Alaska UFCW Pension Trust

Administered by Zenith American Solutions 12205 SW Tualatin Road, Suite 200 Tualatin, Oregon 97062

Toll Free: (833) 942-2315 Fax: 1(503) 867-8949

Application for Pension Benefits or Vested Rights

Thank you for requesting an application for pension benefits through the Alaska UFCW Pension Fund. It is recommended that your application and the best possible proof of age which can be obtained, should be sent to this office at least 90 days/3 months in advance of the first of the month on which you want your pension benefit payment to begin. The accuracy and completeness of the information you send to us will speed the processing of your application and provide faster payment of the benefits to which you may be entitled. Please answer all questions carefully. After the application has been processed you will receive a second set of paperwork for the Election of Form of Payment. Please note that the packet may only be sent to you if your requested future effective date is 90 days or less.

Docum	ent Checklist:
	Application
	Proof of your Date of Birth (See attached instruction sheet)
	Proof of your Spouse's Date of Birth, if married
	Proof of Marriage, if currently married
	If Widowed, a photocopy of spouse's death certificate
	Copies of all filed Dissolution Decrees or Legal Separation Decrees, including property settlement
	Copies of any Qualified Domestic Relations Order
	Proof of your name change, or spouse's name change if applicable.

The Trust requires the original application to be submitted for processing. We are unable to process applications that have been faxed or emailed. If you have any questions about completing and submitting the application and/or required supporting documents, please feel free to call the Trust Office for assistance. You will receive a letter acknowledging receipt of your application and other documents. If any further information is required, you will be advised by the Trust Office.

Once your complete application has been processed you will receive a Benefit Election Packet which will explain all of the benefit options available to you with detailed amounts. It will also include tax withholding and direct deposit forms. If your initial payment occurs after your pension effective date it will include the retroactive amount.

Applicant's Proof of Age Instruction Sheet

It is very important that the BEST AVAILABLE PROOF of your date of birth be furnished before your Application can be approved. Documents that we can accept for proof of age are listed below. Additional proof of age may be requested if the document which you submit is not acceptable. Therefore, it is to your advantage to furnish a document which is the highest in order of Group I. You must attach a photocopy of the document to your Application as proof of age. However, you are cautioned that naturalization papers, United States passports, and immigration papers must be a notarized copy. Any certificate or record submitted will be photocopied and returned upon request. If no evidence such as described below is obtainable, the best available proof of the date of birth should be furnished, accompanied by a statement setting forth in detail what investigation has been made and why nothing better can be secured.

Group I

Submit one of the following

- 1. Official Birth Certificate from the Bureau of Vital Statistics from records made at the time of birth
- 2. Affidavit from a city, county, or state Bureau of Vital Statistics to the effect that the birth was registered, and certification of the date of that birth
- 3. Baptismal certificate or a statement as to the date of birth shown by a church record certified by the custodian of such record
- 4. Hospital birth record, certified by the custodian of such record
- 5. State or Federal Social Security document giving approval of pension and evidence of age
- 6. Statement signed by the physician or midwife who was in attendance at birth as to the date of birth shown on their record
- 7. United States Census Bureau certification of age
- 8. Naturalization papers (photocopy not permitted, submit original)
- 9. Immigration papers (photocopy not permitted, submit original)
- 10. Foreign church or government record giving evidence of age

Group II

Or submit two of the following

- 11. School or college record, certified by the custodian of such record
- 12. Confirmation certificate
- 13. Military record
- 14. Passport (Notarized copy)
- 15. Life insurance or annuity policy at least five years old
- 16. Marriage record (application for marriage license or church record certified by the custodian of such record, or marriage certificate)
- 17. Vaccination record, certified by the custodian of such record
- 18. Extract from Family Bible or other Family Record of Births containing an entry made soon after the time of birth. Such extract should be made by a Notary Public and its correctness certified by him or her; in addition, the Notary should state by whom and when the entry is supposed to have been made and the date of publication of the book in which the entry is contained, or, if the date of publication is not known, the apparent age of the book.
- 19. Other evidence, such as voting records, poll tax receipts, or driver's license *

If you cannot submit proof by furnishing any two of the above items numbered 11 through 19 in Group II, you may submit proof by furnishing at least one of the items listed in 11 through 19 and an Affidavit by a responsible person (preferably a near relative) who has authentic knowledge of the birth date, stating the place and date of birth and the facts upon which such knowledge of the birth date is based. Such Affidavit should identify the maker and it should be acknowledged before a Notary Public. The Affidavit alone is not sufficient evidence; it must be supplemented by the best available document proving the birth date stated.

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I am applying to the Alaska United Food and Commercial Workers Union Pension Fund for: ☐ Early Retirement Pension ☐ Normal Retirement Pension ☐ Deferred Retirement Pension **Personal Information** Middle Any other last names you have worked under: Birth Date: _____ Social Security No: ____ Mailing Address: ____ Number and Street or PO Box Number City State Telephone Number: ______ Alternate Phone: _____ Sex: ☐ Male ☐ Female Marital Status (select all which apply) ☐ Married ☐ Previously Divorced*/Currently Remarried □ Never Married ☐ Widowed ☐ Legally Separated/Divorced Dates *If you were divorced, your election of benefits may be subject to the rights of a prior spouse and you are required to attach photocopies of your entire, filed dissolution decrees, with property settlement agreements and any Qualified Domestic Relations Orders. If you are currently married Spouse's Name: Spouse's Birth Date: ☐ Male ☐ Female Social Security No. Sex:

Employment Summary

List all periods of employment and all periods of unemployment beginning with your first employment through the present in the retail industry. Include periods of employment which were not in the retail industry. Also include periods of disability, military service and reciprocity.

Employer	City	Title	Union Local NO.	Employment Start Mo / Yr	Employment End Mo / Yr	Full or Part Time		
Date you first began working in the industry:								
I, the undersigned, hereby of Pension Fund in the event of		g to be the benefic	iary of an	y benefits payab	e by the Alaska	UFCW		
Name	S	treet No.		City, State	Zip Co	ode		
Social Security No.		Birth Date		Relationship				
By my signature I attest that all of the information in this application is true and correct to the best of my knowledge.								

Member Signature

Date Signed