

SOUND RETIREMENT TRUST

Zenith American Solutions

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Toll Free 1-800-225-7620

APPLICATION FOR RETIREMENT BENEFITS



1. Please read each question carefully.
2. Print or type all information.
3. Be sure to answer all applicable questions to avoid delay in processing your application.
4. Attach additional sheets if you need more space to answer any questions.
5. **BE SURE TO SIGN AND DATE THIS APPLICATION.**
6. The application must be filed by the end of the month in which retirement benefits are to be effective.
7. Mail the completed application and proof of age to the above address.
8. You should receive an acknowledgment letter within 14 business days from the date you mail your application. If you do not receive your acknowledgment letter, please call the Trust Office at (800)225-7620, option 2 then option 3.

1. Name _____
Last First Middle

2. Previous Name _____ Date Changed _____

3. Social Security # _____ Phone # _____ Cell# _____

4. Mailing Address _____
Street Number City State Zip Code

5. Email _____ Local Union # _____

6. Gender: Male Female Birthdate _____

7. Marital Status: Married Legally Separated Divorced Widowed Single

Have you ever been divorced? Yes No

If yes, is there a DOMESTIC RELATIONS ORDER/PROPERTY SETTLEMENT in effect awarding a portion of your possible pension benefits to your former spouse? Yes No

If yes, please provide a copy of the ORDER.

8. Current Spouse's Name _____
Last First Middle

9. Spouse's Social Security # _____ Spouse's Birthdate _____

10. Spouse's Gender: Male Female

11. In accordance with the terms of the Sound Retirement Trust, I hereby apply for (Check one):

12. Normal Retirement Benefit Early Retirement Benefit

If you are applying for Disability Benefits, you must use a Disability Retirement application form.

13. Have you ever worked as a sole proprietor, partner or corporate owner of a participating employer?
 YES NO If YES, please explain in **Employment History Section** on Page 4.

14. Date my employment ended or will end _____
Month Day Year

Note: If you are under age 62, you must experience a separation from employment for a period of at least 30 consecutive days, including the effective date of your pension benefits, from employment in the industry, in the same trade or craft in which you were employed at any time while you were a Participant and in the same geographic area covered by the Plan.

15. I will be eligible for payment of additional accrued vacation or work hours earned prior to my last date of employment.
 YES NO If YES:

How much time will you be eligible for? _____ When will it be paid? _____

16. I hereby request that my retirement be effective on the first day of _____
Month Year

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PLEASE READ THIS SECTION CAREFULLY

I understand and agree that it is my responsibility to submit any and all information needed to establish my eligibility for retirement under this Trust and that this application can be canceled by written request submitted to the Trust Office prior to its Effective Date. I certify that the information on this form is true and accurate to the best of my knowledge.

I understand the conditions of my retirement are governed by the Plan rules and regulations.

I understand that in the case of an overpayment of my pension benefits, the Trustees are entitled to recover any amounts overpaid to me.

If no information appears under the Spouse's Section above, I certify that I am not married.

Applicant's Signature

Date

AGE AND MARRIAGE VERIFICATION

A copy of your and your spouse's birth certificate, and proof of your marriage, is required to process your request.

If you are unable to obtain a copy of either of your birth certificates, you must submit **TWO** of the following documents for each person who does not have a birth certificate.

The following documents, if submitted, **MUST** show your birthdate:

- Driver's License with Photograph
- State Identification Card with Photograph
- Passport
- Marriage Records Showing Birthdate
- Citizenship or Naturalization Papers
- Baptismal Certificate (regardless of when it was recorded)
- Records or information obtained from the U.S. Census Department
- Life Insurance policies taken out at least 10 years prior to your date of retirement
- Social Security Information including birthdate
- U.S. Armed Forces Records
- School records established prior to 21st birthday and showing birthdate
- Affidavit of Birth (provided by Trust Office, if needed)

Important: If the name on either your or your spouse's birth certificate is different from your present names, you must also submit a copy of the court order, marriage certificate, affidavit or other document to show the name change(s).

