
INTERNATIONAL
BROTHERHOOD OF ELECTRICAL
WORKERS

SAN DIEGO ELECTRICAL PENSION TRUST

4747 VIEWRIDGE AVENUE, SUITE 100

P.O. Box 231219

SAN DIEGO, CALIFORNIA 92193

(858) 569-6322 • (800) 632-2569

FAX (858) 565-9823



VISIT www.569trusts.org



SAN DIEGO COUNTY CHAPTER
NATIONAL
ELECTRICAL CONTRACTORS
ASSOCIATION INC.

TO: ALL APPLICANTS FOR RETIREMENT BENEFITS

RE: PARTICIPANT'S RIGHT TO DEFER NOTICE

The Pension Protection Act of 2006 requires notice to participants of the consequences of currently taking a benefit distribution as opposed to deferring that distribution.

For Those Participants Applying for an Early Retirement Pension (ages 55 to 65):

If you are qualified and are applying for an Early Retirement Pension your starting benefit amount will be reduced by one-quarter (1/4) of one percent (1%) for each month by which your benefits commence prior to age 62. If you defer payment until you reach age 62, there is no reduction for age and you will receive your full pension. If you delay retiring and continue to work in covered employment, you will earn additional benefits under the terms of the Plan.

For Those Participants Applying for a Normal Retirement Pension (Age 65 and older):

If you are qualified and are applying for a Normal Retirement Pension, your starting benefit amount will not be reduced based on your age on your payment starting date. However, if you choose to delay retiring until after age 65, your starting benefit amount will be actuarially increased, except for any month in which you are working for forty (40) or more hours per month in Suspendable Employment and/or Non-Covered Electrical Service in the State of California. If you delay retiring and continue to work in covered employment, you will earn additional benefits under the terms of the Plan.

For All Participants Applying For Pension Benefits:

You cannot delay distribution of your benefits beyond April 1st following the calendar year in which you attain age 70 1/2, unless you are still working in covered employment and fill out an election form to defer payment of your pension benefits. Unless you are still working and fill out an election form to defer benefits past age 70 1/2 the failure to have your benefits begin by April 1st following the calendar year in which you attain age 70 1/2 may result in the IRS imposing a penalty tax on fifty percent (50%) of the minimum amount that should have been paid to you. If you defer benefits past age 70 1/2 because you are still working and have filled out an election form to defer receipt of pension benefits, your starting benefit amount will be actuarially increased.

Please sign and date this notice below and return it with the application.

I hereby acknowledge having been provided with this benefit deferral notice:

Signature

Date



**AUTHORIZATION FOR THE SOCIAL SECURITY ADMINISTRATION
TO RELEASE EARNINGS and/or DISABILITY INFORMATION**

Authorization to Release Earnings Information

Authorization to Release Disability Information

NAME (First MI Last) (please type)

SOCIAL SECURITY NUMBER

DATE OF BIRTH (mm/dd/yyyy)

Job Number: 764C

Please furnish **San Diego Electrical Pension Trust**, through their designee, Pension Benefit Information, Pension Research Services, P.O. Box 111, Tiburon, CA 94920, on a continuing annual basis, the total earnings reported to my record for the year(s) specified by that company and/or an indication if the Social Security Administration is currently paying me disability benefits.

I understand that this authorization will remain in effect on a continuing basis, while I am receiving benefits under the **San Diego Electrical Pension Trust**, unless canceled by me by written notice to the Social Security Administration.

I am the individual to whom the record/information applies, or that person's legal guardian or conservator. I know that if I make any representation which I know is false to obtain information from Social Security records, I could be punished by a fine or imprisonment or both.

DATE SIGNED

SIGNATURE

ATTN: Pension Personnel
Pension Benefit Information will only accept originals of this form. If you need more forms, contact us at 1-800-643-7338.

