THE PENSION PLAN FOR THE EIGHTH DISTRICT ELECTRICAL PENSION FUND

HOW TO COMPLETE YOUR PENSION APPLICATION FORM P-3

1. Read each question carefully.

2. Print or type all information.

3. Please answer all applicable questions.

4. BE SURE TO DATE AND SIGN THE APPLICATION.

5. Make certain that you attach sufficient evidence of your birth date. You must also attach evidence of your spouse's date of birth and a copy of your marriage license/certificate if you wish to consider the Husband and Wife Pension.

6. Refer to your Pension Booklet for the explanation of the difference between the various pensions.

7. BE SURE TO SIGN Form P-4 or P-5 (Retirement Declaration).

8. Mail or bring the completed application and the required evidence of age and marriage to:

   Eighth District Electrical Pension Fund
   2821 S. Parker Rd., Suite #215
   Aurora, CO 80014

NOTE: When you submit your application to the Trustees, you will receive a letter acknowledging its receipt. If any additional information is required, you will be advised. You will be notified in writing of the decision made by the Board of Trustees with respect to your pension application.
INSTRUCTIONS CONCERNING SUBMISSIONS OF PROOF OF AGE

The acceptable proofs of your age are listed below in two groups. Submit a photocopy of one of the proofs listed in Group I, if you have it, or can possibly obtain it, since this class of proof is the more convincing.

If you cannot submit a proof in the Group I classification, submit photocopies of two (2) of the proofs listed in Group II. You are cautioned, however, that Naturalization Papers, United States Passports and Immigration Papers may be photocopied. If you are submitting any of these, you must send the original. It will be returned to you.

Additional proofs of age may be requested if the documents you submit do not constitute convincing proof of your age.

As noted below, original documents (rather than photocopies) are required for certain types of proof. When this is the case, the original documents will be returned to you as soon as your application is processed.

Group I

1. A birth certificate.
2. A baptismal certificate or a statement as to the date of birth shown by a church record, certified by the custodian of such record.
4. Certification of record of age by the U.S. Census Bureau.
5. Hospital birth record, certified by the custodian of such record.
6. A foreign government record.
7. A signed statement by the physician or midwife who was in attendance at birth, as to the date of birth shown on their records.
8. Naturalization record. (Photocopy not permitted; submit original.)
9. Immigration papers. (Photocopy not permitted; submit original.)

Group II

1. Military record.
2. Passport. (US Passports may not be photocopied; submit original.)
3. School records, certified by the custodian of such record.
4. Vaccination record, certified by the custodian of such record.
5. An insurance policy which shows the date of birth or age.
6. Marriage records showing date of birth or age (application for marriage license or church record, certified by the custodian of such record; or marriage certificate.)
7. Other evidence such as signed statements from persons who have knowledge of the date of birth.
8. Letter from Social Security stating your date of birth as shown in their records.
Please print or type the following information:

1. Name
2. Social Security No.
3. Home Address
   City
   State
   Zip Code
4. Local Union No.
5. Birth Date
6. Telephone No.

7. Type of retirement for which you are applying: (check one)
   Normal  Early  Disability  Disability/Contingent Early
   If applying for a Disability Retirement, attach Social Security Disability Award Letter.

8. Marital Status:  Married  Unmarried  Separated  Widowed  Divorced (Please include all Divorce
   Decrees even if you are remarried)

9. If married, please enter spouse’s name, birth date and Social Security No.
   Name________________________________________ Birth Date________________ Social Security No.________________

10. Name of Beneficiary (if other than above):________________________________________ Relationship________
    NOTE: If the beneficiary is different from the prior enrollment card, the designation on the application will govern to the
    extent permitted by law.

11. Address of Beneficiary (if other than above):________________________________________

12. Name and address of present or most recent employer in the industry:________________________

13. Date Retired: __________________________ (or plan to retire)

14. Last Day of Employment: __________________________ (In covered employment)

15. List below your Union membership or employment history before the Contribution Date in the geographical area
    covered by the Plan:

<table>
<thead>
<tr>
<th>Employer or Local Union No.</th>
<th>City and State</th>
<th>DATES OF UNION MEMBERSHIP OR EMPLOYMENT</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<td>Month From Year</td>
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</tbody>
</table>

I hereby apply for a retirement benefit from the Eighth District Electrical Pension Fund.

