



SOUTHERN ILLINOIS LABORER'S & EMPLOYERS ANNUITY FUND

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APPLICATION FOR BENEFITS

PLEASE READ THIS FORM CAREFULLY BEFORE FILLING IT OUT.

1. ANSWER ALL QUESTIONS
2. SEND IN ALL REQUESTED DOCUMENTATION
3. ALL SIGNATURES MUST BE NOTARIZED
4. YOUR APPLICATION WILL NOT BE PROCESSED UNLESS THIS PROCEDURE IS COMPLETE
5. WHEN THE PROCESS IS COMPLETED; YOUR APPLICATION WILL PRESENTED TO THE BOARD OF TRUSTEES

NAME:

(LAST) (FIRST) (MIDDLE)

ADDRESS:

(# AND STREET) (CITY) (STATE) (ZIP CODE)

TELEPHONE:

SOCIAL SECURITY NUMBER:

LOCAL UNION #

DATE OF BIRTH:

PLEASE INCLUDE A COPY OF ONE OF THE FOLLOWING:

DRIVER'S LICENSE MARRIAGE CERTIFICATE
BIRTH CERTIFICATE LIFE INSURANCE POLICY (COVER SHEET ONLY)
MILITARY RECORD BAPTISMAL RECORD

(MONTH) (DAY) (YEAR)

ARE YOU LEGALLY MARRIED AT THIS TIME? YES NO (IF "YES" PLEASE COMPLETE THE FOLLOWING)

SPOUSE'S NAME:

SPOUSE'S SSN:

SPOUSE'S DATE OF BIRTH:

DATE OF MARRIAGE:

WERE YOU PREVIOUSLY MARRIED AND DIVORCED? YES NO

PLEASE PROVIDE A COMPLETE CERTIFIED COPY OF THE ORDER, AGREEMENT, &/OR DIVORCE DECREE(S), INCLUDING ANY ORDER(S) WHICH MAY AFFECT DISTRIBUTION OF YOUR ANNUITY

TYPE OF BENEFIT FOR WHICH YOU ARE APPLYING: (CHECK ONE)

- NORMAL RETIREMENT - AGE 65 (PLEASE SEND PROOF OF RETIREMENT)
DATE OF RETIREMENT _____ (ONLY IF RETIRING)
- EARLY RETIREMENT - AGE 55 THRU 64 (PLEASE SEND PROOF OF RETIREMENT)
- TERMINATION - BREAK IN SERVICE OF 12 MONTHS
- SURVIVORS BENEFIT (PLEASE SEND COPY OF (1) MARRIAGE CERTIFICATE (2) DEATH CERTIFICATE)
- 30 CREDIT RETIREMENT (PLEASE SEND APPROVAL LETTER FROM CENTRAL LABORERS' PENSION FUND FOR 30 CREDIT PENSION)
- PERMANENT & TOTAL DISABILITY (PLEASE SEND PROOF OF DISABILITY)
COMPLETE ONLY IF YOU ARE APPLYING FOR A DISABILITY BENEFIT
WHEN DID YOU BECOME DISABLED? _____
NATURE OF DISABILITY? _____
HAVE YOU APPLIED FOR SOCIAL SECURITY BENEFITS? YES NO
IF YOU HAVE BEEN AWARDED SOCIAL SECURITY DISABILITY BENEFITS, ATTACH A COPY OF THE SOCIAL SECURITY AWARD CERTIFICATE
- NOTE:**
IF YOU ARE APPLYING FOR DISABILITY BENEFITS, THE APPROPRIATE DISABILITY INFORMATION MUST BE SUPPLIED YOUR PHYSICIAN & ACCOMPANY THIS APPLICATION
- QDRO DISTRIBUTION (MUST HAVE QDRO ON FILE WITH OFFICE)

PAYMENT METHOD

- JOINT & SURVIVORS ANNUITY (SEE SURVIVORS BENEFITS) DISTRIBUTION TO BE PAID IN LUMP SUM
 DIRECT ROLLOVER INSTALLMENTS OVER A PERIOD OF
 60 MONTHS 120 MONTHS

DIRECT ROLLOVER TRANSFERS

PLEASE INCLUDE LETTER OF ACCEPTANCE FROM FINANCIAL INSTITUTION & IDENTIFICATION # OF IRA OR NEW EMPLOYER PLAN

NAME (FINANCIAL INSTITUTION)

ADDRESS

CITY STATE ZIP CODE

IDENTIFICATION # OF IRA OR NEW EMPLOYER PLAN#

IF YOU HAVE ELECTED A DIRECT ROLLOVER OF YOUR ANNUITY BENEFIT, PLEASE READ & SIGN THE FOLLOWING STATEMENT

CERTIFICATION

I VERIFY THAT THE RECIPIENT OF THE DIRECT ROLLOVER THAT IS NAMED ABOVE IN AN INDIVIDUAL RETIREMENT ACCOUNT OR NEW EMPLOYER PLAN THAT ACCEPTS ROLLOVERS. I UNDERSTAND THAT PAYMENT OF MY BENEFITS TO THE TRUSTEES OF THE IRA OR QUALIFIED EMPLOYER PLAN WILL RELEASE THE TRUSTEES OF THE SOUTHERN ILLINOIS LABORERS' & EMPLOYERS ANNUITY FUND FROM ANY FURTHER OBLIGATIONS OR RESPONSIBILITIES WITH RESPECT TO THE BENEFITS SO PAID

NOTARIZED SIGNATURE DATE

STATE OF ILLINOIS
COUNTY OF

SIGNED BEFORE ME ON THE _____ DAY OF _____ 20

BY _____

SIGNATURE OF NOTARY PUBLIC _____

SPOUSE'S CONSENT

- NOT MARRIED
- MARRIED- I UNDERSTAND THIS ELECTION REPLACES ANY OTHER BENEFITS WHICH MAY HAVE BEEN PAYABLE TO ME

SPOUSE'S NOTARIZED SIGNATURE

DATE

STATE OF ILLINOIS
COUNTY OF _____

SIGNED BEFORE ME ON THE _____ DAY OF _____ 20____

BY _____

SIGNATURE OF NOTARY PUBLIC

MEMBER'S CONSENT

MEMBER'S NOTARIZED SIGNATURE

DATE

STATE OF ILLINOIS
COUNTY OF _____

SIGNED BEFORE ME ON THE _____ DAY OF _____ 20____

BY _____

SIGNATURE OF NOTARY PUBLIC