



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:

(MONTH) (DAY) (YEAR)

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

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

SPOUSE'S NAME:

(You must

SPOUSE'S SSN:

include a copy of your spouse's state issued ID)

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 _____

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 _____

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