SHEET METAL WORKERS' NATIONAL PENSION FUND

EIN 52-6112463/Plan No. 001

APPLICATION & INSTRUCTIONS

You can use these forms to get an estimate of your potential benefits *or* to apply for a benefit. If you are applying for a benefit, *please* submit this application 3 to 6 months *before* your intended retirement effective date.
PLEASE PRINT ALL INFORMATION.

Follow these instructions **carefully and completely** to avoid delays in processing your benefit or providing a benefit estimate.

1. Read and respond to each applicable section or question. All requested information is necessary to process your application and to determine the maximum amount of service and benefits for which you may qualify. If a section or question does not apply, please mark it "N/A" for not applicable.

2. Along with your application, you must provide legible copies of proof of age (for you and your spouse - see page 7) and any Qualified Domestic Relations Order(s) (if divorced or legally separated). To expedite the processing of your application, you may also wish to include proof of your marriage, your spouse's age, and evidence of your disability (if applicable).

3. If you are considering a Joint & Survivor Annuity and your spouse's name on the Birth Certificate differs from the Marriage Certificate, additional documentation will be required.

4. **Remember to sign and date this application**.

5. If there are misrepresentations in your application, you may jeopardize your benefit payment.

Once the Fund receives your complete application and required documents, we will send an acknowledgement letter. If you do not receive an acknowledgement within 30 days of mailing the application, contact the Fund Office. Please note that the *earliest* effective date for your benefit will be the first of the month following receipt of your application.

The information in your application will be confirmed through Fund records, the Sheet Metal Workers' International Association, Local Union records, the Social Security Administration and other sources. You will receive a written statement of our findings on your eligibility and benefit amounts. You may question or challenge our findings.

If you apply and are eligible for benefits, you will receive ***benefit options*** listing the amounts payable to you, your spouse, or other designated beneficiary. Whenever possible, the Fund sends this information approximately 3 weeks prior to your effective date. You must select a payment option and complete and return several additional forms before your benefit can begin. Once you become eligible for Medicare benefits, you should contact the Fund Office for information on the Fund's supplemental insurance subsidy.

If your claim is denied in whole or in part, you will be sent an explanation of the reason for denial. You can appeal a denial. To appeal, you must ***write*** the Fund office within 180 days of receipt of your denial, and request that your case be considered at the next Appeals Committee meeting.

MAIL YOUR COMPLETED APPLICATION WITH ATTACHMENTS TO –

SHEET METAL WORKERS' NATIONAL PENSION FUND
3180 Fairview Park Drive, Suite 400
Falls Church, VA 22042

If you have any questions about the National Pension Fund or this application contact us at 1.800.231.4622, by email at info@smwnbf.org, by fax at 703.739.7836, or visit our website at www.smwnpf.org.

SHEET METAL WORKERS' NATIONAL PENSION FUND
3180 Fairview Park Drive, Suite 400
Falls Church, VA 22042

CHECK ONE OF THE FOLLOWING:

☐ **I WANT TO APPLY FOR INFORMATION ABOUT MY BENEFIT**.

☐ **I WANT TO APPLY FOR A PENSION TO BE EFFECTIVE _____.**

(If *you are applying for a Full Disability Benefit - please refer to page 4)*

PERSONAL DATA

NAME _____ LOCAL UNION #_____
(First) (Middle) (Last)

SOCIAL SECURITY # _____ I.A. MEMBERSHIP # _____

ADDRESS _____
(Number) (Street)

_____
(City) (State) (Zip Code)

EMAIL ADDRESS _____

PHONE # ( ) _____ DATE OF BIRTH _____ (Acceptable proofs are listed on page 9)

CURRENT MARITAL STATUS: (check one) ☐ MARRIED ☐ SINGLE

If applicable, you must submit a copy of any Qualified Domestic Relation Order(s) (QDRO)

SPOUSE'S DATE OF BIRTH _____ (Acceptable proofs are listed on page 9)

SPOUSE'S NAME _____SPOUSE'S SOCIAL SECURITY # _____

WORK HISTORY INFORMATION

Name of current or last employer: _____

Your last day of work in any capacity with the employer listed above: _____

Name of last employer you worked for under a Union collective bargaining agreement.

