

AUTOMOTIVE INDUSTRIES PENSION FUND



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

YOUR PERSONAL INFORMATION

NAME: _____ SSN: _____

MAILING ADDRESS: _____

CITY, STATE & ZIP: _____ PHONE NUMBER: _____

DATE OF BIRTH: _____ EMAIL ADDRESS: _____
(PROOF OF AGE REQUIRED)

MARITAL STATUS (please select one):

- NEVER MARRIED MARRIED DIVORCED DIVORCED & REMARRIED
 WIDOWED WIDOWED & REMARRIED (IF WIDOWED, PLEASE PROVIDE A COPY OF SPOUSE'S DEATH CERTIFICATE)

IF YOU WERE DIVORCED, PROVIDE DATE(S) OF DISSOLUTION(S): _____

IF YOU HAVE EVER BEEN DIVORCED, you must submit a complete copy of the filed final judgment of dissolution for all prior divorces along with any attachments or associated orders (e.g. Property or Marital Settlement Agreement, Division of Assets, Interlocutory Judgment, Qualified Domestic Relations Order, etc.). 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: _____
(PROOF OF AGE REQUIRED)

SPOUSE SSN: _____ MARRIAGE DATE: _____
(PROOF OF MARRIAGE REQUIRED)

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/MOST RECENT EMPLOYER: _____

MY LAST DAY OF EMPLOYMENT WAS (WILL) be: _____
(MONTH/DATE/YEAR)

IS THIS WORK PERFORMED IN THE AUTOMOTIVE INDUSTRY (UNION OR NON-UNION)? YES NO

Please provide detailed work history in the Employment Information section below. The accuracy of your entries is important, because they will be used to determine your eligibility for pension benefits under the Plan. This information is required.

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 THAT 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

PLEASE PROVIDE YOUR EMPLOYMENT HISTORY BELOW BEGINNING WITH ANY EMPLOYERS (UNION & NON-UNION) WHERE YOU HAVE WORKED DURING THE LAST 5 YEARS:

NAME OF COMPANY	STATE & INDUSTRY	EMPLOYMENT TYPE (Mechanic, Vehicle Maintenance, Vehicle Sales, etc.)	DATES OF EMPLOYMENT				HOURS WORKED PER MONTH
			From		To		
			Month	Year	Month	Year	
Present/Most Recent Employer 1					Present		
2							
3							
4							
5							
6							
7							
8							

I am applying for a pension benefit from the Automotive Industries 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 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

PLEASE BE SURE TO SIGN THE ABOVE AND SUBMIT ALL REQUIRED DOCUMENTS TO AVOID ANY UNNECESSARY DELAYS IN PROCESSING YOUR APPLICATION AND ISSUING YOUR FIRST PENSION PAYMENT. Thank you.

For inquiries regarding pension records including hours of service, vesting credit, contributions and accrued benefits, please visit our website: 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.