

ABC-NABET RETIREMENT TRUST PLAN

2 Gateway Center
603 Stanwix St, Ste 1500
Pittsburgh, PA 15222-1024
Phone: 833-942-2317

APPLICATION FOR RETIREMENT PAYMENTS

PLEASE COMPLETE THE FOLLOWING INFORMATION AND RETURN THIS APPLICATION TO THE FUND OFFICE AS SOON AS POSSIBLE. THERE ARE SEVERAL OPTIONAL FORMS OF BENEFITS AVAILABLE TO YOU. BASED ON THE INFORMATION YOU PROVIDE, YOU WILL RECEIVE A NOTICE WHICH WILL PROVIDE YOU WITH INFORMATION ON ALL OF THE OPTIONAL FORMS AVAILABLE, AND A BENEFIT ELECTION FORM.

I PERSONAL INFORMATION

Name: _____ Social Security No.: _____

Date of Birth: ____ / ____ / ____ (attach certified copy of Birth Certificate)

Intended Retirement Date (Benefit Commencement Date): _____

Address: _____

Telephone Number: _____ Email: _____

Marital Status (select all that apply):

- Single (complete attached "Statement of Participant's Marital Status")
- Married (attach copy of Marriage Certificate)*
- Divorced (attach copy of Divorce Decree)

*Name of Spouse: _____ *Social Security No.: _____

*Spouse Date of Birth: ____ / ____ / ____ (attach copy of Birth Certificate)

II EMPLOYMENT INFORMATION

Starting date as Regular Employee of ABC under NABET: ____ / ____ / ____

Dates of prior employment in Vacation Relief, temporary or per-diem status:

From: _____ To: _____ Status: _____

From: _____ To: _____ Status: _____

From: _____ To: _____ Status: _____

From: _____ To: _____ Status: _____

Dates of prior employment with ABC in non-NABET position:

From: _____ To: _____ Status: _____
From: _____ To: _____ Status: _____
From: _____ To: _____ Status: _____
From: _____ To: _____ Status: _____

Dates of any leaves of absence or breaks in service:

From: _____ To: _____ Status: _____
From: _____ To: _____ Status: _____
From: _____ To: _____ Status: _____
From: _____ To: _____ Status: _____

Employee wage classification group number (if applicable): _____

Date of termination of employment with ABC: _____

Date of termination of employment as Regular Employee in NABET bargaining unit: _____

Have you worked in a non-NABET management position with the Company? Yes No

If yes, were you a participant in any Company-sponsored defined benefit plan at any time while working in management (e.g., the Disney-ABC Pension Plan)? Yes No

From: _____ To: _____

From: _____ To: _____

Are you receiving disability benefits from a Company-sponsored Plan? Yes No

If yes, since what date? _____

III. TYPE OF PENSION

Please check the type of benefit for which you are applying:

- Normal Retirement (age 65)
- Postponed/Deferred Retirement (after age 65)
- Early Retirement with 10 Years of Service (age 50 – 64)
- Early Retirement after attaining Age 50 with 20 Years of Service
- Rule of 85 (Age plus years of Past and Future Service equals at least 85)

IV. ANTICIPATED BENEFICIARY DESIGNATION

In order to provide you with the amount of your benefit which will be payable if you elect one of the available Joint and Survivor Annuity forms, please provide the following information with respect to your contingent annuitant. If you are married, the contingent annuitant for any elected form will be required to be your spouse unless your spouse consents to another beneficiary. If you do not indicate a beneficiary and you are married, information will be provided assuming your spouse is your beneficiary. If you do not indicate a beneficiary and you are unmarried, information will be provided assuming a contingent beneficiary born on the same date as you.

Relationship: Spouse Other _____

Name of Contingent Annuitant: _____

Address: _____

Date of Birth: ____ / ____ / ____ (attach proof of age) Soc. Sec. No.: _____

Telephone Number: _____ Email: _____

V. SIGNATURE

Signature of Applicant

Date

Date received by Fund Office: _____

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STATEMENT OF PARTICIPANT'S MARITAL STATUS

(Complete this form only if applicable)

Under the full penalties of State and Federal Law, I, _____ do hereby swear that:

- I have no living spouse.
- I have no knowledge of the whereabouts of my spouse.

Participant's Signature

Sworn to before me this _____ day of _____, 20_____.

Notary Public