



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

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. 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 ARE WRITTEN AND MAILED THE 10TH OF THE NEXT MONTH.

**MEMBER'S
NAME**

LAST _____ FIRST _____ MIDDLE _____

ADDRESS:

AND STREET _____ CITY _____ STATE _____ ZIP CODE _____

SOC SEC #

PHONE #

EMAIL ADDRESS

MUST 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 DISCLOSE CURRENT AND PREVIOUS MARITAL STATUS

SINGLE

Check one YES NO
**DIVORCED AND/OR
PREVIOUSLY DIVORCED**

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

WIDOWED

MUST PROVIDE A CERTIFIED COPY OF THE DEATH CERTIFICATE

SPOUSE'S INFORMATION:

ID MUST BE INCLUDED

MARRIED

NAME

DATE OF BIRTH:

**SILEA ANNUITY
CONTACT**

Month _____ Day _____ Year _____

**LINDA BROWN
618-998-1300
EXT 237
lindabrown@silehw.org**

SOC SEC #

PHONE #

DATE OF MARRIAGE

Month _____ Day _____ Year _____

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

- TERMINATION - BREAK IN SERVICE OF 12 MONTHS
- 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)
- QDRO DISTRIBUTION (MUST HAVE QDRO ON FILE WITH OFFICE)

COMPLETE ONLY IF YOU ARE APPLYING FOR A DISABILITY BENEFIT

- 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

IF YOU HAVE BEEN AWARDED SOCIAL SECURITY DISABILITY BENEFITS, ATTACH A COPY OF THE SOCIAL SECURITY AWARD CERTIFICATE

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 REQUESTING A DIRECT ROLLOVER

LETTER OF ACCEPTANCE FROM FINANCIAL INSTITUTION MUST BE INCLUDED

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 _____