



APPLICATION FOR RETIREMENT PENSION BENEFIT

Dear Participant:

The application for Retirement Pension form has two sections. Both sections must be completed and forwarded to the address shown below before you can be approved for a retirement pension benefit from the Pension Fund.

Section One - Background Information/Employment History can be completed at any time. For example, if you are not yet ready to retire, but want to make sure that the Fund's records are accurate and up-to-date with respect to your employment history and personal information, we suggest that you complete Section One, enclose copies of any requested documents (such as proof of age or marital status) and forward it to our office well in advance of your intended retirement date. By doing so, we can review your eligibility status in advance and you will help us reduce the processing time needed to approve your benefit once you decide to retire.

When you get close to your intended retirement date (but not more than one year before), complete Section Two - Naming a Retirement Date and forward it to the address shown below. The information that you provide in this section allows us to finish processing your application and begin your benefit. Since this information must be accurate at the time of your retirement, we ask that you not complete this section until you have decided on a firm retirement date.

All forms and documents should be submitted to the following address:

Central States, Southeast and Southwest Areas Pension Fund
P.O. Box 5109
Des Plaines, IL 60017-5109

If you have any questions, please contact the Fund toll-free at 1-800-323-5000.



**CENTRAL STATES
SOUTHWEST AND
SOUTHEAST AREAS
PENSION FUND**

Application for Retirement Pension Benefit
Section One
Background Information/Employment History

PRINT OR TYPE ALL INFORMATION

PARTICIPANT'S SOCIAL SECURITY NO.		LAST NAME		FIRST NAME	M. I.	SEX	IF FEMALE, MAIDEN NAME				
ADDRESS			CITY	STATE	ZIP CODE	AREA CODE	PHONE NUMBER ()				
E-MAIL ADDRESS											
MILITARY SERVICE FROM			TO	DATE OF BIRTH	MONTH	DAY	YEAR	ANTICIPATED DATE OF RETIREMENT	MONTH	DAY	YEAR
MARITAL STATUS MARRIED SINGLE WIDOWED DIVORCED <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			SPOUSE'S LAST NAME		FIRST NAME	M. I.	IF FEMALE, MAIDEN NAME				
SPOUSE'S SOCIAL SECURITY NO.		SPOUSE'S DATE OF BIRTH	MONTH	DAY	YEAR	DATE OF MARRIAGE	MONTH	DAY	YEAR		
PRESENT OR MOST RECENT TEAMSTER EMPLOYER							TEAMSTER LOCAL UNION NO.				

LIST CHILDREN'S COMPLETE INFORMATION

NAME AND SOCIAL SECURITY NUMBER	ADDRESS (City, State, ZIP Code)	BIRTHDAY			RELATIONSHIP
		MONTH	DAY	YEAR	

**LIST COVERAGE UNDER ANY OTHER TEAMSTER
PENSION FUND AND/OR COMPANY PENSION PLAN**

NAME OF FUND / COMPANY PLAN	CITY AND STATE	PERIOD OF COVERAGE	
		FROM	TO

PLEASE INCLUDE COPIES OF THE FOLLOWING DOCUMENTATION WITH THIS APPLICATION AND MAIL IT TO THE ADDRESS SHOWN ON PAGE 3:

- YOUR BIRTH CERTIFICATE (OR OTHER PROOF OF AGE)
- SPOUSE'S BIRTH CERTIFICATE (OR OTHER PROOF OF AGE)
- MARRIAGE CERTIFICATE
- DIVORCE DECREE

PLEASE NOTE THAT RETROACTIVE BENEFIT PAYMENTS, IF ANY, THAT YOU WOULD OTHERWISE BE ELIGIBLE TO RECEIVE, ARE LIMITED TO THE 12-MONTH PERIOD PRIOR TO THE DATE THE FUND RECEIVES WRITTEN NOTIFICATION OF YOUR RETIREMENT DATE.

