



Application for Pension

PROCEDURE FOR PENSION APPLICANTS

The employee must complete several administrative forms in order to ensure that proper service credits are granted under the Pension Plan to an employee upon his termination of covered employment and to establish the employee's correct age (so that his entitlement to a pension benefit under the Plan and the monthly amount thereof are precisely determined). The employee must also submit proof of age for the spouse/survivor and a copy of the marriage license if you are married or separated.

The employee filing an application for **Normal, Early or Disability** pension should complete and return:

- **Application for Pension** (Pages 2-4)
- **Form 5.02 ("Acknowledgement of Optional Notification")** if the employee is
 - (a) applying for Early or Normal pension
 - (b) applying for Disability pension between the ages of 55 and Normal retirement age
- **Affidavit of Participant** (signed by the employee and notarized) if the employee is single, divorced or widowed.
- **Proof of Age documents** (see Page 5 for documents that are acceptable) for the employee, your current spouse, and for any survivor chosen on Form 5.02. Please send legible copies. **DO NOT SEND ORIGINAL DOCUMENTS.**
- **Marriage License** for employee who is legally married or separated when the Application is submitted.
- **Your Social Security Statement** (see Page 4 for instructions) if you are under the age of 62 AND have service with a Participating Employer within the past 5 years.

The employee filing an application for a **Vested Retirement** pension may request your pension to commence on your Normal Retirement Date. If the employee's Eligibility Service totals 10 or more years, you may request your pension to commence at the beginning of any month on or after age 55.

The employee should submit all required forms about 4 to 6 months before your expected retirement date in order to expedite the payment of your pension. The forms should be forwarded as soon as possible after Disability is incurred in the case of Disability Retirement. The employee who delays transmittal of any of the required forms may incur a longer waiting period before receiving your first pension payment.

A LATE FILING OF THE APPLICATION COULD RESULT IN THE PERMANENT LOSS OF SOME MONTHLY PENSION PAYMENTS.

ALL APPLICATIONS FOR PENSION BENEFITS SHOULD BE SENT TO:

**UFCW CONSOLIDATED PENSION FUND
THE FUND OFFICE
1740 PHOENIX PARKWAY
ATLANTA, GA 30349**



TYPE OF PENSION:

To the best of my knowledge, I am entitled to a Plan pension under the following retirement provision: (check whichever applies)

<input type="checkbox"/>	Normal Retirement: I am retiring on or after my Normal Retirement Date
<input type="checkbox"/>	Early Retirement: I am retiring for reason other than Disability on or after my 55 th birthday with at least 10 years of Eligibility Service. I am aware that, if my pension payments commence before my Normal Retirement Date, the monthly amount will be reduced for life.
<input type="checkbox"/>	<p>Temporary Early- I am retiring because of total and permanent disability. I am age 55 or older with at least 20 years of Eligibility Service. I have applied for my Disability with Social Security Administration and awaiting my award letter from Social Security Administration. In the interim I wish to receive Early retirement until my Social Security Disability has been approved. Disability will be based on Plan Provisions, please contact the Fund Office with any questions about your Plan Provisions.</p> <p>I am providing: A verification letter from the Social Security Administration indicating that I have applied for my Disability benefits through the Social Security Administration.</p>
<input type="checkbox"/>	<p>Disability Retirement: I am retiring because of total and permanent Disability before my Normal Retirement Date, and my Employment with an Employer participating in the UFCW Consolidated Pension Fund has been terminated due to Disability. (Disability retirement will be based on Plan Provisions, please call the Fund Office with questions about your Plan Provisions.)</p> <p>I am providing: <input type="checkbox"/> Social Security Award Letter showing date of disability award by SSA. <input type="checkbox"/> Two (2) Disability Certificates completed by Medical Doctors in separate practices.</p>
<input type="checkbox"/>	Vested Retirement: I am retiring for reason other than Disability before my 55 th birthday with at least 5 years of Eligibility Service. I understand that my Vested Pension will commence on my Normal Retirement Date. If my Eligibility Service totals 10 or more years, I can request an earlier commencement date (at or after my attainment of age 55). No payments will be made to me unless and until at least one month prior to the date on which I wish my vested Pension to commence, and not more than 6 months prior to such date I shall forward to the Fund Office my request for payment, advising of my then mailing address as well as my desired pension commencement date.