_____

Last date you were employed with this Union employer _____

UNION MEMBERSHIP: List below all SMART local unions of which you have been a member.

DATES OF MEMBERSHIP		LOCAL NUMBER	ADDRESS OF LOCAL UNION
FROM MONTH/YEAR	TO MONTH/YEAR		

List below any Local Union affiliated with SMART that you worked as a permit, an applicant, or *apprentice*. **If available**, provide a copy of your Apprenticeship Certificate and indenture papers

DATES OF MEMBERSHIP		LOCAL NUMBER	CLASSIFICATION(S)
FROM MONTH/YEAR	TO MONTH/YEAR		

List below all sheet metal work you performed *before* you joined a local union.

DATES OF EMPLOYMENT		LOCAL NUMBER	NAME AND ADDRESS OF EMPLOYER(S)
FROM MONTH/YEAR	TO MONTH/YEAR		

Military Service – Military service can sometimes count towards pension credit. List below the dates in which you served on ***active*** duty in the U.S. Armed Services and attach a photocopy of your form DD-214 or other documentation.

ACTIVE DUTY DATES: FROM:	TO:

Periods of disability may help avoid a break in service. Provide the following data if applicable.

DATES OF DISABILITY		
FROM MONTH/YEAR	TO MONTH/YEAR	DESCRIPTION OF DISABILITY

Vesting Service - Work for a Contributing Employer in management or other position - not covered by a Collective Bargaining Agreement - might count for vesting (special rules apply). List below any such work.

DATES OF EMPLOYMENT		NAME OF EMPLOYER / ADDRESS
FROM MONTH/YEAR	TO MONTH/YEAR	

Non-covered Sheet Metal Work is any work (with or without the tools) for a company doing sheet metal work, which does not have a Collective Bargaining Agreement between the Union and the employer. List below any such work.

DATES OF EMPLOYMENT		NAME OF EMPLOYER / ADDRESS
FROM MONTH/YEAR	TO MONTH/YEAR	

INFORMATION ABOUT THE FULL DISABILITY BENEFIT

Provided you qualify for disability benefits under the Plan, a Participant must also meet the following conditions:

1) The U.S. Social Security Administration has found him or her to be disabled as verified by proof of approval for Social Security Disability Insurance;
2) He must have earned a minimum of 10 years of Pension Credit, which must include a minimum of 5 years of Future Service Credit;
3) He worked in Covered Employment for at least 435-hours in the 24-month period that immediately preceded the date that he was found to be disabled by the U.S. Social Security Administration;
4) He has not at any time performed any work in the Sheet Metal Industry that was not covered by a collective bargaining agreement between the Union and the employer. (It should be noted that the Plan provides a limited opportunity to restore eligibility); and
5) **The Participant has not attained age 55.**

If eligible, the monthly amount of a Full Disability Benefit will be equal to the monthly amount of the early retirement pension that the Participant would have been eligible to receive if he were age 55 on the effective date.

To be considered for a Full Disability Benefit you **must** complete this application and include a copy of proof of approval for Social Security Disability Insurance benefits from the U.S. Social Security Administration.

DESIGNATION OF BENEFICIARY

As a Retiree, I hereby designate the following named beneficiary (ies) to receive the amount of **pension benefits**, if any, payable at my death, under the Rules and Regulations of the Sheet Metal Workers' National Pension Fund. I reserve the right to revoke and change this designation at any time by giving written notice to the Fund Office in the form designated by the Trustees.

