

PACIFIC COAST ROOFERS PENSION PLAN

PENSION APPLICATION

NOTE: THE PLAN WILL HOLD YOU AND YOUR BENEFICIARIES PERSONALLY LIABLE FOR ANY BENEFITS PAID BASED ON INCORRECT INFORMATION PROVIDED IN THIS FORM.

INSTRUCTIONS:

1. Please read each question carefully.
2. Print all information.
3. Be sure to answer all applicable questions. This will avoid delay in having your application processed.
4. Be sure to sign and date the application. Return all pages.
5. Mail this completed application, attachments and proof of age to the Plan at:
Pacific Coast Roofers Pension Plan
P.O. Box 5057
San Jose, CA 95150 (408) 288-4400

GENERAL INFORMATION:

6. Name _____
(Last) (First) (Middle)
7. Address _____
(No. and Street) (City) (State) (Zip)
8. Social Security#: _____ (If you ever worked under a Social Security Number different from the one shown, please attach a statement giving the number and the period of employment so that your work record can be verified properly.)
9. Date of Birth: _____ (Attach proof of age. See page 6)
10. Local Union#: _____ 11. Home Phone Number: _____

MARITAL AND FAMILY STATUS:

12. Current Marital Status: Married Single Divorced Widowed
If married, please provide the following information:
 - a. Spouse's Name: _____
 - b. Spouse's Social Security#: _____
 - c. Spouse's Date of Birth: _____ (Attach proof of age. See page 6)
 - d. Copy of marriage certificate.
13. Were you ever previously married: Yes No
If yes, please provide the following information: Copy of Divorce Decree and QDRO, "Qualified Domestic Relations Order"

Ex-Spouse's Name(s)

Dates of Marriage

_____ to _____ DIVORCED WIDOWED
_____ to _____ DIVORCED WIDOWED
_____ to _____ DIVORCED WIDOWED

14. With respect to each deceased ex-spouse, provide a copy of the spouse's death certificate.
15. With respect to each previous marriage ended by divorce or dissolution, advise if there are any of the following and provide copies if there are:
- a. Divorce Decrees: No Yes How Many? _____
 - b. Qualified Domestic Relations Orders: No Yes How Many? _____
 - c. Property Settlement Agreements: No Yes How Many? _____
 - d. Any other Court Order directing that a portion of your pension benefit be payable to someone else: No Yes How Many? _____
16. Do you have any dependent children under age 18, or if full-time student, under age 23?
 Yes No If yes, please provide the following information:

Names	Dates of Birth
_____	_____
_____	_____
_____	_____
_____	_____

TYPE OF APPLICATION:

17. I wish to apply for: (check one)
- Normal Retirement (Age 65)
 Early Retirement (Age 55 or over)
 Disability Retirement**

*** DO NOT COMPLETE QUESTIONS 18, 19 OR 20. IF APPLYING FOR AN ESTIMATE FOR VESTING**

18. Date you plan to retire: Month: _____ Year: _____
19. My last day of covered employment was/will be: Month: _____ Year: _____
20. If you are applying for Disability Retirement, are you receiving Social Security Disability Benefits? **
 Yes No Pending

**If "yes," attach a photocopy of your Social Security Disability Award. If "no," you must obtain a determination before Disability Retirement can be processed for you by this plan.

EMPLOYMENT HISTORY:

21. Date you first worked as a Roofer: _____
22. Date you last worked as a Roofer: _____
23. List any time during your past service period when you DID NOT work in covered past service for 3 consecutive months or more.
- a. List periods of time when you were in military service.

 - b. List periods of time when you were out of work because of illness.

c. List periods of time when you were employed in another industry.

d. Provide periods of time when you worked outside of California or Oregon.

e. Provide periods of time when you were unemployed.

f. Provide periods of time when you worked for your own roofing business or as a partner in a roofing business.

g. Provide any other periods of time of 3 months or more within your past service period when you did not work in covered past service.

24. List below all periods of time when you performed work as a Roofer or in the roofing industry for which no pension contributions were payable to the Trust, whether or not you were compensated for such work.

a. In California or Oregon between August 1, 1980 and October 1, 1985.

Employer's Name	Employer's Mailing Address	Dates of Employment

b. In California, Oregon, Washington, Nevada or Arizona between October 1, 1985 and January 1, 1989.

Employer's Name	Employer's Mailing Address	Dates of Employment

c. In California, Oregon, Washington, Nevada, Arizona or Hawaii between January 1, 1989 and January 1, 1999.

Employer's Name	Employer's Mailing Address	Dates of Employment

d. In the United States or any of its territories after January 1, 1999.

Employer's Name	Employer's Mailing Address	Dates of Employment

UNION MEMBERSHIP:

25. List below your Union membership history.

Dates of Membership					
From Month Year	To Month Year	Local No.	From Month Year	To Month Year	Local No.

SECTION 415 COMPLIANCE:

26. Will you receive any benefits from another pension or retirement plan for work performed by you during your career? Yes No

If yes, list plans and benefits amounts.

Plan Name

Benefit Amount

- 27. Provide copies of your W-2 forms for the 3 highest consecutive years of compensation for work covered by the Plan.
- 28. If available, provide copies of your W-2 forms for all work covered by the Plan.
- 29. Complete and return the Authorization To Obtain Earnings Data From The Social Security Administration, which is attached to this application.
- 30. IT IS ABSOLUTELY ESSENTIAL THAT YOU BE AS ACCURATE AS POSSIBLE IN YOUR REPLIES. INCORRECT OR INCOMPLETE INFORMATION MAY DELAY PAYMENT OF YOUR PENSION BENEFITS AND YOU WILL BE HELD LIABLE FOR OVERPAYMENTS MADE AS A RESULT OF INCORRECT INFORMATION.

As a Participant of the Pacific Coast Roofers Pension Plan, I acknowledge that I will be bound by all the Rules and Regulations of the Pacific Coast Roofers Pension Plan.

I realize that all information on this application will be used for determining my Pension Credits and Benefits, if any, and I hereby declare under penalty of perjury that the foregoing is correct to the best of my knowledge.

Signature

Date

PROOF OF AGE

INSTRUCTIONS:

SUBMIT A COPY OF YOUR BIRTH CERTIFICATE TO PROVE YOUR AGE.

Only if you do not have a birth certificate, submit a photocopy of one of the proofs listed in Group I, if you have or can possibly obtain it.

If you cannot submit proof by any Group I classification, submit photocopies 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 your age.

Group I

- A baptismal certificate or a statement as to the date of birth shown by a church record; certified by the custodian of such record.
- Notification of registration of birth in a public registry of vital statistics.
- Hospital birth record certified by the custodian of such record.
- Document showing approval of Social Security Pension.
- 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 as shown on their records.
- Naturalization record. Submit original, photocopy not permissible.
- Immigration record. Submit original, photocopy not permissible.

Group II

- Military record.
- Passport
- School records certified by the custodians of such records.
- Vaccination record certified by the custodian of such record.
- An insurance policy which shows the age or date of birth.
- Other evidence such as signed statements from persons who have knowledge of your date of birth.