I understand that the Pension Plan provides that no pension payments can be made to me unless and until I file a proper written application on a form prescribed by the Trustees. Accordingly, I hereby state that my Employment with all participating Employers under the Plan will shortly be (or already has) terminated, and I hereby file this application for Pension. To that end, I submit proof of my age and submit the following information:

INFORMATION ABOUT YOURSELF:

Last Name:		First Name:		Middle Name:	
Social Security Number:		Date of Birth: (Proof Required) <input type="checkbox"/>		Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	
Local Union No.					
Mailing Address: (Street Address or PO Box, City, State, Zip Code)					
Phone Number: (include Area Code)			Email address:		
Current Marital Status:					
Married		Never Been Married		Separated Divorced Common-Law Marriage	



INFORMATION ABOUT YOUR SPOUSE (Required if you are currently married or separated):

Husband/Wife Name:	Husband/Wife Date of Birth: (Proof Required)	Date of Marriage:
Mailing Address: (Street Address or PO Box, City, State, Zip Code)		
Phone Number: (include Area Code)	Email address:	

If you are married, please provide a copy of your marriage certificate and proof of age of your spouse. Acceptable documents for Proof of Age are listed on Page 5.

EMPLOYMENT RECORD:

The accuracy of your entries is important, because they will be used to establish a **permanent** record of your past service credits under the pension program. If your entries are verified by your present and any past employers, they will be posted to your permanent record and will determine whether you are eligible for a pension benefit when you retire, as well as the pension amount payable. If you are unable to recall an exact date, estimate the month and year to the best of your recollection; ANY ESTIMATED DATE SHOULD BE CIRCLED to indicate that it is not an exact date.

Under current provisions of the Pension Plan, “past service” credits are granted only for previous periods which you worked for participating Employers under the Plan while represented by the Union within the geographical jurisdiction, and only if such work was in a position currently covered by the collective bargaining agreement between the Union and your employer. However, since the Plan could be amended in the future to recognize past periods worked for other employers or in non-covered positions, it is advisable that you list in the following table **all periods of prior employment in the retail food industry**. Begin with the first employer for whom you worked and list all subsequent employers up to and including your present employer. Enter any period of part-time employment on a separate line, and in the last column show the number of work-days per calendar month (or hours per week) for each such period of part-time employment.

EMPLOYER	LOCATION (City & Store Name)	FIRST DAY WORKED	LAST DAY WORKED	TITLE, POSITION OR JOB DESCRIPTION	LOCAL UNION NO.	PART-TIME EMPL. DATA

Except for certain “excused absences,” a break in service could mean a loss of past service credits. Therefore, it is important that you list each period of absence of the type described below:

EMPLOYER	DATE LEFT	DATE RETURNED	REASON FOR ABSENCE	*ENTER ONE OF THE FOLLOWING CODES
				M.S. – Military Service
				S.L. – Sick Leave (illness or injury)
				U.E. – Union employment (as employee or official of the Union or its International Association)
				O.C. – Other Cause (state briefly)



EMPLOYEE'S RETIREMENT DATE:

I understand and acknowledge that if I retire on Normal Retirement, Disability Retirement or Early Retirement, ***I must terminate my employment with any Employer that contributes to the Fund.***

I further understand that if I retire on Disability Retirement, I cannot return to work as long as I am receiving a Disability Retirement, and if I retire on Normal Retirement or Early Retirement, I cannot return to work with an Employer who contributes to the Fund for at least thirty (30) days after the **Effective Date of my retirement.**

CURRENT / LAST EMPLOYER covered under the UFCW Consolidated Pension Fund: _____

My last day of employment was (will) be: _____
Date/Year

_____ I have no vacation or personal holidays coming, or

_____ I have an accrued vacation of _____ days & _____ personal holidays

Which will extend my last day of covered employment until _____
Month/Day/Year
(This will be your final date after all
Vacation and Personal Holidays)

You will be eligible to receive your first check the month following your termination from employment if you have submitted your application prior to your termination.