I certify under penalty of perjury that all of the above statements are true and correct. I understand that a false statement
may disqualify me for pension benefits, and that the Trustees shall have the right to recover any payments made to me
because of a false statement.

Date________________________ Participant’s Signature __________________________
EIGHTH DISTRICT ELECTRICAL PENSION FUND

RETIREMENT DECLARATION

(Name – Please Print)  (Social Security Number)

Upon retirement with a pension from the Eighth District Electrical Pension Fund, I declare that I will be bound by the Rules and Regulations of the Plan.

I have read and understand the Rules and Regulations of the Plan about work after retirement while receiving my monthly benefit. I am aware that I cannot engage in kinds of work described below without losing my monthly pension benefit payment.

A. **Before Age 65.** To be considered retired before I have attained age 65, I must not work in covered Employment or any employment anywhere for wages or profit of the type covered by the Collective Bargaining Agreement. However, if I am employed by an employer who is signatory to an agreement providing for the making of contributions to the Trust Fund, my pension will not be suspended until after I have earned through Covered Employment the maximum amount which then current laws and regulations allow me as a Social Security Retiree under age 65 to earn in a calendar year without loss of Social Security Benefits.

B. **After Age 65.** To be considered retired after I attain age 65, I must not work for 40 or more hours in a calendar month in employment in an industry and occupation covered by the Plan within the geographic area of the Plan, for an employer who has not entered into an agreement with the Board providing for the making of Contributions to the Trust Fund. Occupation means any work that requires, directly or indirectly, skills of the electrical trade or craft.

If I do return to work as described above, I must notify the Plan in writing within 21 days after starting any work. I must also notify the Plan in writing when I stop working and want my pension payments to begin again. Failure to notify the Plan will cause my pension to be suspended for an additional period of six (6) months over and above the suspension period specified above.

**Acknowledgement**

I have read this form and I understand that I must furnish, at the request of the Board of Trustees, any information or proof reasonably required to determine my rights to benefits. If I willfully make a material false statement or I furnish fraudulent material, information, or proof to my claim, or I fail to provide the notification required, benefits under this Plan may be denied, suspended or discontinued. The Trustees have the right to recover any benefit payments made: 1) in reliance on any willfully made false or fraudulent statement, information or proof, or 2) prior to the receipt of any required notifications.

Signature  Date
EIGHTH DISTRICT ELECTRICAL PENSION FUND

DISABILITY RETIREMENT DECLARATION

(Name – Please Print)                              (Social Security Number)

Upon retiring with a Disability Pension from the Eighth District Electrical Pension Fund, I declare that I will be bound by the Rules and Regulations of the Plan. I have read the Rules and Regulations and understand that:

1. I must notify the Plan in writing within 21 days of the date I am no longer Disabled or the date I receive notice that I am no longer entitled to my Social Security Disability Benefit or the month(s) I do not receive my Social Security Disability Benefit during any recent reentitlement period;

2. I must notify the Plan in writing within 21 days after starting work of a type that is or may be disqualifying under the provision of the plan and without regard to the number of hours of work whether or not I work less than 40 hours in a month;

3. If I fail to give the required written notice to the Plan, disability pension benefits paid to me to which I was not entitled must be repaid to the Fund;

4. I further understand that if I am no longer Disabled or entitled to a Social Security Disability Benefit, I may apply for a Regular or Early Retirement Pension and, if eligible, it shall become effective the month immediately following the month in which the Disability Pension terminates.

Acknowledgement

I have read this form and I understand that I must furnish, at the request of the Board of Trustees, any information or proof reasonably required to determine my rights to benefits. If I willfully make a material false statement or I furnish fraudulent material, information, or proof to my claim, or I fail to provide the notification required, benefits under this Plan may be denied, suspended or discontinued. The Trustees have the right to recover any benefit payments made: 1) in reliance on any willfully made false or fraudulent statement, information or proof, or 2) prior to the receipt of any required notifications.

