

ABC-NABET RETIREMENT TRUST PLAN

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: (H): _____ (W): _____

Marital Status: Married Not Married Spouse Date of Birth ____ / ____ / ____

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: _____

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

From: _____ To: _____ Reason: _____

From: _____ To: _____ Reason: _____

Dates of any leaves of absence or breaks in service:

From: _____ To: _____ Reason: _____

From: _____ To: _____ Reason: _____

Employee wage classification group number, (if applicable): _____

Date of termination of employment with ABC (if different from retirement date): _____

Date of termination of employment as Regular Employee in NABET bargaining unit (if different from retirement date) _____

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, and if you are unmarried, information will be provided assuming a contingent beneficiary born on the same date as you.

Relationship:

- Spouse
- Other

Name and address of contingent annuitant, if applicable:

Date of Birth of contingent annuitant: _____ (attach proof of age)

Social Security Number of contingent annuitant: _____

V. SUPPLEMENTARY RETIREMENT BENEFIT

If you are a Participant in the Supplementary Portion of the ABC-NABET Retirement Trust Plan, you should contact Putnam Investments to apply for distribution of your Supplementary Retirement Account. You may contact Putnam Investments at 1-800-685-6401 or through their website at www.ibenefitcenter.com.

VII. SIGNATURE

Signature of Applicant

Date

Date received by Fund Office: _____