



# SOUTHERN ILLINOIS LABORER'S & EMPLOYERS ANNUITY FUND

5100 ED SMITH WAY, SUITE A MARION, IL 62959 PHONE:618-998-1300 FAX:618-997-9063

## APPLICATION FOR BENEFITS

PLEASE READ THIS FORM CAREFULLY BEFORE FILLING IT OUT.

1. ANSWER **ALL** QUESTIONS - **PLEASE USE BLACK OR BLUE INK ONLY**
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 BE 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 STATE ISSUED ID  
BIRTH CERTIFICATE MARRIAGE CERTIFICATE (MUST SHOW DATE OF BIRTH)  
MILITARY 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 BY 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

ONLY COMPLETE THIS PAGE IF YOU ARE DOING A DIRECT ROLLOVER  
IF NOT, PLEASE MOVE ON TO PAGE 3

**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*

**MEMBER'S NOTARIZED SIGNATURE**

DATE

STATE OF ILLINOIS

COUNTY OF

SIGNED BEFORE ME ON THE \_\_\_\_\_ DAY OF \_\_\_\_\_ 20\_\_\_\_\_

BY

(Print Member's Name)

**SIGNATURE OF NOTARY PUBLIC**

**THIS PAGE MUST BE SIGNED AND NOTARIZED IN ORDER FOR YOUR APPLICATION TO BE ACCEPTED AND PROCESSED**

**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** \_\_\_\_\_  
(Print Spouse's Name)

\_\_\_\_\_  
**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** \_\_\_\_\_  
(Print Member's Name)

\_\_\_\_\_  
**SIGNATURE OF NOTARY PUBLIC**