LIST ALL EMPLOYMENT, REGARDLESS OF WHETHER IT PROVIDED FOR PARTICIPATION IN CENTRAL STATES PENSION FUND, BEGINNING WITH YOUR PRESENT OR MOST RECENT EMPLOYER. ADD ADDITIONAL PAGES FOR EMPLOYMENT HISTORY IF NEEDED.

NAME OF EMPLOYER	ADDRESS OF EMPLOYER	PERIOD OF EMPLOYMENT FROM / TO	LOCAL UNION # AT TIME OF EMPLOYMENT	OFFICE USE ONLY:	
	ADDRESS			EFF. DATE	MEMBER EFF. DATE
	CITY, STATE & ZIP				
TYPE OF WORK (BE SPECIFIC)					
REASON FOR LEAVING		COMPANY OUT OF BUSINESS? <input type="checkbox"/> YES <input type="checkbox"/> NO			
WORK COVERED BY TEAMSTER CONTRACT REQUIRING CONTRIBUTIONS TO CENTRAL STATES PENSION FUND?					

	ADDRESS				
	CITY, STATE & ZIP				
TYPE OF WORK (BE SPECIFIC)					
REASON FOR LEAVING		COMPANY OUT OF BUSINESS? <input type="checkbox"/> YES <input type="checkbox"/> NO			
WORK COVERED BY TEAMSTER CONTRACT REQUIRING CONTRIBUTIONS TO CENTRAL STATES PENSION FUND?					

	ADDRESS				
	CITY, STATE & ZIP				
TYPE OF WORK (BE SPECIFIC)					
REASON FOR LEAVING		COMPANY OUT OF BUSINESS? <input type="checkbox"/> YES <input type="checkbox"/> NO			
WORK COVERED BY TEAMSTER CONTRACT REQUIRING CONTRIBUTIONS TO CENTRAL STATES PENSION FUND?					

	ADDRESS				
	CITY, STATE & ZIP				
TYPE OF WORK (BE SPECIFIC)					
REASON FOR LEAVING		COMPANY OUT OF BUSINESS? <input type="checkbox"/> YES <input type="checkbox"/> NO			
WORK COVERED BY TEAMSTER CONTRACT REQUIRING CONTRIBUTIONS TO CENTRAL STATES PENSION FUND?					

HAVE YOU EVER WORKED IN ANY OF THE FOLLOWING CAPACITIES WHILE A PARTICIPANT OF CENTRAL STATES PENSION FUND?

Manager/Supervisor Self-employment Owner/Operator OR Had significant ownership (50% or more) in the company?

If yes, complete the following:

COMPANY NAME	PERIOD OF EMPLOYMENT		SITUATION (SEE ABOVE)	DID YOU HAVE THE RIGHT TO HIRE, FIRE, OR RECOMMEND IT? (CIRCLE ONE)	
	FROM	TO		YES	NO
				YES	NO
				YES	NO

OATH AND SIGNATURE

I am applying for a pension benefit from Central States, Southeast and Southwest Areas 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.

APPLICANT'S SIGNATURE

DATE

RETURN TO: CENTRAL STATES, SOUTHEAST AND SOUTHWEST
AREAS PENSION FUND
P.O. BOX 5109
DES PLAINES, IL 60017-5109



**CENTRAL STATES
SOUTHEAST AND
SOUTHWEST AREAS
PENSION FUND**

Application for Retirement Pension Benefit
Section Two
Naming a Retirement Date

When you are ready to name a specific retirement date (but not more than one year before such date), please complete the attached forms and mail them to the address below:

- Retirement Declaration Form
- Joint and 50% Surviving Spouse Option Election Form

NOTE: Please do not submit the JSO form more than 90 days prior to your retirement date.

- Tax Withholding Form
- Benefit Payment Method Form

Return to: Central States, Southeast and Southwest Areas
Pension Fund
P.O. Box 5109
Des Plaines, IL 60017-5109

RETIREMENT DECLARATION FORM

I am naming _____, _____ as my retirement date and wish to have my retirement benefits begin as of the first day of the following month.
(month, day) (year)

I certify that:

- I have not been and/or do not intend to become employed in any capacity (including self-employment) at any time after my retirement date.

