

NORMAL RETIREMENT APPLICATION CHECKLIST

Are you ready to Retire?

Applications for retirement may be submitted *no more than* six months prior to your requested retirement date. You must notify your employer and Union Local prior to your retirement. Contact your Union Local for additional information.

This checklist is being provided to help avoid common errors that can delay the processing of your retirement.

Pre-Retirement Checklist

Contact the BPO for a retirement application packet or download a copy from our website.

This packet will include:

- Normal Retirement Application
- Federal and/or State Tax Election forms and information
- Electronic Fund Transfer Form (for direct deposit of pension payments)

Obtain and make a **clear photocopy** of each of the following, as applicable -

- Certified (county-filed) Marriage Certificate.
- Court-filed Dissolution Judgment or Divorce Decree (must include all pages).
- Late spouse's death certificate.

Upon request, the BPO can provide a written estimate of your accrued monthly retirement benefit.

Completing Your Normal Retirement Application

Section 1 – Please print legibly

- Enter your full legal name. If your full legal name is different from the name on record in the BPO, you may be asked to provide notarized verification with supporting documentation.
- Enter information requested as applicable: Local & Registration #, current residence/mailling address, contact number(s), and email, social security number, birth date, and age.

Section 2 – Please print legibly

- Enter the date you would like to retire (it should be the 1st day of the month you wish to retire). This is your Pension Commencement Date and is the date you will no longer work in the industry.

Section 3

- Check the box next to your current marital status.
 - If legally married, please include a photocopy of your certified marriage certificate or abstract from the county offices in which you were married (a marriage certificate signed by a clergy person is not acceptable).
 - If legally separated, you are still considered married.
- If you are divorced, please submit a photocopy of the court-filed Dissolution Judgment/Divorce Decree with required attachments as applicable (all pages). Failure to include this may delay your pension payments.
- If you are widowed, please submit a copy of your late spouse's death certificate.

Section 4

- If legally married, please enter your spouse's full legal name. If your spouse's legal name is different from the name on record with the Benefit Plans Office, you may be asked to provide notarized verification with supporting documentation.
- Enter your spouse's residence address if different from your address.
- Enter your spouse's date of birth. (Please ensure the date provided is accurate, so as to prevent delays in any applicable Surviving Spouse benefits or Medicare coverage.)
- Please provide your spouse's social security number. This will be required to provide future survivor benefits, as applicable.

Section 5 – Please read this section carefully. Once you retire, you will be unable to return to work in the Longshore/Watchmen industry and will be permanently removed from Registration Lists.

- Sign and Date your Normal Retirement Application. Signature date must be prior to the retirement date requested in Section 2.
- Only you, the Applicant, may sign the application and must match that on file in the BPO.
- If you are unable to sign, we will require a Power of Attorney document or filed Letters of Conservatorship/Guardianship of your Person and Estate.

NORMAL RETIREMENT APPLICATION

FREQUENTLY ASKED QUESTIONS:

When can I submit my application to retire?

- You may submit your application to the Benefit Plans Office at least 30 to 45 days prior to your requested retirement date and no more than 6 months prior to that date.

How do I submit my retirement application?

- To expedite the processing of your application, you may **first** submit it to the Pension Dept. via fax to (415) 749-1321 or via email to pension@benefitplans.org, **then** mail your application to *ILWU-PMA Benefit Plans, 1188 Franklin Street, Suite 101, San Francisco, CA 94109*. (Be sure to make a photocopy for your records, prior to mailing.)

*****YOUR ORIGINAL SIGNED APPLICATION MUST BE RECEIVED IN THE BENEFIT PLANS OFFICE OR PAYMENTS MAY BE DELAYED.*****

I've submitted my retirement application, but I've changed my mind or would like to postpone my retirement date. What should I do?

- Please submit a signed notification of withdrawal or postponement. If postponing, please indicate the exact future retirement date. If postponing, you will not have to re-submit your retirement application. Notifications of withdrawal or postponement must be received in the Plan office **prior** to the original retirement date requested.

I need to make a change to my retirement application. How do I do that?

- Contact the Benefit Plans Office.

I need help with completing my application or other forms. Whom shall I contact?

- The BPO's contact information is listed below. You may also contact your Area Welfare Director for assistance.
 - Telephone: 1-888-372-4598
 - Fax: (415) 749-1321
 - Email: pension@benefitplans.org

OTHER FORMS

When you request a retirement application packet directly from the BPO, it will include the following:

- Retirement Application*
- Federal and/or State Tax election forms*
- Electronic Fund Transfer form (direct deposit) * – you AND your financial institution will have to complete sections of this form

*These forms can also be downloaded and printed from the Benefit Plans Office website at www.benefitplans.org.

