

# AUTOMOTIVE INDUSTRIES PENSION FUND



4160 DUBLIN BOULEVARD SUITE 400 | DUBLIN, CA 94568-7756  
TELEPHONE (800) 635-3105 | FAX (925) 588-7121  
[www.aitrustfunds.org](http://www.aitrustfunds.org)

## YOUR PERSONAL INFORMATION

NAME: \_\_\_\_\_ SOC. SEC. NO.: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

CITY STATE ZIP: \_\_\_\_\_ TELEPHONE NO. \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ E-MAIL ADDRESS: \_\_\_\_\_  
*(attach proof of age)*

### MARITAL STATUS (please select one):

- NEVER MARRIED     MARRIED     DIVORCED     DIVORCED & REMARRIED  
 WIDOWED     WIDOWED & REMARRIED *(if widowed, please provide copy of spouse's death certificate)*

IF YOU WERE DIVORCED, DATE(S) OF DISSOLUTION(S): \_\_\_\_\_

**IF YOU HAVE EVER BEEN DIVORCED**, you must submit a copy of your final judgment(s) of dissolution of marriage along with property settlement(s) and/or Qualified Domestic Relations Order(s) (QDRO). Please also indicate if you have an action pending.

Is there an existing court order requiring the fund to pay any former spouse?     YES     NO

## YOUR SPOUSE'S INFORMATION

IF YOU ARE CURRENTLY MARRIED PLEASE PROVIDE THE FOLLOWING INFORMATION:

SPOUSE NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_  
*(attach proof of age)*

SPOUSE SOC.SEC.NO.: \_\_\_\_\_ MARRIAGE DATE: \_\_\_\_\_  
*(attach proof of marriage)*

SPOUSE PREVIOUS NAME(S) AND DATE(S) CHANGED (if any) : \_\_\_\_\_

EXPLANATION OF NAME CHANGE: \_\_\_\_\_

## RETIREMENT DATE

Generally, your pension is effective the first day of the month following your last day of work in covered employment **OR** work in the Industry. Unless you are more than 71 years old, you are subject to the post retirement work rules.

I WISH TO BEGIN MY PENSION PAYMENTS ON \_\_\_\_\_ 1ST , \_\_\_\_\_ .  
*(MONTH) (YEAR)*

CURRENT EMPLOYER: \_\_\_\_\_ LAST DAY OF WORK \_\_\_\_\_

IS THIS WORK PERFORMED IN THE AUTOMOTIVE INDUSTRY?     YES     NO

Please provide detailed work history in the Employment Information section on the reverse side of application. This information is required in order to determine eligibility for pension benefits under the Plan.

**RETIREMENT TYPE**

PLEASE CHECK THE APPROPRIATE BOX FOR THE TYPE OF RETIREMENT FOR WHICH YOU ARE APPLYING. IF IT IS DETERMINED THAT YOU QUALIFY FOR A DIFFERENT TYPE OF RETIREMENT, WHICH WILL PROVIDE YOU WITH A GREATER BENEFIT, YOU WILL BE NOTIFIED

**CHOOSE ONE:**     NORMAL AT AGE 65         EARLY (AGE 55 – 64 ACTIVE VESTED ONLY)

**RULE OF 85 & DISABILITY PENSIONS ARE NOT AVAILABLE UNDER THE REHABILITATION PLAN UNLESS YOUR COLLECTIVE BARGAINING AGREEMENT HAS NOT BEEN RENEWED SINCE APRIL 27, 2008**

**EMPLOYMENT INFORMATION**

**IF YOU ARE UNDER AGE 65** - PLEASE LIST ANY EMPLOYERS (UNION & NON-UNION) FOR WHOM YOU HAVE WORKED DURING THE LAST 12 MONTHS:

START DATE	STOP DATE	NAME OF EMPLOYER	STATE & INDUSTRY	TYPE OF WORK	JOB CLASSIFICATION

**IF YOU ARE OVER AGE 65** - PLEASE LIST ALL EMPLOYERS (UNION & NON-UNION) FOR WHOM YOU HAVE WORKED FROM AGE 65 TO PRESENT:

START DATE	STOP DATE	NAME OF EMPLOYER	STATE & INDUSTRY	JOB TITLE-CLASSIFICATION	HOURS WORKED PER MONTH

*I have completed this pension application and, to the best of my ability, complied with the Plan's requests and requirements. I agree to be bound by all plan rules and regulations. I understand that I must notify the Trust Fund office of any changes of address, marital or employment status. I understand that a false statement may disqualify me for pension benefits and that the board of trustees shall have the right to recover any payments made to me because of a false statement.*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

For inquiries regarding pension records including hours of service, vesting credit, contributions and accrued benefits, please visit our website: [www.aitrustfunds.org](http://www.aitrustfunds.org)

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## REQUIRED DOCUMENTS FOR PENSION APPLICATION

In order to expedite the processing of your retirement application, please provide the following:

- Birth certificate/proof of age for Member
- Birth certificate/proof of age for Spouse
- Proof of Marriage (current)
- Filed Final Judgments for any prior marriages and any associated attachments or orders (Marital Settlement Agreement, Division of Property, Qualified Domestic Relations Order).

## ACCEPTABLE FORMS OF PROOF OF AGE

The following are acceptable forms of proof of age. Please note original documents provided will be returned.

### I. PROVIDE ONE OF THE FOLLOWING:

1. Birth certificate.
2. Baptism certificate or church record which state date of birth - certified by the custodian of such record.
3. Foreign government record.
4. Hospital birth record, certified by the custodian of such record.
5. Immigration papers – original required (copy is not permitted).
6. Physician or midwife signed statement by the practitioner in attendance at birth
7. Naturalization record – original required (copy is not permitted).
8. Registration of birth in a public registry of vital statistics.
9. U.S. Census Bureau certification of recorded age.

### II. IF NONE OF THE ABOVE ARE AVAILABLE, PROVIDE TWO OF THE FOLLOWING:

1. Driver License – state issued (photocopy).
2. Insurance policy which shows date of birth or age.
3. Marriage certificate which shows date of birth or age.
4. Military record (DD-214).
5. Passport – original required (copy is not permitted).
6. School records, certified by the custodian of such record.
7. Social Security Administration Statement of Earnings showing date of birth.
8. Vaccination record, certified by the custodian of such record.

Note: Be sure that names prior to marriage agree with proof of age. If not, provide written explanation and documentation.