Signature                                          Date
To: Local Union No.__________ Date:____________________

Re: ______________________ SS#:____________________

We have received a Pension Application from the above named individual who claims to have been a member of your Local Union from ______________ to ______________. Please provide the information requested below so that we can determine whether or not the Participant qualifies for a pension under the Rules of the Eighth District Electrical Pension Fund. Please return the completed form to us at the above address. This letter must bear the original signature of an authorized officer of the Local Union. We have enclosed an envelope for your convenience.

Your cooperation is appreciated.

Very truly yours,
BOARD OF TRUSTEES
By:______________________________________________

Administrative Office

UNION STATEMENT

According to our records the above name Participant has been a member of your Local Union and has been employed in the geographical area covered by the Plan in a job classification covered by the Collective Bargaining Agreement as follows:

________________________ to ______________________
Job Classification month/year month/year

________________________ to ______________________
Job Classification month/year month/year

According to our records, prior to becoming a member of our Local Union the above named Participant was employed in a job classification covered by the Collective Bargaining Agreement working within the geographical area covered by the Plan as follows:

________________________ to ______________________
Member of Local Union/job classification month/year month/year

________________________ to ______________________
Member of Local Union/job classification month/year month/year

According to our records, the date of birth of the above named is:_______________________

Signature:_________________________________ Title:_________________________________
Date:___________________________________
Eighth District
Electrical Pension Fund
Administrative Office
2821 SOUTH PARKER ROAD
SUITE 215
AURORA, COLORADO 80014

AUTOMATIC DEPOSIT OF PENSION CHECKS BY ELECTRONIC TRANSFER

I hereby authorize the EIGHTH DISTRICT ELECTRICAL PENSION FUND, hereinafter called “The Fund”, to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credits in error to my Account as described below at the Financial Institution (depository) named below.

**BANK INFORMATION**

NAME OF FINANCIAL INSTITUTION (BANK)________________________

ADDRESS: (Include city, state and zip)________________________

____________________________

BANK PHONE NUMBER________________________

**ACCOUNT INFORMATION**

Please attach voided check for verification of the following

BANK TRANSIT/ABA NO.________________________

TYPE OF ACCOUNT: □ CHECKING □ SAVINGS

ACCOUNT NUMBER:________________________

**RETIREE/BENEFICIARY INFORMATION**

This authority is to remain in full force and effect until The Fund has received written notification from me of it termination in such time and in such manner as to afford The Fund and the Bank a reasonable opportunity to act on it.

Name of Retiree________________________ SSN:________________________

Phone number:________________________

If you are not the retiree stated above, are you a beneficiary of pension benefits ________ Yes ________ No

If “yes”, please give your Social Security Number________________________

☐ ADDRESS CHANGE________________________

________________________

Signature of Retiree/Beneficiary Date

NOTE: Changes affecting electronic transfers must be received in The Trust Fund Office no later than the 20th of the month in order to be effective the first of the following month.

Remember to keep The Pension fund advised of your correct mailing address for correspondence purposes.
INFORMATION CONCERNING THE HUSBAND AND WIFE PENSION

It is important that you understand that the following conditions apply when making the choice regarding the Husband and Wife Pension.

If you elect the Husband and Wife Pension, then the 60 month provisions of the Plan described in Section 8.02 do not apply.

You and your spouse must be married to each other when your pension payments begin, and must be married at least one year at the time of death, for the surviving spouse pension to be effective.

1. If your spouse dies or you are divorced before your pension benefits begin, the election is cancelled and no adjustment will be made in your benefit payments for the Husband and Wife Pension.

2. If your spouse dies after yours becomes payable, the Husband and Wife form remains in effect and you will continue to receive the reduced benefit for your lifetime.

3. If you are divorced after your pension becomes payable, the elections remains in effect and your spouse will (should he or she survive you) receive the benefit under the Husband and Wife Pension arrangement for his or her lifetime unless the divorce decree states otherwise.