OR

- I have worked and/or plan on working beyond my retirement date in the following capacity (including self-employment). Attach additional pages, if necessary:

Company Name: _____

Company Address: _____

Telephone Number: _____

Type of Industry: _____

Job Title: _____

Exact Job Duties (be specific): _____

Teamster Local Union, if any: _____

Start Date: _____ Termination Date: _____

Number of Hours Worked Per Month: _____

Still Working? _____ Yes _____ No

I certify that the information I have given above is true and correct to the best of my knowledge and I agree that I will promptly notify the Pension Fund if I return to work in any capacity, including self-employment, so that the Fund can determine if the employment is Restricted (see Restricted Reemployment Rules on the back of this form).

Applicant's Signature: _____ Date: _____

Applicant's Name: _____ SSN: _____

(Please Print)

Please note that retroactive benefit payments, if any, that you would otherwise be eligible to receive, are limited to the 12-month period prior to the date the Fund receives written notification of your Retirement Date.

RESTRICTED REEMPLOYMENT RULES

RESTRICTED REEMPLOYMENT

MAXIMUM PERMISSIBLE HOURS OF EMPLOYMENT PER MONTH

The following types of reemployment are restricted. You may work in Restricted Reemployment up to the number of hours indicated per month for your current age and continue to receive your pension provided the work does not fall into another Restricted Reemployment category. You may work an unlimited number of hours in any employment that is <u>not</u> Restricted Reemployment.		UNDER AGE 57	AGE 57 TO 59	AGE 60 TO 64	AGE 65 AND OVER
1. Work Inside Core Teamster Industries	Work in <u>any</u> position (or supervising any position) in the following Core Teamster Industries, either in a Union or non-Union capacity, is Restricted Reemployment: <ul style="list-style-type: none"> • Trucking and Freight • Small Package and Parcel Delivery • Car Haul • Tank Haul • Warehouse • Food Processing or Distribution (including Grocery, Dairy, Bakery, Brewery and Soft Drink) • Building Material and Construction 	0	0	0	40*
2. Work Outside Core Teamster Industries	Work outside of Core Teamster Industries is Restricted Reemployment if the work falls into <i>any</i> of the following categories:				
	Work for a Contributing or former Contributing Employer; or	0	0	0	40*
	Work in any position (or supervising any position) that is covered by a Teamster Contract with the employer; or	0	0	0	Unlimited
	Work in any position in the same Industry in which you earned Contributory Credit with the Pension Fund; or	0	80	Unlimited	Unlimited
	Work in any position in the same job classification as other Fund Participants within a 100 mile radius.	0	80	Unlimited	Unlimited

* Unlimited hours if the reemployment is not in the same trade or craft you worked in while covered by the Pension Fund or the reemployment is outside the geographical area covered by the Fund.

Governmental Employment Exception: You may work an unlimited number of hours for a governmental agency provided the agency is not a Contributing Employer or a former Contributing Employer.

Newly Organized Company Exception: A pensioner who is engaged in employment that is not Restricted Reemployment, but that subsequently becomes organized by a Teamster Local Union, will be allowed to continue his employment without benefit suspension.

Previous Reemployment Rules Exception: If a position is found to be Restricted Reemployment under the new reemployment rules but would not have been prohibited under the previous reemployment rules, then the Fund will treat the position as not being Restricted Reemployment.

JOINT AND 50% SURVIVING SPOUSE OPTION ELECTION FORM

We have read the summarized information on the Joint and 50% Surviving Spouse Option appearing on the back of this page and understand its financial effect on any benefits we may be entitled to receive from the Central States, Southeast and Southwest Areas Pension Fund.

Participant's Name: _____

Participant's Social Security Number: _____

Date of Birth: _____

Spouse's Name (including Maiden, if applicable): _____

Spouse's Social Security Number: _____

Date of Birth: _____

NO, WE DO NOT WANT the Joint and 50% Surviving Spouse Coverage and understand the financial effect of declining this coverage (as explained on the back of this form).

