

Application Information Sheet

If you are only interested in obtaining a determination of your eligibility status under this Plan or an estimate of possible future benefits to which you may be eligible, you should not submit an application. Please send a letter or e-mail your request with an explanation of the information that you are seeking. This request will be processed as an inquiry and you will receive a response in writing.

If you print the Application for Benefits form and decide you are not going to submit it at this time, you should discard it. You should print a new form when you are ready to complete it, to ensure you are using the current form that is being accepted by the Fund Office.

Prior to completing the Application for Benefits form, we suggest that you review the Plan Booklet to help you determine what type of benefit you wish to apply for. You should also read the Application Booklet for details on how to complete the Application for Benefits form. If you are applying for a Disability Pension, please pay special attention to the highlighted areas of the Application for Benefits form and Application Booklet for additional details relative to the Disability Pension.

Applying for your pension is a two-step process. First, you must complete and submit an Application for Benefits form to the Fund Office. Second, following a determination of your eligibility for benefits, you will be sent forms for the Election of Benefits and your Consent to Receive Benefits, which must be completed and returned to the Fund Office.

Your Effective Date of Benefits is established as the later of:

- the first of the month following the date the Fund Office receives your completed application
- the first of the month following the month in which you cease working
- the date you request as an Effective Date of Benefits on your application

You should complete and mail your Application for Benefits form to the Fund Office 4 months prior to your retirement so as not to delay the payment of benefits once you retire.

When mailing your application, enclose as many of the requested documents as possible. If you do not have all of the documentation available when completing your application, send whatever documents you have with it. You should send the remainder when they are available. Benefit payments will begin after the processing of your application is completed and all documentation has been received.

After the Fund Office receives your application, you will be sent an acknowledgment that we have received it within a few days. Should we require any further information after receiving your application, we will write to you.

If you have any questions regarding the Application for Benefits form, please contact us.

SPECIAL PENSION PROTECTION ACT NOTICE

The Pension Protection Act of 2006 extended the period that you have to elect a form of pension benefit. Prior to this change, federal law required that we provide you with notice of the Plan's payment options no fewer than 30 days and no more than **90 days** before your Effective Date of Benefits. Effective July 1, 2007, we must provide you with this information no fewer than 30 days and no more than **180 days** before your Effective Date of Benefits. As you review the enclosed application materials, you should now consider references to "**90 days** prior to your Effective Date of Benefits," as "**180 days** prior to your Effective Date of Benefits."

Also, after you receive your "Election and Consent to Pay" forms, you must sign them and return them to us no later than your Effective Date of Benefits, unless you receive the "Election and Consent to Pay" forms after your Effective Date of Benefits, in which case they must be returned within 90 days from the date they were mailed to you. Accordingly, references to completing your "Election and Consent to Pay" forms within 90 days are only applicable if you receive the election forms after your Effective Date of Benefits. If you receive your Election and Consent to Pay forms prior to your Effective Date of Benefits, they must be completed and returned to the Fund Office no later than your Effective Date of Benefits.

Pension Benefit Application Guide

Information about the Plan, the Summary Plan Description, and the current Summary of Material Modifications may be obtained from the National Pension Fund Website (<http://www.ppnpf.org>).

Retirement Checklist

Advance planning for your retirement can make applying for your benefits easier. Start by reviewing this checklist:

- **At least one year before retirement**, but sooner is better, contact the Fund to obtain an "Employment History" form to provide your employment history for Past Service Credit (see below).
- **During the year before retirement**, familiarize yourself with the Fund Office procedures and timetables for the processing of your application, especially those that will affect your Effective Date of Benefits (see below).
- **At least six to eight months before retirement**, select a desired effective date for your benefits to begin, and send the documentation needed for processing your benefit (see page 3).
- **Four to seven months before retirement**, request an application form from the Fund Office (see page 3).
- **Three to six months before retirement**, mail the completed application form to the Fund Office. Do not delay submitting your application. It needs to be received no later than the month prior to your planned retirement date (see note below on Effective Date of Benefits).
- **After your last day of employment**, have a report of your final hours of employment sent to the Fund Office by your employer.
- **As soon as possible after receipt**, complete and mail to the Fund Office the final retirement documents supplied with your benefit award letter.

