

DISTRIBUTION FORM LETTER

Enclosed is an application and related forms for distribution of your BAC Local Union 15 Supplemental Plan, along with instructions on how to prove your age. You must provide proof of your age to the Fund Office when you file your application.

Make sure you answer all questions, and sign and date the application. When completed, please return the application and related forms to the Fund Office with your proof of age. If your proof of age is a valuable document that you do not wish to send through the mail, you may submit a photocopy. In addition, if you are married you will need to submit proof of age for your spouse along with a copy of your marriage certificate. If you have been divorced, please provide a copy of your divorce decree including the property settlement agreement.

It takes time to process your application. If you would like help in completing your application or have any questions, please call the Fund Office at (816) 777-2668 or toll free at (833) 479-9428 for assistance.

If requested, the Fund Office will provide you with an estimate of your benefit paid as a single lump sum, multi-year installment, and will calculate the amount of your benefit payable as a monthly annuity (if married). If you are married, your benefit will be calculated as a Qualified 50% Joint & Survivor Annuity and Qualified Joint & 75% Joint & Survivor Annuity.

We have included the following forms for your review and completion, where applicable:

1. Form A – Application for Supplemental Pension Benefits;
2. Form B – Benefit Election Form & QJSA Explanation
3. Form C – Election to Waive Husband & Wife Annuity and Spouse's Consent to Waive;
4. Form D – Waiver of 30 Day Waiting Period;
5. Form E – Payment Election Form;
6. Form F – Rollover Options; and

REMINDER: Supplemental Applications are due in our office no later than March 31 of each year.

Sincerely,

Wilson-McShane Corporation
Fund Administrators

Enclosures

SUPPLEMENTAL PENSION BENEFITS APPLICATION

Participant, attached is the application you requested for Supplemental Pension Benefits. Please review the following information to make sure you meet the requirements and have included all the supporting documentation requested so we can process your request in a timely manner.

Each participant must supply one form of documentation from the following list to verify his or her date of birth. **If the participant is married, proof of your spouse's birth date must also be supplied, along with a copy of the Marriage Certificate.**

1. Birth Certificate
2. Naturalization Records
3. Immigration Records
4. Military Records
5. Social Security Records- NOT CARD
6. School Records
7. Vaccination Records
8. Marriage Records (indicating date of birth)

The following guidelines have been established by the Board of Trustees to help you determine if you meet the eligibility requirements for a Pension Benefit, as defined in the Supplemental Pension Plan Document:

- You are age 55 (or older) **and** retired. You must stop working by 2018 March 31,
- You are over age 62.
- You are under age 55, you have not worked in any disqualifying employment in the last five (5) consecutive plan years, and your account balance is over \$5,000. You must send in your Social Security earnings report record and/or W-2s and/or 1099s for the last five (5) years. Because your account balance is over \$5,000, you must elect to roll the monies over into an IRA or other eligible retirement plan.
- You are under age 55, you have not worked in any disqualifying employment in the last two (2) consecutive plan years, and your account balance is less than \$5,000.
- You are totally and permanently disabled. Proof of disability is required.
- You are a beneficiary applying for a Death Benefit.

We have included the following forms for your review and completion, where applicable:

- Form A – Application for Supplemental Pension Benefits
- Form B – Benefit Election Form and QJSA Explanation
- Form C – Election to Waive Husband & Wife Annuity and Spouse's Consent to Waive
- Form D – Waiver of 30 Day Waiting Period
- Form E – Payment Election Form

All forms must be completed, signed and notarized where indicated. Failure to provide all completed forms and supporting documentation could cause a delay in your file processing.

**BAC LOCAL UNION 15 SUPPLEMENTAL PLAN
 PO BOX 909500
 KANSAS CITY, MO 64190-9500
 TELEPHONE (816) 777-2668 OR TOLL FREE (833) 479-9428**

FORM A – APPLICATION FOR SUPPLEMENTAL PENSION BENEFITS

Participant's Name _____

Local Union Number _____ Date Joined _____

Last Employer _____ Last Date Worked _____

Social Security Number _____ Phone Number _____

Mailing Address _____
Address City State Zip Code

Date of Birth _____ Are you legally married? Yes ___ No ___

Current Marital Status: Single, Never Married Single, Previously Married*
 Married, No Previous Marriages Married, With Previous

Marriage(s)*
 Legally Separated*

Name of Spouse (Beneficiary) _____ *(Provide copy of Marriage Certificate)*

Spouse/Beneficiary Social Security _____ Spouse Date of Birth _____

* If you have had previous marriages, please list the names of your ex-spouses, the date(s) of marriage and date(s) of divorce (if any of your previous marriages ended due to the death of your spouse at that time, please list the date of death)

<u>Ex-Spouse's Name</u>	<u>Date of Birth</u>	<u>Date of Marriage</u>	<u>Date of Divorce / Death</u>

Please provide complete copies of ALL marriage licenses, divorce decrees, separation agreements, Qualified Domestic Relations Orders and any other accompanying documents related to the termination of your previous marriage(s). If any previous spouses have passed away, please provide a copy of the death certificate(s). If you do not have these documents, you should contact the appropriate court through which the proceedings occurred in order to obtain certified copies. For additional ex-spouses, please use the back of this form.

Why do you believe you are eligible to receive a benefit? Check all that apply:

- I am age 55 (or older) and retired.
- I am over age 62.
- I am under age 55, I have not worked in any disqualifying employment in the last five (5) consecutive plan years and my account balance is over \$5,000.
- I am under age 55, I have not worked in any disqualifying employment in the last two (2) consecutive plan years and my account balance is less than \$5,000.
- I am totally and permanently disabled (see below).
- I am a beneficiary applying for a Death Benefit.

If you are applying for a disability pension, complete the following:

Have you applied for Social Security? Yes No

If yes, attach copy of Disability Award Letter from the Social Security Administration. If you do not have a Social Security Disability Award, please attach disability reports from two separate physicians.

Nature of disability _____ Date you became disabled _____

By signing below, I hereby certify to the Board of Trustees the above statements are true to the best of my knowledge. This application revokes any previous beneficiary designation.

Participant's Signature _____ Date _____

INSTRUCTIONS TO PENSION APPLICANTS

PROOF OF AGE

In order to be eligible for retirement benefits, you must furnish proof of your age. You must also provide proof of your spouse's age.

The following list shows the type of documents, which may serve as proof of your age. Some of the documents are better proof than others. This list is arranged starting with the best type of proof and continues down to the less desirable types of documents. **You are required to furnish the best type of proof that is available, ideally a Birth Certificate.** It is recognized that, in certain instances, a birth certificate may not be available, particularly for those who were born outside of the United States. In such cases, you should secure the best type of proof. Photostat copies of the document may be submitted. Additional proof may be requested, if the document submitted is not convincing proof.

You may supply any one (1) of the following documents as proof of age

1. A Birth Certificate
2. Current (unexpired) Passport
3. Naturalization records
4. Military record
5. Marriage records showing date of birth (application for marriage license or church record, certified by custodian of such record; or marriage certificate)
6. Immigration papers
7. A baptismal certificate or a statement as to the date of birth shown by a church record, certified by the custodian of such record