

## 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

ORIGINAL DOCUMENT MUST BE SUBMITTED

		PLEAS	E READ THIS FORM CAR	REFULLY	BEFORE FILL	LING IT OUT	Γ.	
1. ANSWE	R <u>ALL</u> QUES	STIONS	- PLEASE USE BLACK OR E	BLUE INK (	DNLY.			
2. SEND IN ALL REQUESTED DOCUMENTATION. IDENTIFICATION DOCUMENTS MUST BE CERTIFIED COPIES.								
3. ALL SIGNATURES MUST BE NOTARIZED								
4. YOUR APPLICATION WILL NOT BE PROCESSED UNLESS THIS PROCEDURE IS COMPLETE.								
5. APPLICATION MUST BE RECEIVED BY THE 25TH OF MONTH TO BE PRESENTED TO THE TRUSTEES.								
6. CHECKS	S ARE WRIT	TEN AN	D MAILED THE 10TH OF THE	E NEXT MC	NTH.			
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CENSE		STATE	ISSUED ID 🗆		$\neg$			
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STATUS:	CURRE	ENT AN	ID PREVIOUS MARITA	L STATU	S MUST BE	DISCLOSE	D	
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		INCLU	DING ANY ORDER(S) WHICH	MAY AFF	ECT DISTRIBU	TION OF YOU	IR ANNUITY	
		MUSTI	PROVIDE A CERTIFIED COP	Y OF THE	DEATH CERTIF	FICATE		
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	NAIVIE				DATE OF BINT	п:		SILEHW ANNUITY CONTACT
								Common
					Month	Day	Year	LINDA BROWN
			PHONE #		DATE OF MAR	RIAGE		618-998-1300
								EXT 237
					Month	Day	Voor	lindabrown@silehw.org
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TEDMINIATI				TOU AKI	APPLTING	: (CHECK	ONE)	
☐ EARLY RETIREMENT - AGE 55 THRU 64 (MUST SEND PROOF OF RETIREMENT)								
NORMAL RETIREMENT - AGE 65 (MUST SEND PROOF OF RETIREMENT								
DATE OF RETIREMENT(ONLY IF RETIRING)								
30 CREDIT RETIREMENT (MUST SEND APPROVAL LETTER FROM CENTRAL LABORERS' PENSION FUND )								
·								
QDI(O DI	OTRIBOTIC	)			•			
			COMPLETE ONLY IF YOU	J ARE APPL	YING FOR A DIS	SABILITY BEN	EFIT	
PERMANENT & TOTAL DISABILITY (MUST SEND PROOF OF DISABILITY SUPPLIED BY PHYSICIAN)								
WHEN DID YOU BECOME DISABLED?								
NATURE OF DISABILITY?								
HAVE YOU APPLIED FOR SOCIAL SECURITY BENEFITS?  YES  NO								
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## THIS PAGE MUST BE SIGNED AND NOTARIZED IN ORDER FOR YOUR APPLICATION

TO BE ACCEPTED AND PROCESSED							
	E'S CONSENT						
	ION REPLACES ANY OTHER BENEFITS WHICH ME						
SPOUSE'S NOTARIZED SIGNATURE	DATE						
STATE OF							
COUNTY OF	_						
SIGNED BEFORE ME ON THE DAY OF	20						
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BY (Print Spouse's Name)	_						
SIGNATURE OF NOTARY PUBLIC	<del>-</del>						
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(Print Member's Name)							
SIGNATURE OF NOTARY PUBLIC	_						
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## ONLY COMPLETE THIS PAGE IF YOU ARE REQUESTING A DIRECT ROLLOVER 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 IS 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