NOTE: To decline the Joint and 50% Surviving Spouse Coverage, both the Participant and Spouse must sign this section in the presence of a Notary Public and each signature must be notarized no earlier than 90 days prior to the applicant's retirement date. If this form is notarized more than 90 days prior to the applicant's retirement date, or if it is not properly notarized, it cannot be accepted and you will be asked to complete a new form.

Participant's Signature

Date

Spouse's Signature

Date

Subscribed and sworn to before me:

Subscribed and sworn to before me:

Notary's Signature

Date

Notary's Signature

Date

YES, WE WANT the Joint and 50% Surviving Spouse Coverage. We understand that my pension benefit will be reduced to provide my surviving spouse with a lifetime benefit. After my death, my surviving spouse will receive a lifetime benefit equal to 50% of my monthly benefit.

Please attach copies of your spouse's birth certificate and your marriage certificate (if not already sent) and sign the form below.

Participant's Signature: _____

Spouse's Signature: _____

Date: _____

REMINDER: This form should be completed, notarized and returned to the Pension Fund no earlier than 90 days before the applicant's retirement date.

Central States, Southeast and
Southwest Areas Pension Fund
P.O. Box 5109
Des Plaines, IL 60017-5109

JOINT AND 50% SURVIVING SPOUSE OPTION INFORMATION

WHY IS THIS INFORMATION IMPORTANT TO ME?

The Joint and 50% Surviving Spouse Option (JSO) is a form of payment under which your surviving spouse will receive a lifetime monthly benefit from Central States Pension Fund after your death.

Central States is required by law to make JSO coverage available when calculating your retirement benefit. However, if both you and your spouse agree, you can elect to decline the JSO coverage. The period of time during which you and your spouse are eligible to make the decision on whether to take JSO coverage is called your "election period". **After the "election period" expires, you cannot change your decision about how you want your benefit paid.** It is most important, therefore, to understand JSO coverage and its direct effect on you and your spouse. Because of the additional cost to the Fund for providing this lifetime benefit for your surviving spouse, if you choose this option, your benefit is reduced as outlined below.

IF WE CHOOSE THIS OPTION, HOW MUCH WILL MY SPOUSE RECEIVE WHEN I DIE?

If you receive your benefit with the JSO coverage, after your death your spouse will receive 50% of your monthly benefit for life.

HOW MUCH WILL MY BENEFIT BE REDUCED TO PROVIDE FOR THIS OPTION?

Your benefit will be reduced based on the difference in age between you and your spouse as follows:

<u>If you are OLDER than your spouse:</u>		<u>If you are YOUNGER than your spouse:</u>	
<u>Age Difference in Years</u>	<u>Percentage of Benefit Payable</u>	<u>Age Difference in Years</u>	<u>Percentage of Benefit Payable</u>
0 - 10	85%	0 - 10	85%
11	84%	11	87%
12	83%	12	89%
13	82%	13	91%
14	81%	14	93%
15	80%	15 or more	95%
16	79%		
17	78%		
18	77%		
19	76%		
20 or more	75%		

Example: John is age 60 and qualified for a \$1000 monthly pension. His wife Mary is age 55. If John elects JSO coverage, he would receive \$850 per month (\$1000 multiplied by .850). Upon John's death, Mary will receive \$425 per month for the rest of her life.

IF WE DECLINE THE JSO COVERAGE, ARE THERE ANY DEATH BENEFITS PAYABLE?

If you do not elect the JSO coverage and are receiving a retirement pension **other than a Vested Pension or Contribution-Based Pension**, your surviving spouse (or other eligible survivor) would be eligible for a death benefit determined by your Benefit Class at the time you retire.

- If you retire under Benefit Class 1 through 3, a \$1000 death benefit is payable regardless of how long you have been receiving a pension benefit. Also, if your spouse dies first you would receive a \$500 death benefit.
- If you retire under Benefit Class 4 or higher and you die before receiving 60 months of benefits, your surviving spouse would receive a monthly benefit equal to your monthly benefit for the remainder of the first 60 months. There are no survivor benefits or death benefits payable after 60 months.