IF YOU ARE UNDER THE AGE OF 62 AND HAVE SERVICE WITH A PARTICIPATING EMPLOYER WITHIN THE PAST 5 YEARS:

In order to assist with the Level Benefit Option, you can provide a copy of Your Social Security Statement which can be downloaded at <http://www.ssa.gov>. "SIGN IN OR CREATE AN ACCOUNT". CREATE YOUR ACCOUNT FOLLOWING THE STEPS IN THE WEBSITE. CLICK "PRINT/SAVE YOUR FULL STATEMENT" or BY calling Social Security Administration at 1-800-772-1213.

APPLICANT'S CERTIFICATION:

I am applying for a pension benefit from the UFCW Consolidated Pension Fund. Under penalty of perjury, I certify that the information I have given in this application is true and correct to the best of my knowledge. I understand that if any of the information is false, and that if I then receive benefits because of false information, I shall have to repay the benefits to the UFCW Consolidated Pension Fund. I also understand that if I have given false information, the Fund may take legal action against me.

Date _____ Signature _____

Please be sure to sign the above to avoid any unnecessary delays in processing. Thank you.



INSTRUCTIONS FOR SUPPLYING PROOF OF AGE

One or more of the proofs of age listed below must be furnished for the employee and the spouse/survivor.

A BIRTH CERTIFICATE IS PREFERRED, however, if you cannot submit a Birth Certificate:

- Any one of the Items listed 1-5 will suffice as Proof of Age.
- If you submit Documents 6-18, you must submit at least two (2) documents to satisfy the Proof of Age requirement.

PLEASE SEND LEGIBLE COPIES. **DO NOT SEND ORIGINAL DOCUMENTS.**

Provide one (1) document:

1. Birth Certificate.
2. Passport.
3. United States Census Bureau Data.
4. Baptismal certificate or statement as to the date of birth shown by church records, certified by the custodian of such records.
5. Notification of registration of birth in a public registry of vital statistics.

Provide two (2) documents:

6. Hospital records of date of birth, certified by custodian of such records.
7. Foreign church or government records.
8. Signed statements of Physician or Midwife in attendance, of date of birth shown.
9. Family Bible or other record certified by a Notary Public.
10. Naturalization Record.
11. Immigration Papers.
12. Record of military service.
13. School record certified by custodian of such records.
14. Vaccination record certified by custodian of such records.
15. Insurance Policy showing date of birth of age.
16. Labor Union or Lodge records certified by custodian of such records.
17. Marriage records showing date of birth or age, certified by custodian of such records.
18. Other records, such as a signed statement from persons who have knowledge of the date of birth, voting records, driver's license, or other such documents.



Acknowledgement of Optional Notification

(PRINT ALL ENTRIES IN INK, OR TYPE, EXCEPT FOR SIGNATURE)

NAME: _____

SOCIAL SECURITY NUMBER: _____ BIRTH DATE: _____ SEX: _____

NORMAL OR EARLY RETIREMENT DATE: _____

CHOOSE ONE OPTION AND SIGN BELOW:

These options are to provide the benefits selections that will be available to you after your application is processed. We are required to show benefits for you and your spouse. Please review the "Explanation of Pension Benefit Payment Options, Qualified Joint and Survivor Annuity Explanation" for information that will be provided in your Benefit Election Forms for optional forms of payment.

(Choose this option if you only want to see a benefit for yourself or yourself and spouse, if you are married.)

WAIVER OF OPTIONAL ELECTION. I definitely prefer to receive a pension payable during my lifetime only, and therefore, I hereby waive my right to elect a non-spousal Joint and Survivor Option.

(Choose this option to see a survivor benefit for anyone other than your spouse.)

