



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 - **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

NOTE: YOU MUST SUBMIT AN ORIGINAL APPLICATION DOCUMENT, NOT PHOTOCOPIES OR A FAX.

MEMBER'S NAME

LAST FIRST MIDDLE

ADDRESS:

AND STREET CITY STATE ZIP CODE

SOC SEC #

PHONE #

EMAIL

PLEASE INCLUDE A COPY OF ONE OF THE FOLLOWING:

DRIVER'S LICENSE STATE ISSUED ID

BIRTH CERTIFICATE MILITARY RECORD

MARRIAGE CERTIFICATE (MUST SHOW DATE OF BIRTH)

DATE OF BIRTH:

LOCAL #

Month Day Year

MARITAL STATUS: MUST BE CHECKED

SINGLE

MARRIED

SPOUSE'S NAME:

SPOUSE'S SOC SEC #

(Must include a copy of spouse's state issued ID)

SPOUSE'S DATE OF BIRTH:

DATE OF MARRIAGE:

SPOUSE'S PHONE # OR EMAIL ADDRESS

Month Day Year

Month Day Year

DIVORCED

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

WIDOWED

PLEASE PROVIDE A CERTIFIED COPY OF THE DEATH CERTIFICATE

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

- TERMINATION - BREAK IN SERVICE OF 12 MONTHS
- EARLY RETIREMENT - AGE 55 THRU 64 (PLEASE SEND PROOF OF RETIREMENT)
- NORMAL RETIREMENT - AGE 65 (PLEASE SEND PROOF OF RETIREMENT)
- DATE OF RETIREMENT _____ (ONLY IF RETIRING)
- 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

- DISTRIBUTION TO BE PAID IN LUMP SUM
- DIRECT ROLLOVER
- INSTALLMENTS OVER A PERIOD OF
- 60 MONTHS 120 MONTHS

**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 _____

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 _____

COUNTY OF _____

SIGNED BEFORE ME ON THE _____ DAY OF _____ 20_____

BY _____
(Print Member's Name)

SIGNATURE OF NOTARY PUBLIC

ONLY COMPLETE THIS PAGE IF YOU ARE DOING A DIRECT ROLLOVER

DIRECT ROLLOVER TRANSFERS

MUST INCLUDE LETTER OF ACCEPTANCE FROM FINANCIAL INSTITUTION

FINANCIAL INSTITUTION NAME: _____

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 _____

COUNTY OF _____

SIGNED BEFORE ME ON THE _____ DAY OF _____ 20 _____

BY _____
(Print Member's Name)

SIGNATURE OF NOTARY PUBLIC _____