Employment History – Proof of Past Service Credit

All Past Service Credit is generally based upon Covered Employment performed by the Participant for employers who subsequently make contributions to the Fund. In accordance with the Plan, for the purpose of verifying Past Service Credit, the applicant must provide employment information to the satisfaction of the Trustees.

Unless you have previously done so, or the information has been provided by your Local Union, you will need to complete the "Employment History" form provided by the Fund to advise the Fund Office of your employment data. On this form you will need to indicate all of your employment in the plumbing and pipefitting industry for each year in which you worked at the trade, prior to the time contributions were received by the Fund on your behalf, even if that work was prior to your initiation date. For each Calendar Year in which work was performed, you will need to separately indicate each Employer for whom the work was performed, the number of months worked during that individual year for each employer, and the Local Union jurisdiction in which the work was performed.

To assist you in completing the Employment History form, you may need to refer to your yearly W-2 statements, or your Local Health and Welfare, Pension, or other fringe benefit fund records, to identify the employers for whom you worked. If you need further information regarding the names of your employers and the time periods you were employed, you may contact your local Social Security Administration Office to obtain Form SSA-7050-F3 to request your employment information. Any cost incurred for obtaining this information from the Social Security Administration will be your responsibility. If you acquire the Social Security Earnings Data by using Form SSA-7050-F3, you may send a copy of the report to the Fund Office in place of the Fund's Employment History form. To prevent any delay in its processing, be sure to identify each local jurisdiction in which the work was performed next to each employer on the Social Security Administration report before sending a copy of it to the Fund Office.

The information you provide will be added to our computer records along with your Local Union membership information to determine the Past Service Credit which may be applied to your total Pension Credit.

Effective Date of Benefits

Applying for a pension is a two-step process. First, you must complete and submit an Application for Benefits form to the Fund Office with all documentation requested. Second, following our determination of your eligibility for benefits, you will be sent forms for the Election of Benefits and Consent to Receive Benefits, which must be completed and returned to the Fund Office.

Your **Effective Date of Benefits** is established as the later of:

- the first of the month following receipt of your completed Election and Consent to Receive Benefits forms
- the first of the month you specify on your Application for Benefits form or on your Election and Consent to Receive Benefits forms, or
- the first of the month after the month in which you stop working.

You may elect an earlier Effective Date of Benefits on the election forms you send to the Fund. That date can be no earlier than the first of the month after the Fund receives your completed Application for Benefits form. **Do not delay submitting your application form.** It must be received no later than the month before your planned retirement date. If you don't have all of the required documents, you should send whatever documentation you have along with your application. You may send the rest of the documents later.

As required by federal law, we must supply you with information about your payment options during a period that begins no sooner than 180 days prior to your Effective Date of Benefits. The actual payment of benefits may begin no sooner than 30 days after we have supplied you with this information and with the Election and Consent to Receive Benefits forms. However, you may elect to start the payment of benefits before the end of this 30-day period, but no sooner than 7 days after the information about your options is provided.

If you receive the election forms after your effective date of benefits, you must complete your election and consent to pay forms and other necessary documents within 90 days after we supply them to you. If you receive your election forms before your effective date of benefits, you must complete them on or before your effective date of benefits. Otherwise, you will have to begin the application process over and establish a new pension effective date.

You may revoke any election until your Effective Date of Benefits, or if later, at any time before payments begin. You have the right to defer your Effective Date of Benefits to a later date at any time before payments begin. However, your benefits may **not** be deferred **later than the April 1 following the Calendar Year in which you attain age 70½.**

Provide the Documents Needed for Processing Your Benefit

We recommend that you provide the following documents to the Fund Office **at least six months prior to your anticipated date of retirement:**

- proof of your age, and that of your Spouse if you are married,
- proof of marriage(s), if applicable (see note below for common law marriage),
- copy of divorce decree(s) and separation agreement(s), if applicable,
- copy of Qualified Domestic Relations Order(s), if applicable (see note on page 3 for QDRO),
- military discharge papers, if applicable, to document eligibility for Military Service Credit or the waiver of breaks in service due to periods of military service,
- completed Beneficiary Designation Form, and
- Employment History form.

