

RETIREMENT DECLARATION FORM

Name of Applicant

Social Security Number

Upon retiring with a pension from the Sheet Metal Workers' Local No. 73 Pension Fund, I declare that I will be bound by all the rules and regulations of Pension Plan including those stated below regarding Suspension of Benefits.

Work Before Normal Retirement Age (before Age 65)

After you retire, your monthly benefit will be suspended for any month in which you are employed in **disqualifying employment**.

Disqualifying Employment for the period before Normal Retirement Age (age 65) means:

- * employment or self-employment in work regularly performed by members of the Union or in any other building trades craft;
- * employment with any Contributing Employer;
- * employment or self-employment in the same or related field as any Contributing Employer;
- * employment or self-employment in any work which is or may be under the jurisdiction of the Union; or
- * at least one hour of employment in the Sheet Metal Industry that is not covered by a Collective Bargaining Agreement between the Union and an Employer.

Work Between Normal Retirement Age and Age 70 ½.

If you have attained age Normal Retirement Age, your monthly benefit will be suspended for any month in which you work or are paid for at least 40 hours in **disqualifying employment**.

Disqualifying Employment after Normal Retirement Age means employment or self-employment that is in:

- * an industry covered by the Plan when your pension began;
- * the geographic area covered by the Plan when your pension began;
- * any occupation in which you worked under the Plan at any time; or
- * any occupation covered by the Plan at the time your pension payments began.

However, if you worked in Covered Employment only in a skilled trade or craft (e.g. Sheet Metal Worker), employment or self-employment will be **disqualifying** only if it is in work that involves the skill of that trade or craft directly, or in the case of supervisory work, indirectly. In any event, any work for at least 40 hours in a month for which contributions are required to be made to the Plan is considered **disqualifying**.

APPLICANT'S STATEMENT:

I understand that if I start work of any type that is or may be **disqualifying** under the provisions of the Plan, **WITHOUT REGARD TO THE NUMBER OF HOURS OF SUCH WORK:**

- * I must notify the Board of Trustees, in writing, within 15 days.
- * My pension will be suspended for the months in which I work in disqualifying employment.
- * I must notify the Board of Trustees, in writing, when my **disqualifying** employment has ended.

My benefit check will be sent to me at my home address shown below [unless I submit a direct deposit form].

Participant's Signature

Date

Participant's Address

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State of _____

County of _____

On the __ day of _____, 20 __ before me came _____ to me known and known by me to be the person described in and who executed the foregoing statement and (s)he duly acknowledged to me that (s)he executed the same.

Notary Public

My Commission Expires

(Seal)