

NATIONAL ROOFING INDUSTRY PENSION PLAN

3001 Metro Drive, Suite 500

Bloomington, MN 55425

Telephone: (952) 854-0795 – Toll Free: (800) 595-7209 – Fax: (952) 851-3566

www.nripf.com

Dear Participant:

Pursuant to your request, enclosed is a pension application form. Please complete and return it to the above address along with copies of the following documents:

- Copy of your birth certificate or acceptable proof of age (as explained on page 4 of the application).

And, if applicable,

- Copy of your spouse's/joint pensioner's birth certificate;
- Copy of your marriage certificate or proof of Common-Law Marriage;
- Copy of any divorce decree(s), even if you are presently re-married;
- Copy of any Qualified Domestic Relations Order(s)
- Signed and dated Preliminary Designation of Beneficiary or Joint Pensioner form (Submit this form if you do not have a spouse or if you and your spouse would like someone other than your spouse to receive a portion of your pension benefits.)

If applying for Full Disability benefits:

- Copy of your Notice of Social Security Disability Award letter, which must include the date the disability was awarded.

When your application is received in our office, along with the applicable documents, it will be reviewed to ensure all required documentation has been submitted. We will request additional information as needed. Your pension benefit will be calculated and correspondence will be sent to you explaining your pension benefit options. You will need to complete the benefit option election form and accompanying forms, which should be returned to our office for final processing.

Please be aware that all documents and completed forms that we request of you in order to complete the application process, must be returned to our office as soon as possible, but certainly within six months of the date the application is received. If you fail to furnish all the information necessary to process your application, it will be denied as being incomplete.

The normal processing time for pension applications is six to eight weeks; however, in some instances it may take longer, for instance if you fail to furnish all documents necessary to complete the application process. If you have questions or require further assistance, please do not hesitate to contact us at one of the above referenced numbers.

Thank you,

FUND OFFICE

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APPLICATION PACKAGE FOR RETIREMENT OR DISABILITY BENEFITS

You are encouraged to review the Pension Plan booklet (Summary Plan Description) that describes all of the benefits, requirements and rules of the Plan. If you do not have a copy of the booklet, contact the Fund Office and a copy will be mailed to you. Read the material in the booklet so that you will be familiar with the provisions of the Pension Plan.

Complete this application form in its entirety. If any portion of the application does not apply to you, please so indicate by “n/a”. **Do Not leave any part of the application blank.** Failure to properly complete the application and provide the required attachments could delay the processing of the application. If you require assistance or have questions concerning any aspect of your benefits, do not hesitate to contact the Fund Office.

INSTRUCTIONS

- 1) Read all questions carefully.
- 2) **Type or print** all answers in ink.
- 3) Answer all questions. (If an item does not apply, mark “n/a”).
- 4) Attach additional sheets if necessary.
- 5) Be sure to date and sign the application.
- 6) Mail completed application along with all required attachments to the Fund Office at the above address.
- 7) **Make sure you attach all applicable documents. (See list on page 4.)**

PERSONAL INFORMATION

Name	
Social Security Number	
Address	
City, State, Zip	
Telephone Number	
Alternate Telephone Number	
E-mail Address	
Date of Birth (Attach proof of age. See list on page 4.)	

MARITAL INFORMATION

Marital Status (Attach copy of, as applicable, marriage certificate, death certificate, divorce decree & QDRO.)	<input type="radio"/> Single <input type="radio"/> Divorced*, not remarried <input type="radio"/> Widowed <input type="radio"/> Married <input type="radio"/> Remarried, with prior divorce*
Spouse's Name	
Spouse's Social Security Number	
Spouse's Date of Birth (Attach proof of age. See list on page 4.)	
*If DIVORCED, does a QDRO (Qualified Domestic Relations Order) exist?	<input type="radio"/> Yes <input type="radio"/> No (Note: If Yes, please provide copy of Divorce Decree and QDRO.)

Print Name of Applicant/Participant: _____

TYPE OF PENSION BENEFIT APPLYING FOR

You may apply for a Retirement Benefit or a Disability Benefit. There are several types of Retirement Benefits. You will be informed about each benefit type for which you are eligible. **Please refer to the Plan booklet for additional provisions of the options available to you.**

<input type="radio"/>	Retirement	You are eligible for a Normal, an Early or a Late retirement benefit depending on your age and service credits. You will be informed about each benefit you are eligible to receive.
<input type="radio"/>	Disability	Under the Pension Plan, you may be eligible for a Disability Pension if you meet the Plan's age and service requirements and are found to be disabled under the rules and are eligible for a Social Security Disability benefit. Attach a copy of your Social Security Award of Disability; OR indicate if you have applied for a Social Security Disability Benefit if you have not already received a Social Security Disability Benefit Award. <u>DO NOT DELAY IN SUBMITTING THIS APPLICATION EVEN IF YOU HAVE NOT YET RECEIVED YOUR SOCIAL SECURITY AWARD</u>

If you think you may have met the requirements for a Trade Disability prior to January 1, 2010, please contact the Fund Office.

RETIREMENT DATE

Planned Retirement Date	
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MILITARY RECORD

Did you serve in any branch of the Armed Forces of the United States: Yes No
 If **Yes**, please attach a copy of your discharge papers.

