

**Mid-Atlantic UFCW and Participating Employers
Pension Fund**

911 Ridgebrook Road
Sparks, Maryland 21152-9451
Telephone: (410) 683-6500
(800) 638-2972
www.associated-admin.com

4301 Garden City Drive Suite 201
Landover, Maryland 20785-6102
Telephone: (301) 459-3020
(800) 638-2972
www.associated-admin.com

Dear Participant:

Please provide this office with the following documents when you submit your Application for Pension. Note that submission of an application for pension does not guarantee you a pension benefit. Your application should be submitted to this office 60 to 90 days prior to your designated effective date of retirement.

***** Please Send Copies Only of Documents Not Originals. Originals will not be returned.*****

- * BIRTH CERTIFICATE
- * SPOUSE'S BIRTH CERTIFICATE
- * SPOUSE'S DEATH CERTIFICATE (if applicable)
- * MARRIAGE CERTIFICATE
- * DIVORCE DECREE (if applicable)
If divorced or separated, is there any judgment or order that requires the Plan to pay benefits to an Alternate Payee pursuant to a Domestic Relations Order? If so, include a copy of the document.
- * 9-DIGIT ZIP CODE (If not known, call your local Post Office)

We will not be able to process this pension application unless all of the above information is received. Thank you in advance for your cooperation and understanding in this matter.

PENSION PROCESSING STEPS

1. Submit application and all applicable documents listed above. **COPIES ONLY. ORIGINALS WILL NOT BE RETURNED. ALL AREAS ON THIS APPLICATION MUST BE COMPLETED OR THE FORMS WILL BE RETURNED TO YOU AND THIS WILL CAUSE A DELAY IN THE PROCESSING OF YOUR PENSION BENEFIT.**
2. Upon receipt of the completed application, if you are eligible for retiree health and welfare benefits, the Fund Office will send you the forms to be completed and returned.
3. Approximately one month prior to your date of retirement, the Fund Office will send you your final pension election form, tax forms and an electronic transfer form.

PLEASE NOTE: Before your pension can be processed, the Fund Office must receive all contributions from your employer. This will ensure that you receive all benefit service due. This may mean a delay in receiving your first pension check, but you will be paid retroactively to your date of retirement.

Sincerely,

Fund Office

Enclosure

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APPLICATION FOR PENSION

(Submission of this Application Does Not Guarantee You a Pension Benefit)

Please print and complete this form in full. Instructions are on reverse. Return completed form to:

Mid-Atlantic UFCW and Participating Employers Pension Fund, 911 Ridgebrook Road, Sparks, MD 21152-9451.

1. Name (Last, First, Middle) _____ 2. Social Security Number _____ 3. Home Telephone Number _____

4. Home Address (No., Apt. No., and Street) _____ City _____ State _____ 9-Digit Zip Code _____ County _____

PO Box No. _____

IF USING A PO BOX, BE SURE TO PROVIDE A STREET ADDRESS AS WELL. ALL INFORMATION WILL BE SENT TO PO BOX.

5. Birth Date (Mo./Day/Yr.) _____
Attach proof of age.
(Examples of accepted forms of proof on back)

6. Marital Status (Attach copy of marriage certificate, divorce or separation papers, or death certificate as applicable)
 Married Widowed Divorced
 Separated Never Been Married
If you are divorced, is there a Qualified Domestic Relations Order (QDRO) in place or pending? Yes No

7. Actual Last Day Worked or to Be Worked (Mo./Day/Yr.) _____

8. Are you working now? List all present employers _____
 No _____ Full Time Part Time
 Yes _____ Full Time Part Time
_____ Full Time Part Time

9. Type of industry of present employer? _____
(grocery, retail, etc.)

10. Retirement Date (Mo./Day/Yr.) _____

11. Are you currently collecting Workers' Compensation or Accident and Sickness pay? Yes No

12. Type of Pension (Circle One):
Normal, Early, Disability, 30 & Out, Vested
If vested, from what employer did you earn a pension? _____

13. Spouse's Name (Last, First, Middle) _____

14. Spouse's Birth Date (Mo./Day/Yr.) Attach proof of age. (See examples on back). _____

15. Spouse's Social Security Number: _____

DISABILITY SECTION

16. Are you applying for a Disability Pension? Yes No Date Disability Occurred: _____
Nature of Disability: _____

Have you received a Social Security Disability Award? Yes No

If yes, attach a copy of the favorable decision and the Award to this application.

If no, you must receive an Award before further action can be taken.

Tax forms will be sent to you separately. You must complete the form(s) whether or not you wish to withhold taxes.

I hereby certify that the above information is true and correct to the best of my knowledge and belief. I understand that a false statement may disqualify me for pension benefits, and that the Trustees have the right to recover payments made to me as a result of false statements.

Signature of Applicant: _____ Date: _____

(OVER)

INSTRUCTIONS FOR PREPARATION OF APPLICATION FOR PENSION

Most items are self-explanatory. Items which require further explanation are listed below.

Numbers 5 and 14. Attach a copy of proof of age. The proof of age must be furnished as high in order on the list as possible. Additional proof of age will be requested by us if the document you submit is not convincing proof. If you do not have any of the documents below, contact the Fund Office for further instructions.

- A. Birth certificate
- B. Baptismal certificate or statement as to date of birth shown by church record, certified by custodian of such record.
- C. Notification of registration of birth in a public registry of vital statistics.
- D. Hospital birth record, certified by custodian.
- E. Document showing approval of Social Security pension.
- F. Foreign church or government record.
- G. Naturalization record, original only.
- H. Immigration papers, original only.
- I. Military record.
- J. Passport, original.
- K. School record, certified by custodian.
- L. Marriage record showing date of birth or age (application for marriage or church record, certified by custodian, or marriage certificate).

Number 7. The last day that you physically worked. Does not include vacation days, personal holidays, etc.

Number 8. You must check yes or no, full time or part time. If yes, enter the name of all your current employers.

Number 10. The first day of the month following the last day that you physically worked, as entered in question 7.

YOU MUST SIGN AND DATE THE APPLICATION FORM.