

**LOCAL 272 WELFARE & PENSION FUND
220 EAST 23RD STREET, ROOM 909
NEW YORK, NEW YORK 10010
212-726-9730 - FAX (212) 726-9737**

TO ALL MEMBERS APPLYING FOR PENSION PLEASE READ ALL THE REQUIREMENTS FOR APPLYING FOR PENSION:

- 1- YOU MUST MEET THE MINIMUM TO BE VESTED INTO PENSION BENEFITS.
(If you started after 1998, you need 5 years and before that you needed 10 years)
- 2- YOU MUST HAVE 20 YEARS OF SERVICE TO RETIRE AT AGE 62. (THERE IS A DEDUCTION IN PENSION WHEN APPLYING EARLY)
- 3- IF YOU HAVE LESS THAN 20 YEARS OF SERVICE WHEN YOU STOP WORKING YOU CAN APPLY FOR YOUR PENSION AT AGE 65.
- 4- YOU MUST PROVIDE ALL THE NEEDED DOCUMENTS:
 - BIRTH CERTIFICATE (IF YOU ARE MARRIED YOUR SPOUSES BIRTH CERTIFICATE ALSO)
 - IF YOU DO NOT HAVE A BIRTH CERTIFICATE YOU CAN ALSO USE ONE OF THE FOLLOWING A PASSPORT, GREEN CARD, RESIDENT CARD OR A LETTER FROM THE SOCIAL SECURITY ADMINISTRATION STATING YOUR DATE OF BIRTH ACCORDING TO THEIR RECORDS.
 - MARRIAGE CERTIFICATE
 - DIVORCE PAPERS IF YOU HAVE BEEN DIVORCED
 - IF YOUR SPOUSE IS DECEASED A DEATH CERTIFICATE
 - DIRECT DEPOSIT FORM FROM YOUR BANK (YOU MUST PROVIDE THIS INFORMATION)

PLEASE NOTE: WHEN WE HAVE ALL OF YOUR DOCUMENTS AND LAST HOURS WORKED FROM YOUR EMPLOYER WE WILL BEGIN PROCESSING YOUR APPLICATION. THE PROCESS CAN TAKE UP TO 60 DAYS. WHEN YOUR APPLICATION IS DONE WE WILL MAIL IT TO YOU FOR YOUR SIGNATURE.

PLEASE NOTE IF YOU ARE NOT RETIRING & JUST WOULD LIKE AN ESTIMATE OR VESTED LETTER YOU DO NOT NEED THIS FORM & APPLICATION.

IF YOU HAVE QUESTIONS PLEASE FEEL FREE TO CONTACT US 212-726-9730- Ext. 6708 OR 6707

LOCAL 272 LABOR-MANAGEMENT PENSION FUND
APPLICATION FOR PENSION BENEFITS

NAME _____ PHONE # _____

PRESENT ADDRESS _____ APT. # _____

DATE OF BIRTH _____ SS# _____
DATE INITIATED _____ EMPLOYER _____
LAST DAY WORKED _____ D.B.L. _____

TYPE OF RETIREMENT:

[] NORMAL RETIREMENT: (AGE 65 OR LATER)
[] EARLY RETIREMENT: (AGE 62 TO 65)
PENSION IS REDUCED ½% FOR EACH MONTH BETWEEN
COMMENCEMENT DATE AND YOUR 65TH BIRTHDAY.

[] DISABILITY RETIREMENT: (15 YEARS SERVICE)
NATURE OF DISABILITY _____

HAVE YOU APPLIED FOR SOCIAL SECURITY DISABILITY BENEFITS?

[] YES [] NO

HAVE BENEFITS BEEN APPROVED BY THE SOCIAL SECURITY BOARD?

[] YES [] NO

IF ANSWER IS YES: ATTACH COPY OF DETERMINATION LETTER FROM
SOCIAL SECURITY BOARD.