You should not wait to provide these documents until you submit your application. By providing them in advance, we will be able to assist you in getting your records in order so as not to delay the processing of your application and the payment of benefits once you retire.

If the documents are not provided in advance, they should accompany your application form **if possible** when it is sent to the Fund Office. However, if all the required documents are not available when you are filling out your application, we recommend that you send whatever documentation you have at that time along with your application, **but do not delay sending your application.** You may send the rest of the documents to the Fund Office when they are available. This may prevent a delay in your desired Effective Date of Benefits, even though payments cannot begin until all documentation has been received.

Official Certified Copy

An **official certified copy** is a copy of a document or record, produced, signed and certified as a true copy by the officer to whose custody the original is entrusted. In many states, a Notary Public is authorized to make certified copies of non-publicly recorded documents, which is then a photocopy of the original document that is certified to be a true and exact copy of the original document. In states where a Notary Public is not authorized to make certified copies, they usually may take an affidavit from the document holder, called a certification of a copy.

Proof of Marital Status

In accordance with federal law, the normal form of payment for married applicants is the 50% Husband and Wife Pension. Proof of marital status is necessary. It is necessary for you to provide proof of marital status for all marriages, that is, all previous marriages, if any, as well as your current marriage. Therefore, you need to provide copies of all marriage certificates, divorce decrees, settlement agreements, and Qualified Domestic Relations Orders that may apply to you.

Common Law Marriage

Common law marriage is an informal means still recognized in a few states for entering into the marital relationship. Such marriages are not solemnized in the ordinary way; but like all legally recognized marriages, they are created by mutual agreement. The means for proving the agreement varies according to law among the states recognizing the common law doctrine.

If you have a common law marriage, you should contact the Fund Office **at least six months before your anticipated retirement** to identify the documents needed to provide proof of your marriage. It may require some time to gather these documents. Your award letter with the election and consent forms cannot be provided until your marital status has been determined. Therefore, waiting until you are applying for benefits to determine what documents are needed to verify common law marriage could delay payment of your benefits.

Divorce

If you are divorced, or are going through a divorce, under federal law this may have an effect on the processing of your application. In such cases, the Fund must determine whether or not a **Qualified Domestic Relations Order** would require payment to an Alternate Payee on your behalf. This may need to be determined before you can be provided with the information about your benefits and the forms for the Election of Benefits and Consent to Receive Benefits. If this determination cannot be made until your application for benefits is in process, it could result in a delay in the payment of your benefits. You should not wait to provide these court documents with your application. By providing them in advance, we may be able to make the necessary determination so as not to delay the processing of your application and the payment of benefits once you retire.

Request an Application Form

To obtain an application form, write or call the Fund Office, or submit a request via e-mail through the Fund's website. The Fund Office will then send you an official application form. You may also download the form from the Fund's website. You should obtain the application form **four to seven months prior to your anticipated date of retirement** so as not to delay your desired Effective Date of Benefits.

Complete and Mail Application Form

To apply for your benefit from the Fund, you must completely fill out the application form. The Fund will only accept the official application form in effect when you apply. This is necessary to ensure that you are using the most up-to-date application form consistent with federal law and the Plan. Send the completed application form to the Fund Office **three to six months prior to your anticipated date of retirement** so as not to delay the payment of benefits once you retire.

Applying for a Disability Pension

If you are applying for a Disability Pension, you must provide a copy of the entire Social Security Disability Award letter. Since your Effective Date of Benefits will always be later than the filing of your application, if you are applying for a Disability Pension, the date your disability begins as determined by the Social Security Administration will most likely be before your Effective Date of Benefits. If this happens, your first benefit payment may include your monthly benefit for that month plus an additional auxiliary payment equal to that benefit amount multiplied by the number of months between your Date of Disability and your Effective Date of Benefits during which you were not employed.

For Plan purposes, your Date of Disability will be the first of the month following the date you are determined by the Social Security Administration to be disabled. However, if you do not earn at least 2/10ths of a year of Future Service Credit after January 1, 1988, your Date of Disability will be the first of the sixth month following the date the Social Security Administration determines them to be disabled.

