



**APPLICATION FOR CONVERSION FROM DISABILITY BENEFIT
TO NORMAL, SPECIAL OR EARLY RETIREMENT**

PLEASE READ THIS PAGE THOROUGHLY BEFORE COMPLETING THIS APPLICATION

BENEFIT ELIGIBILITY

NORMAL: Age 65 with 10 years Service - Type 1, 2 & 3 below
SPECIAL: Age 62 with 25 years Credited Service - Type 1,2 & 3 below
EARLY: Age 55 with 10 years Service - type 1, 2 & 3 below

TYPES OF MONTHLY BENEFIT PAYMENTS

- 1. Fifty Percent (50%) Joint and Survivor.** The current Plan of Benefits provides that when a participant is married, the standard form of payment will be a Fifty Percent (50%) Joint and Survivor. This is a reduced benefit that provides for 1/2 of your monthly pension benefit to be continued to your spouse for the remainder of your spouse's lifetime after your death. It also provides that no less than 60 payments will be made at the amount that you are receiving, i.e., should you die before you collect 60 monthly payments, the remainder of these would be paid to your spouse and then your spouse would begin receiving 1/2 of this amount for the remainder of her lifetime. In the event that both you and your spouse should die within the initial 60 months of your retirement, the remainder of any monthly payments would be paid to your secondary beneficiary. Should you wish your spouse to receive 66 2/3% or 100% of your monthly benefit you may so designate.
- 2. Life Annuity .** Should you not wish the Joint and Survivor Benefit, you may elect this form of benefit even though you qualify for the preceding benefit; and in the even you do not qualify, i.e., not married at date of retirement, for the Joint and Survivor Benefit, this will be your form of monthly payment unless you select 3 below. The Life Annuity type benefit provides, in the event of your death, your designated beneficiary will receive the remainder of the 60 monthly payments, if any, but only with respect to that portion of the retirement benefit attributable to contributions for the period ending on or before July 31, 2005, in a discounted lump sum or monthly payment. Should you live longer than 60 months, the benefit continues for your lifetime, but there would be no further payments to a designated beneficiary after your death.
- 3. Contingent Annuitant.** This benefit is similar to the Joint and Survivor Benefit (1) above, in that you may designate *anyone* you desire to receive a benefit upon your death. The amount payable would be 50%, 66 2/3% or 100% of your monthly benefit, however, the monthly amount you receive would be reduced in order to provide the survivor's benefit. This option also has the same type of 60 payment guarantee as described in (1) the Joint & Survivor.

**DISABILITY CONVERSION APPLICATION
(PLEASE PRINT OR TYPE)**

Section 1:

To the Board of Trustees:

I hereby request the Board of Trustees to authorize the conversion of my Disability Benefit to a Retirement in accordance with the terms and provisions of the Central Pension Fund of the International Union of Operating Engineers and Participating Employers.

Name of Applicant: _____ Social Security No.: _____

Address: _____ Phone No.: _____

City: _____ State: _____ Zip: _____

Marital Status: Single Married Widowed Divorced

Section 2:

THIS SECTION MUST BE COMPLETED BY MARRIED PARTICIPANTS

I certify that I have a Spouse have no Spouse

Name: _____ Social Security No.: _____

Date of Birth: _____

Section 3:

**Beneficiary Designation
(Must Be Completed by Applicant)**

I hereby designate as my Beneficiary in the event of my death:

Name: _____ Relationship: _____

Address: _____

City: _____ State: _____ Zip: _____

Date of Birth: _____ Social Security No.: _____

NOTE: In the case where a spouse's benefit or a contingent annuitant's benefit are in force, the designated beneficiary becomes secondary.

Section 4:

APPLICANT DESIGNATING CONTINGENT ANNUITANT

If you desire to have someone other than your spouse receive a lifetime monthly benefit after your death, this section must be completed.

NOTE: YOUR MONTHLY AMOUNT WILL BE REDUCED TO PROVIDE FOR THIS BENEFIT.

Name of Contingent Annuitant: _____ Relationship: _____

Address: _____ Social Security No.: _____

City: _____ State: _____ Zip: _____

Date of Birth: _____ As proof I am submitting: Birth Certificate Other (requires 2)
(clear photocopy)

Section 5:

(All Applicants Must Read and Sign)

I hereby certify that I understand, in general the Central Pension Fund provisions. I also certify that the foregoing statements are accurate and complete, to the best of my knowledge and belief. I understand that a false statement may disqualify me from benefits and that the Trustees have a right to recover payments made to me because of a false statement, and that an intentionally false statement may be in violation of Federal Law. I also understand that the Trustees may require additional information before acting on this application.

Signature: _____ Date: _____