REQUEST FOR OPTIONAL BENEFIT INFORMATION. I am undecided at this time as to which form of benefit payment I wish to select. To assist me in reaching a decision, I hereby request an estimate of the amount of reduced pension payable to me upon Normal or Early Retirement if I should decide to elect a Joint and Survivor Option under the Pension Plan for someone other than my spouse, as well as an estimate of the amount of my regular Pension. My request is for information purposes only and in no way commits me to an optional election. I hereby submit the following information with respect to my proposed Contingent Pensioner:

(PROOF OF AGE REQUIRED)

NAME: _____

RELATIONSHIP TO ME: _____ DATE OF BIRTH: _____ SEX: _____

PARTICIPANT'S SIGNATURE: _____ DATE: _____

ACKNOWLEDGEMENT OF OPTIONAL NOTIFICATION



Affidavit of Participant in the UFCW Consolidated Pension Fund
(Complete only if you are not Married)

PERSONALLY APPEARED, before the undersigned officer, duly authorized by law to administer oaths,
_____ who, being duly sworn, deposes and states as follows
(PLEASE PRINT YOUR NAME.)

My name is _____.
(PLEASE PRINT YOUR NAME.)

- I have personal knowledge of the facts set forth in this affidavit.
- As of the date hereof, I am not married and have no spouse.

FURTHER AFFIANT SAITH NOT.

PARTICIPANT (SIGN IN PRESENCE OF NOTARY)

DATE (XX-XX-20XX)

TO BE COMPLETED BY NOTARY

Sworn to and subscribed

before me this _____

day of _____, 20_____.

NOTARY PUBLIC

(NOTARIAL SEAL)



EXPLANATION OF PENSION BENEFIT PAYMENT OPTIONS

QUALIFIED JOINT AND SURVIVOR ANNUITY EXPLANATION

PARTICIPANT:

SPOUSE:

The purpose of this notice is to inform you of the “automatic” payment method that will be in effect when you retire, unless you elect an optional form of payment available to you. Please review the information carefully so that you will be prepared to make an election on your Benefit Election Form.

AUTOMATIC PAYMENT FORM FOR MARRIED PARTICIPANTS /QUALIFIED JOINT AND SURVIVOR ANNUITY

If you are married, you will automatically receive your benefits in the form of a Qualified Joint and 50% Survivor Annuity, unless you elect one of the optional forms of payment described on the next page. Your spouse must consent to your election of an optional form of payment that is not a Joint and Survivor Annuity and to any designation of someone other than your spouse as your beneficiary.

Basically, the Qualified Joint and 50% Survivor Annuity form of payment provides you with a monthly retirement benefit, and your surviving spouse with a form of post-retirement death benefit protection. It provides that if you die after your benefit payments begin, your spouse (if still living) will receive a benefit payable for life equal to 50% of the amount of monthly benefit that you were receiving. In order to pay for this death benefit protection, an adjustment is made to the monthly lifetime benefit amount which you otherwise would have received at the time of your retirement.

If, any time within the 90 day period prior to the date your benefit payments begin, you wish to either: (1) designate a beneficiary who is not your spouse, or (ii) have your plan benefits paid in a form other than as a Joint and Survivor Annuity, your spouse must consent to your election by completing Section 5 of the Benefit Election Form. If your spouse consents to your designation of another beneficiary or election of an optional payment form, your spouse may have no rights under the plan as your beneficiary and the amount your spouse may receive under the plan may be either nothing at all or less than the amount he/she could have received as your beneficiary under the plan.

AUTOMATIC PAYMENT FORM FOR SINGLE PARTICIPANTS

If you are single you will automatically receive your plan benefits in the form of a Single Life Annuity, unless you elect to receive an optional form of payment. All benefit payments stop upon your death.

OPTIONAL PAYMENT FORMS

You are eligible to elect or reject the married or single (whichever applies) automatic payment form any time you wish within the 90-day period prior to the date your benefit payments begin. You may revoke your election and make a new election any number of times during this 90-day period. **If you are married**, any change, other than the reinstatement of the Joint and Survivor Pension, will require a new spousal consent. If you are single, any change will require recertification of single status.