ILWU-PMA PENSION PLAN ♦ ILWU-PMA WATCHMEN PENSION PLAN

NORMAL RETIREMENT APPLICATION

Please allow **a minimum of six (6) weeks** to process your Normal Retirement Application. Normal Retirement applications must be received in the Plan Office prior to the date you are requesting. To apply for disability retirement, please complete a Disability Retirement Application.

SECTION 1

Legal Name: _____
First Middle Last

Local: _____ Registration Number: _____

Address: _____
Street

City State Zip Code

Birthdate: _____ Age: _____ Social Security Number: _____

Telephone Number: Home: _____ Cellphone: _____

Email: _____

SECTION 2 - I APPLY TO RETIRE ON _____
(Date must be on the 1st day of the month; i.e. Jan 1, 2022, Feb 1, 2021, etc.)

SECTION 3 - Survivor Benefits – In the event of your death, your legal spouse may be entitled to Survivor benefits. For future reference, please complete the following as applicable:

- Single: Never Married
- Legally Married – See SECTION 4 and please attach photocopy of certified marriage certificate
- Divorced – Please attach photocopy of complete divorce decree (all pages)
- Widowed – Please attach photocopy of death certificate (front and back)

SECTION 4 – Please complete the following for your spouse

Full Name: _____

Address *(if different from yours)*: _____

Street City State Zip Code

Date of Birth: _____ Social Security Number: _____

SECTION 5

I hereby certify that the above is correct to the best of my knowledge and belief. I acknowledge that as of my Separation Date certified by the Trustees, I will be permanently separated and forego all employment under the Longshore or Watchmen industry’s Collective Bargaining Agreement, and understand that my name will be **permanently removed** from all Longshore or Watchmen Registration Lists.

Signature

Date

To expedite processing, you may first submit your application via...

Fax: (415) 749-1321 or

Email: pension@benefitplans.org

...then you must mail the application to:
(make a copy for your records prior to mailing)

ILWU-PMA Benefit Plans Office
1188 Franklin Street, Suite 101
San Francisco, CA 94109

IMPORTANT: The Benefit Plans Office will notify you when your application has been received. Please contact the Plan Office if you do not receive this notification within two weeks from the date your application was mailed.

ILWU-PMA PENSION PLAN ILWU-PMA WATCHMEN PENSION PLAN

NOTICE TO RETIREMENT APPLICANTS

SUBJECT: Income Tax Withholding

Any pension payments you become entitled to receive under the ILWU-PMA Pension Plan or ILWU-PMA Watchmen Pension Plan, including disability pension payments, will be subject to federal income tax withholding unless you elect to the contrary. Please complete and return the enclosed Federal Election Form to make your wishes known with respect to federal income tax withholding.

If you want to have federal income taxes withheld from your pension payments, please complete Federal Election Form Part I. If you make an election to have withholding, it will remain in effect until revoked by you.

If you do not want to have taxes withheld from your pension payments, please complete Federal Election Form Part II. If you make an election to have no withholding, it will remain in effect until revoked by you. We are required to inform you that if you elect out of withholding or if you do not have enough income tax withheld, you may be responsible for payment of estimated tax. You may be subject to penalties under IRS estimated tax rules if your withholding and estimated tax payments are not sufficient.

If you do not submit a Federal Election Form, federal income tax will be withheld from your pension payments as if you are a married person claiming three withholding allowances. Under this provision, there currently is no withholding on pension payments of **\$2,100.00** per month or less.

You will be able to change your federal income tax withholding at any time by submitting a new Federal Election Form. If you are found eligible for retirement, we will enclose with your certification letter instructions on how to change the withholding amount if you wish.

SUBJECT: California Income Tax Withholding - **FOR CALIFORNIA RESIDENT ONLY**

If you wish to have California tax withholding, you must also complete the enclosed California Election Form. If you do not submit the California Election Form, state income tax will be withheld from your pension payments as if you are a married person claiming three withholding allowances. Under this provision, there currently is no withholding on pension payments of **\$3,040.00** per month or less.

FEDERAL ELECTION FORM

Complete Part I or Part II. **DO NOT COMPLETE BOTH PARTS.**

PART I. Complete Part I only if you want to have federal income taxes withheld from your pension payments.

YES, I want to have federal income taxes withheld from my pension.
 Single Married Number of allowances _____
(BLANK FIELD = ZERO (0) ALLOWANCES)

Additional amount, if any, you want deducted from each payment \$ _____

- You can claim the following allowances:
- 1 for yourself;
 - 1 for your spouse if you are married;
 - 1 for each additional dependent you will claim on your federal income tax return.

