



SOUTHERN ILLINOIS LABORERS' & EMPLOYERS' ANNUITY FUND

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APPLICATION FOR BENEFITS

ORIGINAL DOCUMENT MUST BE SUBMITTED

PLEASE READ THIS FORM CAREFULLY BEFORE FILLING IT OUT

- ANSWER **ALL** QUESTIONS - **PLEASE USE BLACK OR BLUE INK ONLY.**
- IDENTIFICATION **MUST** BE PROVIDED FOR BOTH **MEMBER & SPOUSE**.(SEE EXAMPLES).
- ALL SIGNATURES **MUST** BE NOTARIZED.
- DEADLINE:** MUST BE RECEIVED BY 25TH OF THE MONTH, CHECKS ARE MAILED THE 10TH OF THE NEXT MONTH.
- APPLICATION MUST BE FILLED OUT IN ITS **ENTIRETY** TO BE PRESENTED TO THE TRUSTEES FOR APPROVAL.

MEMBER'S NAME

LAST FIRST MIDDLE

ADDRESS:

AND STREET CITY STATE ZIP CODE

SOC SEC #

PHONE #

EMAIL ADDRESS

ID EXAMPLES: MUST BE INCLUDED FOR MEMBER & SPOUSE

DRIVER'S LICENSE PASSPORT
BIRTH CERTIFICATE STATE ISSUED ID

DATE OF BIRTH:

LOCAL #

Month Day Year

MARITAL STATUS: MUST DISCLOSE CURRENT AND PREVIOUS MARITAL STATUS

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

HAVE YOU EVER BEEN DIVORCED? MUST CHECK ONE YES NO SINGLE MARRIED

SPOUSE'S INFORMATION

NAME

SOC SEC

PHONE #

DATE OF BIRTH:

DATE OF MARRIAGE

EMAIL ADDRESS

Month Day Year Month Day Year

WIDOWED MUST PROVIDE A CERTIFIED COPY OF THE DEATH CERTIFICATE

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

- SEPARATION - 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

- LUMP SUM DISTRIBUTION(SIGN & NOTARIZE PAGE 2)
- DIRECT ROLLOVER (MUST COMPLETE PAGE 3)
- RETIRED ONLY- PARTIAL DISTRIBUTION (SIGN & NOTARIZE PAGE 2)
- INSTALLMENTS OVER A PERIOD OF
 60 MONTHS 120 MONTHS

\$ _____ UP TO 50%

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)

OFFICIAL NOTARY SEAL

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)

OFFICIAL NOTARY SEAL

SIGNATURE OF NOTARY PUBLIC _____

ONLY COMPLETE THIS PAGE IF YOU ARE REQUESTING A DIRECT ROLLOVER

**MUST INCLUDE LETTER OF ACCEPTANCE FROM FINANCIAL INSTITUTION
CONFIRMING ACTIVE ACCOUNT (SEE ATTACHED EXAMPLE)**

FINANCIAL INSTITUTION NAME:

ADDRESS

CITY

STATE

ZIP CODE

ACCOUNT #

**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)

OFFICIAL NOTARY SEAL

SIGNATURE OF NOTARY PUBLIC