If you elect out of the appropriate automatic form, you may elect an optional form of payment as described below:

- **Single Life Only** - This is a monthly benefit payable for your lifetime only. No payments will be made after your death. **If you are married, your spouse must consent to your election of this optional form of payment.**
- **Joint and Survivor Annuity** - This is a reduced monthly benefit payable for your lifetime. Once you die, 50%, 66-2/3%, 75% or 100% of the amount you received (as elected by you) will be paid to your designated beneficiary for his/her lifetime. However, if your designated beneficiary is not living at your death, benefits will stop. **If you are married, your spouse must consent to your election of this optional form of payment and to any designation of someone else as your beneficiary.**

- **Level Income Option With Single Life Annuity** - This option is available only to a participant electing early retirement prior to age 62. An increased monthly pension is payable to you until age 62 (when your early Social Security payments can begin); and a decreased monthly pension is payable to you thereafter. The total monthly income (pension plus Social Security) before and after the commencement date of Social Security is approximately the same. Pension benefits will stop at your death. **If you are married, your spouse must consent to your election of this optional form of payment.**
- **Level Income Option with a Joint and % Survivor Annuity** – This optional form of payment is available only to a participant electing early retirement prior to age 62. An increased monthly pension based on the reduced joint and survivor benefit is payable to you until age 62 (when your early Social Security payments can begin) and a decreased monthly pension is payable to you thereafter. The total monthly income (pension plus Social Security) before and after the commencement date of Social Security is approximately the same. Once you die, 50%, 66-2/3%, 75% or 100% of the amount of the reduced joint and survivor benefit (as elected by you) will be paid to your designated beneficiary for his/her lifetime. However, if your designated beneficiary is not living at your death, benefits will stop. **If you are married, your spouse must consent to your election of this optional form of payment and to any designation of someone else as your beneficiary.**

If you name a beneficiary who is not your spouse, you must receive at least one-half of the value of your benefit payable under an optional method. The Fund Administrator will determine whether this requirement is satisfied when your benefits are calculated. If it is not, you will have to select another payment method.

If you name someone other than your spouse as your beneficiary and that person is 10 or more years younger than you, your survivor benefit may be adjusted. If this is the case, the Fund Administrator will inform you.

Regardless of whether you are married or single, if you are age 55 and have 10 years of eligibility service, you have the right to receive your benefits immediately, or to postpone receiving your benefits to the first day of any month preceding your normal retirement date. If you should elect to postpone receiving your benefits and if you should die prior to your payment commencement date, then your eligible spouse (the person to whom you were married for 30 days as of the date of your death) will be entitled to a surviving spouse benefit in the form of a Pre-Retirement Survivor Annuity.

Relative Value

Based on average life expectancies, as well as on assumptions regarding interest (to reflect the time value of money), all of the optional payment forms available to you have the same expected value. However, the actual value of the benefit you receive will be dependent on the length of your life (and on the length of your beneficiary's life, if you choose a form of payment that provides benefits for a surviving beneficiary). Therefore, the actual value of the different optional payment methods will vary depending upon your individual circumstances. For the optional forms available under this plan, the comparison was based upon the 1984 Uninsured Pensioners Mortality Table with the participant's and beneficiary's (or joint pensioner's) age set back two years and an interest rate of 6.00% per year for the portion of the benefit that you accrued up to December 31, 2011 and the RP-2000 Healthy Annuitants Mortality Tables (weighted 50% male and 50% female) and an interest rate of 7.50% per year for the portion of the benefit that you accrued on or after January 1, 2012. For the Level Income Option annuities, the comparison was based on the interest and mortality table as required under Internal Revenue Code Section 417(e)(3).

**UFCW CONSOLIDATED PENSION FUND
1740 PHOENIX PARKWAY
ATLANTA, GEORGIA 30349**