Name of Primary Beneficiary: _____

Relationship: _____ Social Security Number: _____

Address of Primary Beneficiary: _____
(Number) (Street)

_____
(City) (State) (Zip Code)

Name of Successor Beneficiary: _____

Relationship: _____ Social Security Number: _____

Address of Successor Beneficiary: _____
(Number) (Street)

_____
(City) (State) (Zip Code)

If you wish to name additional beneficiaries, use an additional piece of paper listing the above information. Be sure to indicate if the designation is Primary or Successor beneficiary.

NOTE: This form is NOT intended to designate a Beneficiary(ies) for any Pre-Retirement Death Benefits that may be due if your death were to occur prior to your retirement. In that event, the Plan provides that **if** a benefit is payable it would be paid in equal share as follows:

- to your spouse, if you are not married
- to your children, if you have no children
- to your parents, if you do not have parents,
- to your siblings.

If none of the persons listed above survive you then no benefits are payable under the Plan.

CERTIFICATION, SIGNATURE AND DATE : By my signature, I certify that:

- I have read the instructions to this application and completed it to the best of my knowledge information and belief.
- I understand that my eligibility for benefits and the amount of my benefits are based on the accuracy of this application and other material and information I have provided to the Fund.
- ALL the statements found in this application and in any other material I have submitted to the Fund are complete and accurate.
- I understand that I am ineligible for pension or disability benefits if I am working in Disqualifying Employment. (See pages 7-8 for details)
- I understand that the Trustees have the right to recover any payments made to me in error, or payments made because of any false or incorrect statements -- whether deliberate, or by accident, mistake or misunderstanding.
- I must notify the Fund Office of any change in my personal, marital or employment status.
- I agree to be bound by all Plan Rules and Regulations as a condition of receipt of benefits.
- The NPF has my permission to contact employers to obtain information necessary to complete my application.

_____ _____

Signature of Applicant Date Signed

SUMMARY OF DISQUALIFYING EMPLOYMENT

To receive a benefit from the Sheet Metal Workers' National Pension Fund, you must be retired, and continue to stay retired (the only exception is if you have not reached retirement age and qualify for and are receiving a disability benefit because you continue to meet the Plan's disability benefit criteria).

You will not be considered "retired" under the Plan, if you are working in "Disqualifying Employment," even if you have stopped performing work that requires contributions to be made to the Fund. Therefore, you will not be eligible to establish an Effective date of Pension and begin to receive a benefit from the Fund if you are working in Disqualifying Employment. Further, if you work in "Disqualifying Employment" after your Effective Date of Pension, your benefit will be suspended. This is a summary of what is meant by the term "Disqualifying Employment." This is only a summary. The complete definition can be found in Section 8.06 of the Plan, and it controls over anything contained in this summary.

As you can tell from this summary, the Plan's definition of "Disqualifying Employment" is very broad, and opportunities for any type of construction-related work after retirement are very limited. NEITHER THE UNION NOR ANY REPRESENTATIVE OF THE UNION IS AUTHORIZED TO GIVE ANY ADVICE REGARDING BENEFITS UNDER THE FUND OR DISQUALIFYING EMPLOYMENT. Always contact the Fund office IN WRITING if you have questions about your benefits and you should submit a written request to the fund office before doing any type of work on or after your effective date of pension to determine whether it might be considered "disqualifying employment."

DISQUALIFYING EMPLOYMENT BEFORE REACHING NORMAL RETIREMENT AGE (65)

If you are under age 65 (Normal Retirement Age), you are considered to be working in "Disqualifying Employment" if you perform work (whether *paid or unpaid*):

- for a Contributing Employer (whether or not contributions are required to be made for your work);
- for an employer who is in the **same or related business** as a Contributing Employer or in **any business** which is **under the jurisdiction** of the Sheet Metal Workers' International Association; or
- for yourself (**self-employed)** in the **same or related business** as a Contributing Employer or in **any business** which is **under the jurisdiction** of the Sheet Metal Workers' International Association.