8/30/04

PLAN C RETIREES' COVERAGE ACKNOWLEDGMENT

The following outlines the required criteria to qualify for coverage under the Eligibility Rules for Retirees Under Plan C covering Retirees and/or their eligible dependents. This form must be reviewed, executed and returned with the application for retirement benefits in order for the application to be processed and benefit payments to commence. It is recommended that you review the entire set of Eligibility Rules appearing in the Summary Plan Description and as may have been amended since the booklet was produced.

A Retiree and their Covered Dependents are eligible to participate in Plan C if one of the following conditions is satisfied:

1. If the Retiree was eligible for coverage under Plan A for the month immediately prior to the date of his retirement or disability, and if the Retiree satisfies the definition of "Retirement" or "Disability" contained in these Rules of Eligibility; or
2. If a Retiree was eligible under Plan A in 84 out of the 120 months prior to the effectuation of his monthly pension benefit from the San Diego Electrical Pension Plan or the cessation of contributions by Contributing Employer(s) on his behalf, provided he shall not have worked at the electrical trade or craft in any capacity since the cessation of contributions.; or
3. The Retiree has a combined total of at least 20 years of Plan A coverage, provided the Retiree was covered in Plan A for at least the 60 months immediately preceding the date his/her Retirement or Disability under the San Diego Electrical Pension Plan; or
4. If the participant has been covered in Plan A for at least 84 of the 120 months immediately preceding his/her retirement from the electrical industry, craft or trade, but will not be otherwise eligible to receive a pension benefit from the San Diego Electrical Pension Plan because some or all of his/her pension hours had been transferred back to his/her Home Fund, he/she may participate in Plan C on a non-subsidized basis. However, his/her participation is subject to verification that the participant will be receiving a pension from his/her Home Local's Pension Plan and that he/she would have qualified for Retiree's coverage in his/her Home Health & Welfare Plan as of that date if his/her hours had been transferred to his/her Home Fund. If there is no Retiree's coverage through his/her Home Local's Health & Welfare or Pension Plans then satisfaction of the above 84 out of 120 month criteria will qualify the participant for Plan C coverage.

It will be permissible for a Covered Employee, who retires and is eligible to participate in Plan C, to maintain coverage for themselves and their Covered Dependents in Plan A by virtue of exhausting his Reserve account and remitting the maximum number of Direct Payments and/or Continuation Coverage payments provided for in the Plan. However, a Retiree who works in covered employment in California, as permitted in the Pension Plan, may only receive credit for those hours to maintain continuous Plan A coverage commencing on their date of retirement, but not toward reinstating or re-qualifying for Plan A coverage if there has been a subsequent termination from Plan A coverage.

A Retiree may transfer coverage for themselves and their Covered Dependent(s) from Plan A to Plan C at any time prior to their remitting the maximum number of Direct Payments and/or Continuation Coverage payments permitted under the Plan provided there is no interruption in coverage.

In the event a Retiree, who qualifies for participation in Plan C as of the date his/her pension benefits commence, wishes to delay participation in Plan C for his/herself and/or his/her Dependent(s) who were covered in Plan A as of the date Plan A coverage terminated, it will be permissible to defer commencement of Plan C coverage if the Retiree submits satisfactory proof of continuous group medical coverage through another group health plan or through their Spouse's employer.

OVER

If a Retiree predeceases their Spouse, the Retiree's Spouse and all eligible Dependents as of the date Plan A coverage terminated will be permitted to return to Plan C upon submission of satisfactory proof of their continuous coverage in another group health plan or the Spouse's group health plan. In the event the Spouse were to remarry, their new Spouse and/or any person(s) becoming a Dependent after the Retiree's Plan A coverage terminated will not be permitted to become covered under Plan C under any circumstances.

