

# AUTOMOTIVE INDUSTRIES PENSION FUND

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

## **INSTRUCTIONS FOR COMPLETING AN APPLICATION FOR RETIREMENT BENEFITS**

Complete all pages of the application in its entirety. Please file the application promptly with the Trust Fund Office even though you may need more time to obtain some of the required attachments. Forward the necessary documents to the Trust Fund Office as soon as possible.

### **Your application cannot be processed without the following document(s):**

1. Proof of Age (see instructions below).
2. Proof of age for spouse and Certified Copy of marriage certificate.
3. If you have ever been divorced – Please submit a complete copy of the filed final Judgment with all attachments (e.g. Property or Marital Settlement Agreement, Division of Assets, Interlocutory Judgment, Qualified Domestic Relations Order, etc.).

## **INSTRUCTIONS CONCERNING SUBMISSION OF PROOFS OF AGE**

**IMPORTANT: The Trust Fund will verify the identity of a Member and Spouse who submit a retirement application through one of the following methods:**

- **Method 1:** Submit birth certificate(s) and a copy of Member and Spouse current and unexpired government issued photo identification (e.g. driver's license, military identification, or passport); or
- **Method 2:** Submit a signed and notarized application with a copy of either: Member and Spouse Birth certificate, or a copy of Member and Spouse government issued identification (e.g. driver's license, military identification, or passport); or
- **Method 3:** Submit an application **in person** to the Trust Fund Office with current and unexpired government issued photo identifications (e.g. driver's license, military identification, or passport) for both Member and Spouse.

**If you are unable to verify your identity using the above methods, you may request an appeal through the Trust Fund. Appeals will be forwarded to the Plan's legal counsel for review.**

**PLEASE BE SURE TO SUBMIT ALL REQUIRED DOCUMENTS TO AVOID ANY UNNECESSARY DELAYS IN PROCESSING YOUR APPLICATION AND ISSUING YOUR FIRST PENSION PAYMENT, THANK YOU.**

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## 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 1 Employer					Present		
2							
3							
4							
5							
6							

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)

*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.*

\_\_\_\_\_  
Member Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Spouse Signature

\_\_\_\_\_  
Date

**GENERAL ACKNOWLEDGMENT – NOTARIZATION**

State of \_\_\_\_\_ County of \_\_\_\_\_

On \_\_\_\_\_, before me, \_\_\_\_\_,

**Notary Public, personally appeared \_\_\_\_\_, and \_\_\_\_\_, who proved to me on the basis of satisfactory evidence to be the person whose name is subscribed to the within instrument and have acknowledged to me that they executed the same in their authorized capacities, and that by their signature on the instrument, the persons, or the entity upon behalf of which the persons acted, executed the instrument.**

**I certify under PENALTY OF PERJURY under the laws of the State of \_\_\_\_\_ that the foregoing paragraph is true and correct.**

**WITNESS my hand and official seal.**

\_\_\_\_\_  
Notary's Signature