If you have already attained age 55, you may be eligible to begin receiving a Contingent Early Retirement Pension while you are waiting for the determination of your eligibility for Disability Benefits by the Social Security Administration. It is, therefore, recommended that you contact the Fund Office to **request an application form as soon as possible after you become disabled** so that the payment of your benefit may begin as soon as possible.

Pension Application Processing

After you submit a pension application, the Fund Office will acknowledge its receipt and review it within a few days for completeness. If the application is incomplete, you will be notified as soon as possible with a written request for additional information.

Every effort will be made to complete the processing of all applications within 90 days after receipt of the application by the Fund Office. If a decision on an application cannot be made within 90 days of its receipt, the time to process the application may be extended up to 90 additional days. You will be sent a letter, prior to the expiration of the first 90 days, explaining the special circumstances requiring another 90 days to take action.

If final action cannot be taken at the end of the second 90-day period, your application will be decided based on the information available at that time. Before the end of the second 90-day period, you will be sent an explanation, and you will be awarded any partial benefits that can be determined with the available information. If partial benefits cannot be awarded because of a lack of necessary information, your application will be conditionally denied, but the Fund Office will continue to seek the necessary information to make a final determination.

Final Retirement Documents

When the Fund Office completes the processing of your application, and a favorable determination has been made on your eligibility for benefits, you will be sent an "award" letter. The award letter describes the benefit for which you are eligible and the forms of payment that are available to you.

Normally, the following information and documents are sent with the award letter:

- Retirement/Disability Pension Declaration – explains the effect a return to work has on your benefits under the Plan. You must sign and return it to the Fund Office to indicate that you have read and understood the rules that affect your status as a Pensioner.
- Payment Information Package – provides you with detailed information on the forms of payment available to you. As required by federal law, the forms that you must use to elect the form of payment you would like to receive, and giving your consent to receive benefits, are also provided. You must complete and sign the appropriate forms and return them to the Fund Office in order to begin receiving your benefits. Depending on the form of payment, more than one election form may be required. The signing of your election forms will need to be witnessed by a Notary Public.
- Special Tax Notice Regarding Plan Payments – provides information about federal regulations on "eligible rollover distributions," the amount of federal tax withheld if an

"eligible rollover distribution" is paid to you rather than as a Direct Rollover, and the Fund's Procedures for Direct Rollovers. The form for making an Election or Rejection of Direct Rollover to an IRA or Retirement Plan is also provided. You must complete the form and return it to the Fund Office in order to elect to have an "eligible rollover distribution" made as a Direct Rollover.

- Form W-4P – provides information about federal tax withholding from periodic pension payments (other than "eligible rollover distributions") to help you decide whether or not to elect to have federal tax withheld from your monthly payment. It includes the Form W-4P — Withholding Certificate for Pension Payments. You must complete the form and return it to the Fund Office in order to indicate your decisions concerning federal tax withholding. Instructions in any other form will not be accepted.
- Direct Deposit Authorization – the National Pension Fund encourages all Pensioners and Beneficiaries to have their monthly benefit directly deposited into a bank account. You must complete the form and return it to the Fund Office to identify the bank to receive your deposit. Direct deposits may be made only to personal accounts. Direct deposits may be made to certain Trust accounts upon receipt of special documents. Direct deposits may not be made into a business account or any other person's account.

You should send the completed documents to the Fund Office as soon as possible after their receipt so as not to delay the final processing of your benefit check.

Failure to provide your Election of Benefits and Consent to Receive Benefits form and other necessary documents within the designated period following the date the Fund sends your award letter will result in the need for you to re-apply for benefits. If you receive your award after your effective date, you must return the forms in 90 days. If you receive the forms before your effective date, they must be returned on or before that date.

PLUMBERS AND PIPEFITTERS NATIONAL PENSION FUND

APPLICATION FOR BENEFITS

DO NOT USE THIS APPLICATION IF YOU ONLY WANT AN ESTIMATE.

SEND A LETTER REQUESTING AN ESTIMATE INSTEAD.