4. If you reject the Husband and Wife Pension, you will have to fill out the appropriate forms for the option under which you want your pension paid.
HUSBAND AND WIFE PENSION ELECTION FORM

Under this Pension Plan your benefit is paid as a Husband and Wife Pension if you are married when you retire, unless you and your spouse reject that form of payment. The Husband and Wife Pension provides for actuarial reduction in the monthly pension for the lifetime of the pensioner. When the pensioner dies, the spouse receives a lifetime pension equal to 50% of the amount that was being paid when the pensioner was alive.

If the Husband and Wife Pension is rejected, a higher amount is paid to the pensioner while living, but no pension continues to the spouse after the death of the pensioner. Other options available under the Pension Plan may provide some death benefits, if one of those options is selected.

You are your spouse must sign the Employee's Statement and the Spouse's Statement in front of a Notary Public if you want to reject the Husband and Wife Pension.

If you are not married, or cannot find your spouse, the Employee's Statement must still be signed in front of a Notary Public.

A._____ I do not want to receive my pension in the form of a Husband and Wife Pension

_____ But please provide me with information regarding the 100% Joint and Survivor Option. (Provide proof of your co-annuitant's age.)

Co-Annuitant's Name________________________________________ Co-Annuitant's Birth Date___________

B._____ I may want to receive my pension benefits in the form of a Husband and Wife Pension or a 75% or 100% Joint and Survivor Option. Inform me of the revised amounts that would be due me and my spouse. I understand that when I receive this information, I will again have the chance to make a final election regarding the Husband and Wife Pension. (Enclose proof of your spouse's age and proof of marriage.)

__________________________________________  __________________________
(Signature)  (Date)
EIGHTH DISTRICT ELECTRICAL PENSION FUND
HUSBAND AND WIFE PENSION
REJECTION FORM

EMPLOYEE’S STATEMENT

I, ________________________________, do not wish to receive my pension benefits in the form of a Husband and Wife Pension. I understand that rejecting this form of pension means no benefits will be paid to my spouse by the Pension Plan after my death, unless I elect another option or unless benefits are payable under other sections of the Plan.

(Check One)

_____ I hereby swear that I am not legally married at this time.

_____ I hereby swear that I am unable to locate my spouse.*

_____ I hereby swear that the person co-signing this document on the attached statement is my current legal spouse.

_________________________  __________________________
Date  Employee’s Signature

*Additional proof is needed if you check this box.

___________________________________________________________

NOTARY

STATE OF ____________________________  ss.

COUNTY OF ___________________________

On the __________________ day of ____________________________, 20____ before me came ______________________________ to me known and known to me to be the person described in and who executed the foregoing statement and (s)he duly acknowledged to me that (s)he executed the same.

_________________________
Notary Public

_________________________
Street Address

My Commission Expires:__________________

_________________________
City, State, Zip Code
EIGHTH DISTRICT ELECTRICAL PENSION FUND
HUSBAND AND WIFE PENSION
REJECTION FORM

SPouse’S STATEMENT

I, ________________________________, swear that I am the legal
spouse of ________________________________ . I hereby consent to my
spouse’s rejection of the Husband and Wife Pension. I understand that as a result, I will
not be paid a pension from the Pension Plan after my spouse’s death unless death
benefits are payable under another provision on the Plan. I further recognize that
because of this rejection the pension paid to my spouse while he or she is living will be
higher than it would be if I have the 50% survivor protection.

__________________________________     ____________________________
Date                                             Spouse’s Signature

__________________________________
Spouse’s Social Security Number

NOTARY

STATE OF ________________________________ ss.
COUNTY OF ________________________________

On the ____________________ day of ____________________, 20___ before
me came ________________________________, to me
known and known to me to be the person described in and who executed the foregoing
statement and (s)he duly acknowledged to me that (s)he executed the same.

__________________________________
Notary Public

__________________________________
Street Address

My Commission Expires: ____________________     ____________________
City, State, Zip Code