# AUTOMOTIVE INDUSTRIES PENSION FUND

**4160 DUBLIN BOULEVARD SUITE 100 | DUBLIN, CA 94568**
**TELEPHONE (800) 635-3105 | FAX (925) 588-7121**
**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. Copy of Proof of Identity (see instructions below).
2. Copy of Proof of Identity for spouse and Certified copy of marriage certificate.
3. If you are or have been divorced, legally separated, or had an annulment, you **MUST** submit the Final Judgment of Dissolution of Marriage, Legal Separation, or Annulment along with any other Property/Marital Settlement Agreement and/or Qualified Domestic Relations Order (QDRO) for **all** prior marriages **even if they occurred prior your work under the Plan**. If you do not have these documents, you may obtain copies, for a fee, from the Superior Court in the county where your divorce was filed, Contact the Superior Court for more information.

## INSTRUCTIONS CONCERNING SUBMISSION OF PROOFS OF IDENTITY

**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 a copy of 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:
  Copy of Member and Spouse Birth certificates, or a copy of Member and Spouse current and unexpired 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 and if unresolved, to the Board of Trustees.**

**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: _____
**(COPY OF PROOF OF IDENTITY 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 divorced, provide:

Former Spouse Name: _____ SSN: _____

Date of Marriage: _____ Date of Separation: _____

***If you are Divorced or Legally Separated you must provide a copy of the Final Judgment of Dissolution of Marriage or Judgment of Legal Separation along with any Property/Marital Settlement Agreements and/or Qualified Domestic Relations Order (QDRO) for all prior marriages.**

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: _____
**(COPY OF PROOF OF IDENTITY REQUIRED)**

SPOUSE SSN: _____ MARRIAGE DATE: _____
**(COPY OF PROOF OF MARRAGE REQUIRED)**

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

EXPLANATION OF NAME CHANGE: _____

## RETIREMENT DATE

Generally, your pension is effective on the first day of the month following your last day of work in covered employment **OR** work in the industry. Unless you are past your Required Beginning date (April 1 of the year following the calendar year in which you attain age 70 1/2).

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 a 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 | |
| 1 | | | | | | | |
| 2 | | | | | | | |
| 3 | | | | | | | |
| 4 | | | | | | | |
| 5 | | | | | | | |

**IF YOU HAVE NOT BEEN EMPLOYED IN THE PAST 5 YEARS, KINDLY INDICATE BY CHECKING THE BOX:** ☐

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

*I am applying for pension benefits 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's Signature_____ Date_____

Spouse's Signature_____ Date_____

**GENERAL ACKNOWLEDGMENT – NOTARIZATION**

**(ONLY COMPLETE NOTARIZATION IF YOU ARE USING "METHOD 2" TO VERIFY YOUR IDENTITY.)**

***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.***

_____***(Seal)***

***Notary's Signature***