Name

Social Security Number

Local Union Number

Your application for benefits must be made on this official National Pension Fund form. You should receive an acknowledgment of receipt of this Application for Benefits form from the Fund Office within fifteen (15) business days from the day you mail the application. If you do not receive an acknowledgment within 15 days, please notify the Fund Office.

You should send the completed application form to the Fund Office three (3) months prior to your anticipated date of retirement so as not to delay your Effective Date of Benefits and the payment of benefits once you retire.

Federal law requires the Fund to provide you with the necessary information about your payment options during a period that begins no sooner than 90 days prior to your Effective Date of Benefits. The actual payment of benefits may begin no sooner than 30 days after we have supplied you with this information and with the Election and Consent to Pay forms. However, you may elect to start the payment of benefits before the end of this 30-day period, but no sooner than 7 days after the information about your options is provided. Your Effective Date of Benefits will be the later of the first of the month following receipt of your completed Application for Benefits, or the first of the month you specify on your Application for Benefits or on your Election and Consent to Pay form, or the first of the month after which you cease working. You must complete your Election and Consent to Pay forms within 90 days after we supply them to you. Otherwise, you will have to begin the application process over and establish a new Effective Date of Benefits.

We suggest that you review the Plan Booklet and Application Booklet while completing your Application, particularly to help you determine what type of benefit you wish to apply for.

If you are applying for a Disability Pension or a Contingent Early Retirement Pension, be sure to complete the appropriate disability related item (18 c.1. or 18 c.2.) highlighted in the shaded block on this form.

If you have any questions on how to complete this Application Form, call the Fund office at 800-638-7442 without delay.

Do not delay sending your Application to the Fund Office for any reason as it may delay your Effective Date of Benefits. If all required documentation is not readily available, we suggest that you send whatever documentation you have now along with your application. You may send the remainder of the documentation as soon as it is available.

PLUMBERS AND PIPEFITTERS NATIONAL PENSION FUND

Please PRINT All Information (Ink Only)

Be Sure to Answer All Applicable Questions

1. Name _____
2. Social Security Number _____ - _____ - _____
3. Telephone No. _____ - _____ - _____
4. Address _____
(Street) (City) (State) (Zip Code)
5. Date of Birth _____ / _____ / _____ (Enclose proof of age)
(Month) (Day) (Year)
6. Current Home Local Union No. _____
7. Original Initiation Date _____
8. Date first worked at the Trade _____
9. My last day of work was/will be _____
10. My W-2 Wages on my last Income tax return were \$ _____ (Required by Federal law)
11. I would like my Effective Date of Benefits to be ____/____/____ (Must be First Day of Month and After Last Day of Work)

12. Marital Information: Place a check mark (☑) next to all that apply. Indicate dates where applicable.

- Currently Married (including Separated)

Name of Spouse: _____ Maiden Name: _____

Former Married Name: _____

Date of Birth: _____ Social Security Number: _____ - _____ - _____
Enclose Proof of Age

Date of Marriage: ____/____/____ Date of Separation (if applicable): ____/____/____
Enclose Marriage Certificate Enclose Separation Agreement/Decree

- Divorced - Enclose Original or Court Certified Copy of Divorce Decree(s) and Qualified Domestic Relations Order(s), (QDRO) if applicable

Name of Former Spouse	Social Security Number	Date of Divorce

- Widowed - Enclose Original or Certified Copy of Death Certificate

Name of Spouse: _____ Maiden Name: _____

Former Married Name: _____ Social Security Number: _____ - _____ - _____

Date of Marriage: ____/____/____ Date of Spouse's Death: ____/____/____
Enclose Marriage Certificate Enclose Death Certificate

- Never Married

- Qualified Domestic Relations Order (QDRO) – Please list below, and provide the Original or Court Certified Copy of the QDRO, for any/all QDRO(s) in which you are named as the Participant, including with your current spouse, and/or with any previous spouse with whom you may be/are divorced.

13. Names, Ages, and Social Security Numbers of Children: (Please list additional children on a separate sheet of paper)

Name	Age	SSN

Name	Age	SSN

14. If previously in Military Service, fill in the dates below and enclose a copy of your discharge papers.

Dates of Duty: From _____ To _____; From _____ To _____

15. BENEFIT BEING APPLIED FOR: You may only apply for one BENEFIT. Please place a check mark (☑) next to the Benefit for which you are applying (either a., b., c.1., or c.2.).