Additionally, work in "Disqualifying Employment" includes any employment in the **"Sheet Metal Industry"** that is not covered by a collective bargaining agreement between an employer and the "Union" (that is, the Sheet Metal Workers' International Association or a Local Union chartered by it). The full definition of the term "Sheet Metal Industry" is contained in Section 1.35 of the Plan (a copy of the Plan can be viewed at www.smwnpf.org.

In summary, work in the "Sheet Metal Industry" would be any and all of the following types of work (*paid or unpaid*):

- work that is covered by any of the collective bargaining agreements to which the Union is a party (NOTE: this may not be the same as the collective bargaining agreement in your Local); or
- work that is under the trade jurisdiction of the Union (as described in the SMART constitution); or
- work in a related building trade (NOTE: this can include such things as carpentry, electrical work, plumbing, as well work performed by any of the building trade unions (such as the Teamsters, Laborers, Iron Workers, etc.); or
- any other work that can be assigned to, referred to, or performed by a sheet metal worker because of his or her skills and training as a sheet metal worker (NOTE: this includes – but is not limited to -- ANY skills and training acquired by a sheet metal worker in an apprenticeship or training program, as a result

of routinely working on a construction site or other type of worksite, or as a result of performing any type of specialty work).

Unless some limited exceptions apply, any amount of the type of work described above, paid or non-paid in any month will disqualify you from receiving a pension payment for that month. In addition, effective July 2003, any work in Disqualifying Employment that occurs after this date and before you reach Normal Retirement Age (age 65), your pension will be subject to suspension the greater of:

- the number of months worked in Disqualifying Employment
- a minimum of 3 months.

Effective 9/1/88, any employment in the Sheet Metal Industry that is not covered by a Union collective bargaining agreement will result in an additional suspension of benefits of 6 months for each calendar quarter in which such employment was performed. (Note, if you are age 62 or older, you may be able to engage in limited employment as described in the following section).

Exceptions for Certain Employment after Age 62 and Before Normal Retirement Age (65)

A Pensioner who has attained age 62, but not Normal Retirement Age (65), is able to work and continue receiving a pension, provided he/she works 40 hours or less in a calendar month, and the work being performed is covered by a Collective Bargaining Agreement between the Union and the Pensioner's Employer, or is for a Related Organization or an apprentice/training fund that is affiliated with the Union.

Disqualifying Employment after Attaining Normal Retirement Age

If you are age 65 or older, the Fund will suspend your monthly benefit for any months, in which you work more than 40 hours in a calendar month in Disqualifying Employment. Disqualifying Employment is employment or self-employment:

- in an industry covered by the Plan when your pension payments began,
- in a geographic area covered by the Plan when your pension payments began, and
- in any trade or craft in which you worked at any time under the Plan.

You are required to report to the Fund Office in writing within 21 days of starting any work of this type.

Disability Benefit

To maintain eligibility for a Full Disability Benefit, a Participant must be totally unable to return to employment in the Disqualifying Employment or any other field of employment as verified by continued entitlement to disability benefits from the U.S. Social Security Administration. If at any time Social Security rescinds their disability benefit, the Pensioner will lose entitlement to a Full Disability Benefit with the Fund.

A Pensioner receiving a Full Disability Benefit shall report in writing to the Fund Office any and all earnings from any employment within 15 days after the end of each month in which he or she had earnings in any sort of employment. If a Pensioner receiving a Disability Benefit works in Disqualifying Employment, the Fund will terminate his or her disability benefit.

After retirement, upon request by the Plan, you may be required to furnish proof that you are still disabled and/or retired by providing information or earnings, continued receipt of disability benefits from the U.S. Social Security Administration, or any other information, which the Trustees may require. Failure to provide the requested information will lead to a suspension of benefits.

PROOF OF AGE

You must furnish proof of age using one of the documents listed below.

1. A birth certificate.

2. Passport

3. Military Record

4. Notification of registration of birth in a public registry of vital statistics.

5. Hospital birth record certified by the custodian of records.

6. Marriage records showing date of birth or age certified by the custodian of such records.

7. A foreign church or government record.

8. A signed statement by the physician or midwife who was in attendance at birth, as to the date of birth shown on their records.