UNLESS YOU AND YOUR ELIGIBLE DEPENDENTS ARE CONTINUOUSLY COVERED BY QUALIFIED GROUP HEALTH INSURANCE, AS NOTED ABOVE, IT WILL NOT BE PERMISSIBLE TO OBTAIN COVERAGE UNDER PLAN C AT A LATER DATE IF PLAN C COVERAGE IS DECLINED FOR YOURSELF AND/OR ANY OF YOUR ELIGIBLE DEPENDENTS AS OF THE DATE SUCH COVERAGE WOULD OTHERWISE HAVE BECOME EFFECTIVE DUE TO THE COMMENCEMENT OF YOUR RECEIVING RETIREMENT BENEFITS UNDER THE SAN DIEGO ELECTRICAL PENSION PLAN OR TRANSFERRING COVERAGE FROM PLAN A TO PLAN C AS PERMITTED IN THE ELIGIBILITY RULES.

ACKNOWLEDGMENT: It is hereby acknowledged that I have reviewed the above criteria as to Plan C eligibility and participation. I recognize that any interruption in Plan A coverage after the commencement of pension benefits paid to a Retiree will prohibit me and my Dependents from becoming eligible for Plan C coverage at any time thereafter and that any interruption in Plan C coverage will prohibit a previously covered person from returning to Plan C coverage at any time in the future. Further, I understand that if I or any of my eligible Dependents elect not to commence Plan C coverage at the time Plan C coverage would otherwise have become effective then that person will be similarly prohibited from becoming covered under Plan C at any time in the future unless such coverage has been delayed as permitted in the Eligibility Rules for Plan C coverage.

Name of Retiree

Date

As of the date of your application for retirement benefits being remitted to the San Diego Electrical Pension Plan please initial which of the following statements most accurately applies to your intent with regard to maintaining group health coverage through the San Diego Electrical Health & Welfare Trust:

1. I do not meet any of the criteria outlined in items 1-4 and, as a result, I would not be eligible for Plan C Retirees' coverage.
2. I qualify for Plan C Retirees' coverage and expect that current Plan A coverage for myself and all eligible dependents will be continued as permitted in the Eligibility Rules. It is expected that I will transfer to Plan C coverage directly from Plan A coverage at some point in time.
3. I qualify for Plan C Retirees' coverage and wish to delay transfer into Plan C due to maintaining continuous group health coverage through my spouses' employer. It is expected that I and my eligible dependents will transfer to Plan C coverage directly from this coverage at some point in time.
4. I qualify for Plan C coverage but will not be electing to participate in Plan C as of the date my retirement benefits commence. This declination applies to myself and all eligible dependents or to specifically the following family members: _____

Name of Retiree

Date

PROOF OF AGE

At the time of your application for benefits, you are required to produce **proof of age for yourself and your spouse**, if applicable. The following is a list of documents which may serve as proof of your age. Some of these documents are better proof than others. This list is arranged starting with the best type of proof and going to the least desirable type of documents.

You are required to furnish the best type of proof which is available. It is recognized that in many cases a birth certificate will not be available, particularly for those who were born outside the United States. In that case, you should secure the next best type of proof.

You do not have to furnish the original of any of these documents, unless otherwise stated. You may provide a photocopy.

- ◆ A birth certificate.
- ◆ A baptismal certificate or a statement as to the date of birth as shown by a church record, certified by the Custodian of Records.
- ◆ Notification of registration of birth in a Public Registry of Vital Statistics.
- ◆ Hospital birth record, certified by the Custodian of Records or Certification of Record of age by the U.S. Census Bureau.
- ◆ A foreign church or government record.
- ◆ A signed statement by the physician or midwife who was in attendance at birth, as to the date of birth shown on their records.
- ◆ Naturalization Record (must be an original)
- ◆ Immigration Papers (must be an original)
- ◆ Military Record
- ◆ Passport (must be an original)
- ◆ School record, certified by the Custodian of such records.
- ◆ Vaccination Record, certified by the Custodian of such records.
- ◆ Marriage Records showing date of birth or age. (Application for Marriage license or church record certified by the Custodian of such records, or Marriage certificate).
- ◆ An insurance policy which shows the age or date of birth.
- ◆ 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.).