- a. PENSION (Normal, Early Retirement, Vested, or Deferred):
- b. SEVERANCE BENEFIT

c. If you are disabled and are applying for a Disability Benefit you may apply for one of the following:

- 1. DISABILITY PENSION (Enclose the Social Security Disability Award in its entirety)
- 2. CONTINGENT EARLY RETIREMENT PENSION (You have attained age 55, but have not received a Social Security Disability Award)

I have applied to the Social Security Administration for Disability Benefits. My application was submitted to the Social Security Administration on _____.
(Date Application Submitted)

As indicated on my application to the Social Security Administration, I became disabled on _____.
(Date on Social Security Application)

16. Employment Information: Place a check mark (☑) next to the statement that applies to you.

- I have previously submitted Employment History or Earnings Information to the Fund office
- I have enclosed a completed and signed "Employment History" form
- I have enclosed other forms of Employment information

17. Identifying periods of Disability may be helpful in waiving breaks in service and work test requirements. Please list below any periods that you were unable to work as a result of disability which have occurred during your work in the plumbing or pipefitting industry.

18. STATEMENT

I hereby apply for benefits from the Plumbers and Pipefitters National Pension Fund. The preceding statements are true to the best of my knowledge and belief. I understand that a false statement may disqualify me for benefits, and that the Trustees shall have the right to recover any payments made to me or on my behalf because of a false statement.

I understand that after this application is received, federal law requires the Fund to provide me with the necessary information about my payment options during a period that begins no sooner than 90 days prior to my Effective Date of Benefits. I also understand that the actual payment of benefits may begin no sooner than 30 days after the Fund has supplied me with this information and with the Election and Consent to Pay forms. I further understand that I may elect to start the payment of benefits before the end of this 30-day period, but no sooner than 7 days after the information about my options is provided. I understand further that my Effective Date of Benefits will be the later of the first of the month following receipt of my completed Application for Benefits, or the first of the month I specify on my Application for Benefits or on my Election and Consent to Pay form, or the first of the month after which I cease working. Finally, I understand that I must complete my Election and Consent to Pay forms within 90 days after the Fund has supplied them to me, or that otherwise, I will have to begin the application process over and establish a new Effective Date of Benefits.

(Applicant Signature)

(Date)

NOTARY WITNESS REQUIRED ONLY WHEN YOU SIGN WITH AN "X"

Note: If you are unable to sign your name, you may use an "X" in place of your signature. However, a Notary Public must witness the "X".

NOTARY STATEMENT

On the _____ day of _____, 20____, before me came _____ known to me to be the person described in and who executed the foregoing statement and (s)he duly acknowledged to me that (s)he executed the same.

Notary Public

SEAL

My commission expires on _____

IMPORTANT!

An Application that is NOT SIGNED and DATED cannot be accepted by the Trustees for processing.

**PLUMBERS AND PIPEFITTERS NATIONAL PENSION FUND
EMPLOYMENT HISTORY**

Participant's Name: _____

Social Security Number: _____

PAST SERVICE DETERMINATION: Generally, Past Service Credit is Pension Credit granted for work in a job category performed for your employer before the employer was required to make contributions to the Plan for the work you performed. Past Service Credit may be granted for each calendar year you were regularly employed prior to your Contribution Date by one or more Contributing Employers. It may also be granted for work with employers who either went out of business or who no longer employ men in the area, provided that (1) it was covered by the Local Union Collective Bargaining Agreement, or (2) it was prior to the time the first Local Union Collective Bargaining Agreement was signed and was covered by this first Collective Bargaining Agreement. (See Section 5.02 of the Plan Rules.) Past Service Credit may also be granted for your work after your Contribution Date under the Collective Bargaining Agreement of a Local Union that later negotiated contributions to the Fund before your Effective Date of Benefits. (See Section 5.03 of the Plan Rules.)