If you are receiving a Vested or Contribution Based Pension and do not elect the JSO coverage, no death benefit or surviving spouse benefit is payable.

WHAT IS OUR "ELECTION PERIOD" TO DECIDE IF WE WANT THE JSO COVERAGE?

The election period starts 90 days prior to the date you retire and extends until the 90th day after the date you begin to receive payment of your retirement pension benefit. During the "election period" you can change your mind as often as you like. Just write the Central States Pension Fund at: P.O. Box 5109, Des Plaines, IL 60017-5109. If you decide to change your election to decline the JSO coverage, both you and your spouse must sign the statement and both signatures must be notarized.

WHAT HAPPENS IF MY SPOUSE DIES FIRST?

If you choose this option and your spouse (or divorced spouse) dies before you, your reduced monthly benefit can generally be restored to the amount you would have received if you had not taken the JSO. Send us a copy of the death certificate of your spouse and include a letter telling us that you wish to have your reduced monthly benefit increased under the "restoration" feature. Please include your Social Security Number on the letter.

WHAT IF I TAKE THE JSO AND WE GET DIVORCED?

Once your "election period" is over, you cannot change back to a full benefit even if you get divorced. You would continue to receive a reduced JSO benefit. However, should your divorced spouse die before you, you would generally be eligible for a benefit increase under the "restoration" feature.

WHAT IF I GET DIVORCED AND MARRY AGAIN?

JSO coverage is only applicable to the spouse to whom you are legally married at the time your JSO benefit begins. A JSO benefit is not payable to a spouse whom you marry after you retire.

IF MY SPOUSE REMARRIED AFTER MY DEATH, DOES THE BENEFIT HE OR SHE RECEIVES AS A RESULT OF THE JSO COVERAGE STOP?

No, your spouse would receive the benefit for life.

-----This Form Is Required To Initiate Your Pension Benefit Payments-----

BENEFIT PAYMENT METHOD FORM

You can avoid worrying about when you will receive your pension check by using the Fund's Electronic Funds Transfer (EFT) program. Under the EFT program your pension check is deposited electronically and automatically into your checking or savings account on the first day of each month (unless the first day of the month falls on a weekend or a banking holiday). If you are eligible for retirement benefits, your first one or two pension checks will be sent to your mailing address and subsequent payments will be deposited electronically into your checking or savings account.

I hereby authorize the Central States, Southeast and Southwest Areas Pension Fund, and the financial institution shown below, to deposit my pension benefit directly into my account each month. If funds to which I am not entitled are deposited into my account, I/we authorize the Fund to direct the bank to return those funds and to provide any and all information in their records which may assist the Fund in the recovery of those funds including but not limited to the identity of all account holders. This authorization will remain in effect until I file a new authorization form or cancel my participation.

Signature: _____ Date: _____

Social Security Number: _____ Home telephone number: (____) _____

Home address: _____

City: _____ State: _____ Zip Code: _____

Bank Name: _____

Bank Address: _____

City: _____ State: _____ Zip Code: _____

Type of account: Checking _____ Savings _____

Routing number: _____ * Account Number: _____

IMPORTANT: In the space below attach a voided check or deposit slip with the correct bank routing and transit numbers.

ATTACH VOIDED CHECK OR DEPOSIT SLIP HERE

*9 DIGIT CODE IN THE LOWER LEFT CORNER OF CHECK OR DEPOSIT SLIP

I do not want electronic funds transfer and elect instead to have my benefit check sent to my mailing address each month. I understand that my benefit checks will be mailed on the first day of each month and that my check may be delayed for reasons beyond the Fund's control and that there is no guaranteed delivery date. I further understand that in the event a check is lost the Fund cannot issue a replacement check until the 10th business day of the month.

Signature: _____ Date _____

Social Security Number: _____

IMPORTANT: You must keep the Fund informed of any change in your address, *regardless* of which payment method you choose.