NOTE: PER IRS Regulations: You must specify a filing status and a number of withholding allowances. You cannot specify only a dollar amount of withholding. Please refer to <https://www.irs.gov> or your Tax professional for further information.

Other allowances may also be claimed; allowances may be higher if you or your spouse are over age 65 or are blind, or if you itemize deductions. The IRS or your own tax adviser can give you a worksheet to help you figure your withholding allowances.

| | | |
|------------------------------------|-----------------|---|
| Signature of Pensioner or Survivor | PRINT NAME HERE | Date |
| Local _____ | Reg. No. _____ | () _____ Telephone Number (optional) |

***** PART II FOR EXEMPT PURPOSES ONLY *****

PART II. Complete Part II only if you do not want to have federal income taxes withheld from your pension payments. Do not complete Part II if you are a U.S. citizen receiving your pension payments outside the United States.

I elect not to have federal income taxes withheld from my pension. I understand that I can revoke this election at any time.

You should be aware that your pension benefits are taxable income. If you elect not to have tax withheld, you may be subject to penalties under the estimated tax payment rules if your payments of estimated tax and withholding, if any, are not adequate.

| | | |
|------------------------------------|-----------------|---|
| Signature of Pensioner or Survivor | PRINT NAME HERE | Date |
| Local _____ | Reg. No. _____ | () _____ Telephone Number (optional) |

California Residents - If you want to have California tax withholding as well, you must also complete an Election Form for the State of California.

| | |
|---|--|
| RETURN FORM TO: ILWU-PMA Benefit Plans 1188 Franklin Street, Suite 101 San Francisco, CA 94109 | Fax: (415) 749-1321 Email: pension@benefitplans.org |
|---|--|

STATE OF CALIFORNIA ELECTION FORM

PART I. Complete Section A or Section B. Do not complete both Sections.

A. I want my withholding from each pension payment to be figured using the marital status and number of withholding allowances shown below:

Single Married Unmarried Head of Household Number of allowances _____
[BLANK FIELD = ZERO (0) ALLOWANCES]

Additional amount (if any) I want deducted from each payment: \$ _____

OR

B. I want this fixed amount withheld from each pension payment: \$ _____

Signature of Pensioner or Survivor

Local/Reg.No.

Date

PRINT NAME HERE

(_____) _____
Telephone Number (optional)

***** PART II FOR EXEMPT PURPOSES ONLY *****

PART II. Complete Part II only if you do not want to have California Personal Income Taxes withheld from your pension payments.

I elect not to have California income tax withheld from my pension. I understand that I can revoke this election at any time.

If you elect not to have tax withheld, you should be aware that your pension benefits are taxable income. You may be subject to penalties under the estimated tax payment rules if your payments of estimated tax and withholding, if any, are not adequate.

Signature of Pensioner or Survivor

Local/Reg.No.

Date

PRINT NAME HERE

(_____) _____
Telephone Number (optional)

RETURN FORM TO:

**ILWU-PMA Benefit Plans
1188 Franklin Street, Suite 101
San Francisco, CA 94109**

**Fax: (415) 749-1321
Email: pension@benefitplans.org**

ELECTRONIC FUND TRANSFER AUTHORIZATION

TO SIGN UP FOR ELECTRONIC FUND TRANSFER, PLEASE READ THE BACK OF THIS FORM AND FILL IN THE INFORMATION REQUESTED IN SECTION 1. THEN TAKE OR MAIL THIS FORM TO YOUR FINANCIAL INSTITUTION. THE FINANCIAL INSTITUTION WILL VERIFY THE INFORMATION IN SECTION 1 AND WILL COMPLETE SECTION 2. **SEND THE COMPLETED FORM TO ILWU-PMA BENEFIT PLANS, 1188 FRANKLIN STREET, SUITE 101, SAN FRANCISCO, CA 94109.**

PAYEE MUST KEEP THE BENEFIT PLANS OFFICE INFORMED OF ANY ADDRESS CHANGES.

SECTION 1 (TO BE COMPLETED BY PAYEE)

| | |
|--|---|
| A Name of Payee (last, first, middle initial) | B Payee Social Security Number _____ - _____ - _____ |
| Address (Street, Route, P.O. Box) | C Local and Registration Number _____ - _____ |
| City State Zip Code | D Type of Depositor Account (Check One) <input type="checkbox"/> FDIC Insured Checking Account <input type="checkbox"/> FDIC Insured Savings Account |
| E Account Information You must enclose a personal voided check with your pre-printed name and address or deposit slip/letter from your financial institution indicating your account number, routing number, type of account (Checking or Savings). | |
| <p style="text-align: center;">PAYEE CERTIFICATION</p> I certify that I am entitled to the payment identified above, and that I have read and understood the information and instructions on this form. In signing this form, I authorize my payment to be sent to the financial institution named below to be deposited to the designated account. I authorize amounts transferred after my date of death or transmitted in error to be debited to my account. | <p style="text-align: center;">JOINT ACCOUNT HOLDER'S CERTIFICATION</p> I certify that I have read and understood the information and instructions on this form, including the SPECIAL NOTICE TO JOINT ACCOUNT HOLDERS. |
| SIGNATURE OF PAYEE DATE PHONE NUMBER: () | SIGNATURE OF JOINT ACCOUNT HOLDER DATE NAME AND ADDRESS OF JOINT ACCOUNT HOLDER |

