



National Integrated Group Pension Plan (NIGPP) Pension Application Instructions

To-Do List

- ✓ Along with this application, you should have received an estimate of your monthly pension benefit. Review that document and contact the Administrative Agency with any questions.
- ✓ Gather your documents. You'll need the following (copies only):
 - Proof of your date of birth and your spouse's or beneficiary's date of birth. A birth certificate, driver's license, or passport covers it.
 - Any changes to your or your beneficiary's legal name (if not already provided on your proof-of-age document(s)). If required, please submit copies only of your name change, or a marriage certificate or divorce decree.
 - If applying for a disability pension, a certificate or letter from the Social Security Administration showing your "date of entitlement" to disability benefits.
 - If married and selecting the Lifetime Benefit Only Option, your spouse's signed and notarized waiver of the Post-Retirement Spousal Benefit. You can find the waiver at the end of this packet.
- ✓ Complete the pension application. Pay close attention to the instructions. If you submit an application with a skipped step or a mistake, you'll need to complete the application again (and the starting date of your pension may be delayed).
- ✓ Send your completed application to the Administrative Agency, along with copies of any required documents. Don't file your pension application more than 180 days before your retirement date.

Please review your Summary Plan Description booklet and obtain a quotation of pension benefits before filling out the application form.

Question? Get in touch.



800-321-2393



questions@nigpp.org



nigpp.org

The application must be signed and postmarked no more than 180 days before the date you want your pension to start. The pension starting date you select may not be before the date the application is postmarked (pension dates may not be retroactive). By law, your first pension payment must be delayed until the eighth day after the postmark on your application, during which time you may withdraw the application and change your elections. Future payments will, however, be made in time to arrive by the first of each month.

Part 1

Please complete and return all three pages of the pension application, proof of your age, and any applicable supporting documents. Failure to do so may delay your pension start date.

NATIONAL INTEGRATED GROUP PENSION PLAN PENSION APPLICATION

DB 0142

Please read the included instructions and illustrations before completing this application. If you have any questions or difficulty completing this form, please contact our Participant Service Center at 1-800-321-2393.

Part 1

GENERAL INFORMATION

Instructions: You must complete each section in Part 1.

Name of Participant (Print):		Social Security Number:	
Street Address:			
City:	State:	Zip Code:	Telephone Number:
Date of Birth:	You must provide a <u>copy</u> of one of these documents to confirm your age if not previously provided: Driver's License / Birth Certificate / Passport / Armed Service Record		
Email Address:			
Last Day of Work:	/ /		
Requested Age Pension Starting Date:	____ (Month) / ____ (Year)		
Is there a court order requiring that any portion of your benefits from the Plan to be paid to any other person? (ex: an ex-spouse as a part of a divorce settlement)			
<input type="checkbox"/> No. There is no court order requiring that a portion of my benefits from the Plan be paid to any other person.			
<input type="checkbox"/> Yes. There is a court order requiring that a portion of my benefits from the Plan be paid to another person. (A copy of the order is required)			

You **must** provide your Social Security Number for your pension application to be processed.

Part 2

You must select **ONE** option in this section. If you select both options, or do not select an option, you will need to complete the application again, and the starting date of your pension may be delayed.

Part 2 **TYPE OF PENSION (✓ only one)** Instructions: You must check one and only one option in Part 2

Note: You must stop working in covered employment with an NIGPP Participating Employer to be eligible for an Age Pension or a Disability Pension.

<input type="checkbox"/>	<p>I am applying for an AGE PENSION</p> <p>➔ Please continue to Part 3 on page 12.</p>
<input type="checkbox"/>	<p>I am applying for a DISABILITY PENSION</p> <p>For a Disability Pension, a copy of your Social Security Disability Award Certificate indicating your entitlement date must be returned with the completed Pension Application.</p> <p>Please note: Do not select this option if you are applying for an age pension or are currently receiving a disability pension from the NIGPP and have reached your normal retirement age. Please select Age Pension above.</p> <p>➔ Please skip to Part 5 on page 13.</p>

If you are applying for a Disability Pension, please submit a certificate or letter from the Social Security Administration showing a “date of entitlement” along with the completed pension application.

Part 3

You must select **ONE** option in this section if applying for an Age Pension. If you select multiple options, or do not select an option, you will need to complete the application again, and the starting date of your pension may be delayed.

Part 3 **SPOUSAL ELECTIONS (✓ A, B or C)** Instructions: You must check one and only one option in Part 3.

(A) <input type="checkbox"/>	<p>I elect the 50% Post-Retirement Spousal Benefit Option - WARNING: Your pension will be reduced by selecting this item. You must provide your spouse’s proof of age and evidence of marriage.</p> <p>➔ Please fill in the following information and then skip to Part 5 on page 13.</p>	
Name of Spouse (print):	Spouse’s Soc. Sec. No.:	Spouse’s Date of Birth:

If you check (A), please provide your spouse’s name, Social Security Number, and date of birth. You must also provide a copy of your marriage certificate and proof of your spouse’s age (driver’s license, passport, etc.).

(B) <input type="checkbox"/>	<p>I am married, but I choose not to have my benefits paid in the Post-Retirement Spousal Benefit Option and choose instead to have my benefits paid in the form indicated in Part 4 below.</p> <p>Important: To elect this option, your spouse must consent to the election and complete the attached “Spouse’s Agreement To Give Up The Right To The Post-Retirement Spousal Benefit From the National Integrated Group Pension Plan” and sign it before a Notary Public. If you check (B), your pension may be delayed if the application is submitted without the Spouse’s Agreement attached.</p> <p>➔ Please continue to Part 4 (below) to select benefit payment option D or E.</p>
(C) <input type="checkbox"/>	<p>I am not married</p> <p>➔ Please continue to Part 4 (below) to select benefit payment option D or E.</p>

If you check (B), your pension may be delayed if the application is submitted without the Spouse’s Agreement attached.