If none of the above documentation is available contact the Fund Office.

If you are applying under your married name, we will require both proof of birth and proof of change of name from your maiden name to your present surname. A copy of your marriage certificate is generally sufficient proof of change of name.

Authorization to Obtain Earnings Data from the Social Security Administration

Mail completed form to:	Social Security Administration PO Box 33011 Baltimore, MD 21290-3011
Requesting organization:	SSA Job No 8279 Index 01 Sheet Metal Workers National Pension Fund 3180 Fairview Park Drive Suite 400 Falls Church, VA 22042

Number Holder's Information

First Name: Middle Initial:

Last Name:

SSN: -- --

Date of Birth: -- -- (Month / Day / Year)

Date of Death: -- -- (Month / Day / Year)

Other First, Middle Initial, and Last Name Used to Report Earnings:

Year(s) Requested: (Y Y Y Y) through (Y Y Y Y)

(Y Y Y Y) through (Y Y Y Y)

I am the individual to whom the record/information applies or that person's parent (if a minor) or legal guardian, or a person who is authorized to sign on behalf of the individual to whom the record/information applies. Please furnish the requesting organization, or its designees, an itemized statement of all amounts of earnings reported to my record, or to the record identified above, for the periods specified on this form. Please include the identification numbers, names, and addresses of the reporting employers. **I declare under penalty of perjury that I have examined all the information on this form, and on any accompanying statements or forms, and it is true and correct to the best of my knowledge.**

Signature of Number Holder *(or authorized representative)*	Date -- -- (M M / D D / Y Y Y Y)
Printed Name *(if other than number holder)*	Relationship *(if other than number holder)* ☐ Spouse ☐ Legal Representative ☐ Other *(specify)*
Address / State	
City / ZIP Code	Phone Number

Requesting Organization's Information

SSA must receive this form within 120 days from the date signed by the Number Holder (or Authorized Representative)

Signature of Organization Official	Date
Phone Number	Fax Number

FOR SSA USE ONLY ☐1 ☐2 ☐3 ☐4

IMPORTANT INFORMATION

Privacy Act Statement
Collection and Use of Personal Information

Section 205(c)(2)(A) of the Social Security Act, as amended, allows us to collect this information. Furnishing us this information is voluntary. However, failing to provide all or part of the information may prevent us from furnishing detailed earnings information.

We will use the information to produce detailed earnings information about the wage earner. We may also share your information for the following purposes, called routine uses:

- To employers or former employers, including State Social Security administrators, for correcting and reconstructing State employee earnings records and for Social Security purposes; and
- To contractors and other Federal agencies, as necessary, for the purpose of assisting the Social Security Administration in the efficient administration of its programs.

In addition, we may share this information in accordance with the Privacy Act and other Federal laws. For example, where authorized, we may use and disclose this information in computer matching programs, in which our records are compared with other records to establish or verify a person's eligibility for Federal benefit programs and for repayment of incorrect or delinquent debts under these programs.

A list of additional routine uses is available in our Privacy Act System of Records Notices (SORN) 60-0059, entitled Earnings Recording and Self-Employment published in the Federal Register (FR) on January 11, 2006, at 71 FR 1819. Additional information, and a full listing of all of our SORNs, is available on our website at www.ssa.gov/privacy.

Paperwork Reduction Act Statement - This information collection meets the requirements of 44 U.S.C. § 3507, as amended by section 2 of the Paperwork Reduction Act of 1995. You do not need to answer these questions unless we display a valid Office of Management and Budget (OMB) control number. We estimate that it will take about 2 minutes to read the instructions, gather the facts, and answer the questions. ***Send only comments regarding this burden estimate or any other aspect of this collection, including suggestions for reducing this burden to:*** *SSA, 6401 Security Blvd, Baltimore, MD 21235-6401.*