INSTRUCTIONS: In the space on the back of this form, please indicate all of your employment in the plumbing and pipefitting industry as described above for each Calendar Year from the first Calendar Year in which you worked at the trade even if that work was prior to your initiation date. Please provide the requested information on a separate line for each of the following:

- work performed in each Calendar Year for each employer within each local union jurisdiction,
- work performed within two or more local jurisdictions (a separate line for each) during the same Calendar Year, and
- work performed in more than one Calendar Year (a separate line for each) for a single employer.

For Example:

Calendar Year Worked	Local Jurisdiction or Location	Employer Name	Number of Months Worked for Employer within Calendar Year
1970	116	Joe's Mechanical Contractor	12
1971	116	Joe's Mechanical Contractor	4
1971	Bosie, ID	Samson's Piping	3
1972	139	Samson's Piping	4

To assist you in completing this form, you may need to refer to your yearly W2 statements or your Local Health and Welfare, Pension or other fringe benefit fund records to identify the employers for whom you worked. If you need further information regarding the names of your employers and the time periods you were employed, you may contact your local Social Security Administration Office to obtain Form SSA-7050-F3 to request your employment information. Any cost incurred for obtaining this information from the Social Security Administration will be your responsibility.

Employment History for Plumbers and Pipefitters National Pension Fund

Calendar Year Worked	Local Jurisdiction or Location	Employer Name	Number of Months Worked for Employer within Calendar Year

(If more space is needed, you may make multiple copies of this page or request additional pages from the Fund Office.)

**PLUMBERS AND PIPEFITTERS NATIONAL PENSION FUND
50% JOINT AND SURVIVOR PENSION PAYMENT OPTION**

A 50% Joint and Survivor Pension is available in addition to the other payment options you may elect to receive in place of the normal form of pension payable according to your marital status. If you elect to receive payment of your pension as a 50% Joint and Survivor Pension, you will receive a lower monthly amount, but with 50% of the lower amount continuing after your death for the lifetime of your designated Beneficiary.

You may designate any person (relative or friend) as Beneficiary for this 50% Joint and Survivor Pension. However, once your pension is paid in the form of the 50% Joint and Survivor Pension, it cannot be changed. Your pension will remain permanently at the reduced amount. It will not be increased to the full amount of the pension otherwise payable if your designated Beneficiary should predecease you, and no additional benefits will thereafter be payable on your behalf.

The 50% Joint and Survivor Pension automatically replaces the 50% Husband and Wife Pension as the survivor benefit when a participant who is married dies before he and his spouse were married for a full year.

The 50% Joint and Survivor Pension may not be elected if you are entitled to the 50% Husband and Wife Pension unless that pension has been rejected in accordance with the Plan. Upon election of this option, the 5-Year Certain Payment provision of the Plan is automatically waived. Once this option has been elected, it cannot be revoked after payments commence. However, it is automatically revoked if the rejection of the normal form of pension payable according to your marital status is revoked in accordance with the Plan.

The amount of the initial adjustment for your 50% Joint and Survivor Pension is 90% of your non-disability pension (82% for a Disability Pension). The amount of any further adjustment depends upon the age difference between you and your designated Beneficiary as follows: no further adjustment if you and your designated beneficiary are the same age; your pension amount is increased by 0.4% to a maximum of 99% for a non-disability pension (93% for a Disability Pension) for each full year your designated beneficiary is older than you; or decreased by 0.4% for each full year your designated beneficiary is younger than you.

I have read the above information on the 50% Joint and Survivor Pension. In addition to the payment information to be provided for the other payment options, please provide me with the amount of payment I will receive for the 50% Joint and Survivor Pension.

The name, Social Security Number and birth date of my joint and survivor Beneficiary is:

Beneficiary Name (please print)

Beneficiary Social Security #

Beneficiary Birth Date

Signature of Applicant

Applicant Social Security #

Date Signed

If you are married, you will receive information on all Husband & Wife forms of payment that are available. Complete this form ONLY if you would also like the 50% Joint and Survivor information for a beneficiary who is NOT your spouse.

Plumbers & Pipefitters National Pension Fund Mailing Address:

Plumbers & Pipefitters National Pension Fund
103 Oronoco Street
Alexandria, VA 22314