Part 4

If you selected (B) or (C) in Part 3, you MUST select either (D) or (E), but not both.

OPTION ELECTION – (✓ *Benefit Payment Option D or E*)

Part 4

Instructions: Skip this section if you are applying for a Disability Pension, or if you are applying for an Age Pension and checked (A) in Part 3 (Post-Retirement Spousal Benefit) above.

(D)

I elect the Lifetime Benefit Only Option. Benefits will stop upon my death.
 ➔ Please continue to Part 5 on page 13.

If you are married and you select the Lifetime Benefit Only Option, your spouse must also waive their right to the Post-Retirement Spousal Benefit Option. Return a signed and notarized waiver form with this application.

(E)

I elect the Contingent Annuity (“CA”) Option, with the following percentage to be continued to my beneficiary after my death (**✓ only one**). **You must elect a percentage of your benefit to be provided to your CA after your death.**

- 50 percent
- 75 percent
- 100 percent
- Other percent _____% (indicate desired percentage)

**You must provide a copy of one of these documents to confirm your CA’s age:
 Birth Certificate / Driver’s License / Passport / Armed Service Record**

WARNING: Your pension will be reduced by selecting this option. Refer to examples.

➔ Please fill in the following information and then continue to Part 5 on page 13.

Name of Contingent Annuitant (print):	Relationship to you:	Contingent Annuitant’s Soc. Sec. No.:	Date of Birth:

If you select (E), then you MUST ALSO designate a percentage amount to provide to your Contingent Annuitant upon your death. Only select ONE percentage amount.

If you select (E), then you MUST ALSO designate a Contingent Annuitant to receive a benefit upon your death. You must also provide that person’s Social Security Number and proof of their age (driver’s license, passport, etc.).

Part 5

Part 5

PARTICIPANT'S SIGNATURE & DATE

Instructions: You must sign and date below.

I certify under penalty of perjury that the above information and all statements made herein are true and accurate to the best of my knowledge, information, and belief. I understand that a false statement of the facts or any other information may result in a delay or suspension of my pension benefits. I also understand and acknowledge that 18 U.S.C. § 664 makes it a crime for a person to steal or unlawfully and willfully abstract or convert to the person's own use assets from an employee benefit plan. Doing so subjects the person to a fine and/or imprisonment of not more than five years. If this is an application for a Disability Pension, I acknowledge that I must provide verification to the National Integrated Group Pension Plan of my continued entitlement to receive Social Security Disability Benefits and, if applicable, the cut off date of any such entitlement.

I understand that I have the right to take at least 30 days after receiving the explanatory material attached to this application to consider whether to waive the Post-Retirement Spousal Benefit or Lifetime Benefit Only and elect another form of benefit. If the time between receipt of this material and my requested Age Pension Starting Date is less than 30 days, my signature on this application is my election to waive the 30 day consideration period and start my pension on the requested Age Pension Starting Date indicated in Part 1 of this application.

Signature of Participant (Do Not Print)	Date

Please sign and submit your application *not* more than 180 days before your anticipated retirement date. Applications sent earlier cannot be accepted and must be resubmitted.

Any changes to your Pension Application must be made before your pension benefits begin.

SEND COMPLETED FORM AND ATTACHMENTS TO:

NATIONAL INTEGRATED GROUP
PENSION PLAN
PO Box 5315
Scranton, PA 18505-5315

Spouse's Agreement

SPOUSE'S AGREEMENT TO GIVE UP THE RIGHT TO THE POST-RETIREMENT SPOUSAL BENEFIT FROM THE NATIONAL INTEGRATED GROUP PENSION PLAN

I, _____, am the spouse of _____, the Participant. I understand that I have the right to have the National Integrated Group Pension Plan pay my spouse's retirement benefits in the Post-Retirement Spousal Benefit form and I agree to give up that right. I understand that by signing this agreement, I will receive nothing after my spouse dies, unless my spouse has elected the Contingent Annuity Option and named me as the beneficiary.

I agree that my spouse can receive retirement benefits in the form indicated on the attached Pension Application. I understand that my spouse cannot choose a different form of retirement benefits or a different beneficiary unless I agree to the change before the date pension payments begin.

I understand that I do not have to sign this agreement. I am signing this agreement voluntarily.

I understand that if I do not sign this agreement, then my spouse and I will receive payments from the Plan in the Post-Retirement Spousal Benefit form.

(DO NOT SIGN OR DATE UNTIL YOU ARE IN THE PRESENCE OF A NOTARY PUBLIC)

SIGNATURE OF PARTICIPANT'S SPOUSE

_____ Date _____

To be completed by a Notary Public:

On this _____ day of _____, _____, personally appeared _____ known to be (or satisfactorily proven to be) the person executing the above agreement and acknowledged to me that he/she executed the same as a free act and deed and for the purpose therein stated.

_____ Notary Public in and for _____

Signature and Seal of Notary _____ My Commission Expires _____

RE: Participant's name: _____

Participant's NIGPP Employer: _____

This Spouse's Agreement must be completed if you are married and choose not to have your benefits paid in the Post-Retirement Spousal Benefit Option (you selected (B) in Part 3). Your pension may be delayed if the application is submitted without the Spouse's Agreement.

Please note: Your spouse must sign the Spouse's Agreement before a Notary Public to be valid. Therefore, **the date your spouse signs the waiver must match the date the Notary Public signs.**