INDICATE WHEN YOU SERVED:

National Emergency Yes No
 or
 Pursuant to a National Conscription Law Yes No
 or
 In time of War Yes No

Please provide dates of service: _____

Military service branch: _____

SEPARATION FROM SERVICE

Have you had an interruption in your employment due to any of the following:
 Yes No

Pregnancy, birth of your child, adoption of a child or the care of your child for a period of time following birth or adoption?
 Sickness or injury incurred off the job?
 Injury incurred on the job for which you received compensation under any Workmen's Compensation Act or Occupational Diseases Act?
 Involuntary lay-off?
 Worked for a signatory employer in non-covered employment?

If **Yes** to any of the above, please complete the following information. Attach a separate sheet of paper if additional space is required.

Describe the nature of the interruption in your employment.	Employer Name	From Month/Year to Month/Year

Print Name of Applicant/Participant: _____

PRESENT EMPLOYMENT

1) Have you been employed as a Roofer in this calendar year? <input type="radio"/> Yes <input type="radio"/> No
2) If Yes , please provide the name, address and phone number of your present employer and the last day worked or expected last day worked:
Employer Name:
Address:
City, State, Zip:
Phone Number: ()
Last Day Worked or Expected Last Day Worked:
If No , please provide year last worked in the Roofing Industry:
Indicate Your Union Local Number:

SELF EMPLOYMENT

Are you now or have you ever been self-employed as a sole proprietor or a partner of a company in this industry? <input type="radio"/> Yes <input type="radio"/> No		
If Yes , please complete the following information:		
Name of Business	Type of Business	From Month/Year to Month/Year

PLAN DEFINITION OF RETIREMENT

The National Roofing Industry Pension Plan defines retirement under the Plan as complete withdrawal from any further employment in work in the jurisdiction of the Plan. Except with respect to In-Service Participants (as defined below), no Member shall be considered retired for the purposes of the Plan until he has withdrawn from work in the jurisdiction of the Plan for a period of 30 days. The jurisdiction of the Plan shall mean employment in:

- (1) An industry in which Employees covered by this Plan were employed and accrued benefits under this Plan as a result of such employment at the time of withdrawal, and
- (2) A trade or craft in which the Employee was employed at any time under the Plan, and
- (3) The geographic area covered by the Plan at the time of withdrawal.

Effective January 1, 2015, a Participant who has reached Normal Retirement Age (an "In-Service Eligible Participant") may elect to commence his Normal Retirement Pension or Late Retirement Pension without withdrawing from employment in work in the jurisdiction of the Plan. Normal Retirement Age is generally age 65.

If, after you retire and begin receiving your monthly pension from this Plan, you return to and are paid for any work described above, you must notify the Trustees within 10 days after you start work. You will be required to give up your pension for the months during which you are employed at any work described above unless you are considered an In-Service Eligible Participant as described above. [The Plan permits you to perform some work of that type and, if you do, the Trustees will determine if you have exceeded the permissible amount, in which event your pension will be temporarily suspended. See your Summary Plan Description booklet for details.] Then, when you retire again, you must notify the Trustees on a form provided by the Fund Office.

Print Name of Applicant/Participant: _____

RETIREMENT DECLARATION

By my signature below, I certify that the foregoing statements and information are true to the best of my knowledge. I have read and understand that to qualify for retirement benefits under terms of the Plan I must adhere to the Plan restrictions regarding employment after the effective date of my retirement in accordance with rules as established by the Board of Trustees. I understand a false statement may disqualify me for benefits.

I acknowledge it is my responsibility to notify the Trustees, in writing through the Fund Office, of any change in status that may affect my continuing eligibility for retirement benefits. I agree to notify the Administrative Office immediately of any change in mailing address, marital status or other event which may affect proper handling of benefits. I certify that I will adhere to the retirement requirements of the Plan. I understand that my benefit payments will not begin until I have withdrawn from employment covered by the Plan for at least 30 consecutive days (unless I'm an In-Service Eligible Participant as described on page 3) and any benefit payment I receive prior to a 30 day period will be deducted from my future payments.

By my signature below I acknowledge that I have read and understand my obligations to the Plan and hereby apply for retirement benefits from the National Roofing Industry Pension Plan.

Participant's Signature

Date

Documents acceptable as proof of age:

- 1) Birth Certificate.
- 2) Baptismal Certificate or other certified statement from a Church record.
- 3) Notification of registration of birth in a public registry of vital statistics.
- 4) Certified hospital records.
- 5) Certificate of a Social Security Award with date of birth.
- 6) Signed and Notarized statements of physician or mid-wife in attendance at birth.
- 7) Family Bible entry of birth information certified by a Notary Public.
- 8) Naturalization or immigration record or Passport.
- 9) Military Induction or Discharge papers.
- 10) Early life insurance policy showing date of birth or age on a specific date.
- 11) Census or school records showing age on a specific date.

Required Documents, as applicable:

- 1) Proof of age.
- 2) Spouse's proof of age.
- 3) Marriage certificate.
- 4) Proof of common-law marriage.
- 5) Divorce decree.
- 6) QDRO - Qualified Domestic Relations Order.
- 7) Certified copy of Death Certificate (not a photo-copy).
- 8) Proof of Military Service.
- 9) Court name change document.
- 10) Social Security number change a specific document.
- 11) Social Security Award of Disability Letter.
- 12) Power of Attorney.

Do not send any medical records unless requested by the Fund Office.