SECTION 2 (TO BE COMPLETED BY FINANCIAL INSTITUTION)

| | | |
|---|--|--|
| Name and Address of Financial Institution | | Bank Routing Number _____ - _____ - _____ |
| Branch Name and Number | Branch Telephone Number () Branch Fax Number () | Account Owners/Signers (must include Payee name) |
| FINANCIAL INSTITUTION CERTIFICATION I confirm the identity of the above-named payee(s) and the account number and account owners. As representative of the above-named financial institution, I certify that the financial institution agrees to receive and deposit the payment identified above. I also confirm the account listed above is FDIC Insured. | | |
| Print or Type Representative's Name | Signature of Representative | Date |

ILWU-PMA BENEFIT PLANS
1188 FRANKLIN STREET, SUITE 101, SAN FRANCISCO, CA 94109
TELEPHONE (415) 673-8500

Dear Payee:

As an alternative to mailing you your monthly benefit, ILWU-PMA Benefit Plans (Plan office) is offering you the option of having your monthly pension check electronically deposited to your financial institution. Electronic Fund Transfer (EFT) is limited by law to those financial institutions which are banks, savings and loans, and credit unions. This is an optional program.

WHAT IS EFT?

With EFT, your pension benefit is sent electronically to your financial institution and credited directly to your account. There is no check printed or sent through the mail.

WHAT ARE THE ADVANTAGES OF EFT?

- Immediate and uninterrupted deposits during periods of absence from residence.
- Your pension benefit is credited to your account on the first banking day of each month.
- Reduced risk of loss, theft, or forgery of benefit checks.

In order to participate in EFT, complete Section 1 of the Electronic Fund Transfer Authorization Form. Have your bank complete Section 2 and send the completed form to the Plan office.

Prior to transmission of your initial EFT, you will receive an effective date notification at the home address you have on record with the Plan office.

INFORMATION AND INSTRUCTIONS

PLEASE READ THIS CAREFULLY

WHEN TO USE THE ELECTRONIC FUND TRANSFER AUTHORIZATION FORM

The authorization form should be filled out in full and signed by both you and an authorized official of your financial institution for the following purposes:

1. To sign up as a new enrollee.
2. To change Electronic Fund Transfer from checking to savings and vice versa.
3. To change Electronic Fund Transfer from one financial institution to another.
4. To change depositor account numbers within a financial institution.

(over)

WHEN WILL MY FIRST ELECTRONIC FUND TRANSFER TRANSACTION BE CREDITED TO MY ACCOUNT?

Your first transaction may occur from 60 to 90 days after your request form is received by the Plan office. You will receive notice of deposit from the Plan office prior to the first transaction.

SPECIAL NOTICE TO JOINT ACCOUNT HOLDERS

Joint account holders should immediately advise both the Plan office and the financial institution of the death of the payee. Funds deposited after the date of death are to be returned to the Plan office. The Plan office will then make a determination regarding benefits payable and beneficiary's entitlement. Failure to notify the Plan office of the death of the payee could result in substantial liability to the account holder.

CANCELLATION

The agreement represented by this authorization remains in effect until cancelled by the payee by written notice to the Plan office, by the death or legal incapacity of the payee, or cancelled by the Plan if benefits terminate in accordance with Plan provisions.

The agreement represented by this authorization may be cancelled by the financial institution by providing the payee a written notice 30 days in advance of the cancellation date. The payee must immediately advise the Plan office if the authorization is cancelled by the financial institution. The financial institution cannot cancel the authorization by advice to the Plan office.

CHANGING RECEIVING FINANCIAL INSTITUTIONS

Your Electronic Fund Transfer will continue to be received by the selected financial institution until you notify the Plan office that you wish to change the financial institution receiving the Electronic Fund Transfer. To effect this change, you must complete a new Electronic Fund Transfer Authorization Form. It is recommended that you maintain accounts at both financial institutions until the process is complete and until the new financial institution has received your first Electronic Fund Transfer.

**PAYEE MUST KEEP THE BENEFIT PLANS OFFICE
INFORMED OF ANY ADDRESS CHANGES**