

APPLICATION FOR RETIREMENT BENEFITS

Complete all applicable sections and return with required attachments to:

William C. Earhart Co., Inc.
PO Box 4148
PORTLAND, OREGON 97208
1-877-396-2960 OR (503) 460-5260
FAX: 503-460-2975 EMAIL: pension@wcearth.com

SECTION 1 - PARTICIPANT INFORMATION

Name Social Security Number Date of Birth

Street Address City State Zip code

Telephone Number Email Address

Last Contributing Employer Date employment ended (or will end) Local Union No.

SECTION 2 – EMPLOYER INFORMATION (This section MUST be completed)

Current employer (any industry or occupation) Job Title

Employer Address Date employment ended (or will end)

Name of Supervisor or HR Representative Telephone # E-mail Address

SEX: MALE FEMALE

MARITAL STATUS (you must mark one):

I AM MARRIED I HAVE NEVER BEEN MARRIED I AM DIVORCED I AM WIDOWED

Name of Spouse/Beneficiary Social Security Number Date of Birth

Street Address City State Zip code

Telephone Number Email Address

I hereby apply to **WESTERN STATES OFFICE AND PROFESSIONAL EMPLOYEES PENSION FUND** for a:

Normal Retirement (Age 65) Early Retirement (Ages 55-64)

RETIREMENT EFFECTIVE DATE: _____

DIVORCE QUESTIONNAIRE

If divorced, this questionnaire must be completed for each divorce. If you have never been divorced, please mark "Not Applicable".

Name: _____

Not Applicable

Do you have a QDRO

yes no I don't know

IF YES:
Dates
of your
QDRO: _____

Previous Marriage

Date Married: _____

Date Divorced: _____

Names Pension
Plan?

yes no

All Pages Included? yes no I don't know

Signed by Judge? yes no I don't know

Court certified copy? yes no I don't know

Ex- Spouse Info

Current Name: _____

Last Known
Address: _____

Phone: _____

SSN: _____

DOB: _____

Western States Office and Professional Employees Pension Fund

RECIPROCITY: This pension fund has reciprocity agreements with other pension plans. Have you worked for another employer in the same industry? YES NO If yes, please list below any other employers in which you worked in the industry.

Union No.	Name of Employer & Address	Period of Time

SIGNATURE REQUIRED

By my signature below, I hereby swear that the information provided on this application is true and complete to the best of my knowledge and have provided all documentation necessary for processing my application. I understand that benefits may be delayed if I do not provide all required signatures and/or documentation, including resolution of Qualified Domestic Relations Order "QDRO" issues.

I also understand that I am not considered "retired" if I do not terminate my employment with a contributing employer PRIOR to commencing my pension benefits, or if I have a "termination and rehire" agreement, arrangement or understanding with my employer (formal or informal); I would not be eligible for retirement benefits.

SIGNATURE _____ DATE _____

Western States Office and Professional Employees Pension Fund

CHECK LIST OF DOCUMENTS TO SUBMIT WITH APPLICATION – PLEASE READ

ALL APPLICANTS:

- Completed application (Pages 1-3 for Early and Normal retirement). **If you are currently working, the requested employer information on page 1 must be provided or your benefit will be delayed.**
- Copy of Birth Certificate or other acceptable documents for proof of age, see list below.
- Copy of spouse or beneficiary's Birth Certificate or other acceptable documents for proof of age, see list below.
- If married, a copy of your marriage certificate.
- If divorced, a court certified copy of all pages, signed by a judge, of each Divorce Decree(s), Qualified Domestic Relations Order (QDRO), and any attachments, if applicable. Also please complete the enclosed Divorce Questionnaire, page 2.
- If widowed, a copy of your spouse's death certificate.

LIST OF ACCEPTABLE DOCUMENTS FOR PROOF OF AGE

The acceptable proofs of your age are listed below in two groups. Submit a photo copy of one of the proofs listed in Group 1, if you have it, or can possibly obtain, since this class of proof of age is the more convincing.

If you cannot submit a proof in the Group 1 classification, submit photo copies of two (2) of the proofs listed in Group 2. *

GROUP 1 (Submit one proof)

1. A birth certificate.
2. A baptismal certificate or a statement as to the date of birth shown by a church record, certified by the custodian of such record.
3. Notification of registration of birth in a public registry of vital statistics.
4. Certification of record of age by the U.S. Census Bureau.
5. Hospital birth record, certified by the custodian of such record.
6. A foreign church or government record.
7. A signed statement by the Physician or midwife who was in attendance at birth, as to the date of the birth shown on their records.
8. Naturalization record.
9. Immigration papers.

OR

GROUP 2 (Submit two proofs) *

10. Driver's License
11. Military record.
12. Passport.
13. School records, certified by the custodian of such record.
14. Vaccination record, certified by the custodian of such record.
15. An insurance policy which shows the age or date of birth.
16. Marriage records showing date of birth or age (application for marriage license of church record, certified by the custodian of such record; or marriage certificate.)
17. Other evidence such as signed statements from persons who have the knowledge of the date of birth.
17. Letter from the Social Security Administration stating your date of birth as shown in their records.