IF ANSWER IS NO: ATTACH MEDICAL REPORTS COVERING DISABILITY.
IF APPLICANT IS ELIGIBLE FOR EARLY RETIREMENT DOES APPLICANT
NEVERTHELESS ELECT A DISABILITY PENSION? [] YES [] NO.
PENSION IS REDUCED ¼% FOR EACH MONTH BETWEEN COMMENCEMENT
DATE AND YOUR 65TH BIRTHDAY. (MAXIMUM REDUCTION 18%)

IN THE EVENT MY APPLICATION FOR PENSION BENEFITS IS APPROVED BY
THE LOCAL 272 PENSION FUND, I UNDERSTAND SUCH BENEFITS SHALL
CEASE AT THE TIME OF MY DEATH AND ARE NOT ASSIGNABLE OR TRANS-
FERABLE.

DATE SIGNED

SIGNATURE OF APPLICANT

PLEASE HAVE THIS FORM NOTARIZED.

STATE OF _____ COUNTY OF _____

ON THE DAY OF _____, BEFORE ME PERSONALLY

CAME _____ TO ME KNOWN, AND
KNOWN TO ME TO BE THE INDIVIDUAL IN AND WHO EXECUTED THE
FOREGOING INSTRUMENT, AND (S)HE DULY ACKNOWLEDGED TO ME THAT
(S)HE EXECUTED THE SAME.

NOTARY PUBLIC

TO THE BOARD OF TRUSTEES
LOCAL 272 LABOR-MANAGEMENT PENSION FUND

I HEREBY REVOKE ANY AND ALL DESIGNATIONS PREVIOUSLY MADE BY ME AND DIRECT THE PAYMENT OF THE DEATH BENEFIT, UNDER THE LOCAL 272 LABOR-MANAGEMENT PENSION PLAN, TO THE FOLLOWING NAMED BENEFICIARY.

NAME OF BENEFICIARY: _____

ADDRESS OF BENEFICIARY: _____

RELATIONSHIP OF BENEFICIARY TO PENSIONER: _____
(EXAMPLE, WIFE, SON, DAUGHTER, PARENT, ETC.)

DATE SIGNED

SIGNATURE OF PENSIONER

PENSIONER SOCIAL SECURITY NUMBER

PLEASE HAVE THIS FORM NOTARIZED AND RETURN TO:

LOCAL 272 LABOR-MANAGEMENT PENSION FUND
220 EAST 23RD STREET (ROOM 805)
NEW YORK, N. Y. 10010

DEATH BENEFIT: \$ _____

STATE OF _____ COUNTY OF _____

ON THE DAY OF _____, BEFORE ME PERSONALLY

CAME _____ TO ME KNOWN, AND KNOWN TO ME TO BE THE INDIVIDUAL IN AND WHO EXECUTED THE FOREGOING INSTRUMENT, AND (S)HE DULY ACKNOWLEDGED TO ME THAT (S)HE EXECUTED THE SAME.

NOTARY PUBLIC

TO THE BOARD OF TRUSTEES
LOCAL 272 LABOR-MANAGEMENT PENSION FUND

DEAR _____:

UNDER THE RULES AND REGULATIONS OF THE PENSION PLAN, AS AMENDED, TO CONFORM WITH THE EMPLOYEE RETIREMENT INCOME SECURITY ACT OF 1974, ALL PENSIONS WITH AN EFFECTIVE DATE OF DECEMBER 1, 1976 OR LATER WILL BE PAID IN THE FORM OF A HUSBAND AND WIFE PENSION UNLESS YOU AND YOUR SPOUSE ELECT NOT TO RECEIVE IT IN SUCH FORM. UNDER THE PLAN YOU AND YOUR SPOUSE HAVE THE FOLLOWING THREE OPTIONS EFFECTIVE _____.

TO CHOOSE ONE OF THESE OPTIONS, CHECK THE APPROPRIATE BOX.

A () 50% OPTION. UNDER THIS BENEFIT THE PENSIONER WILL RECEIVE \$ _____ PER MONTH, FOR LIFE AND UPON THE PENSIONER'S DEATH THE SPOUSE WILL RECEIVE \$ _____ PER MONTH, FOR LIFE.

B () 75% OPTION. UNDER THIS BENEFIT THE PENSIONER WILL RECEIVE \$ _____ PER MONTH, FOR LIFE AND UPON THE PENSIONER'S DEATH THE SPOUSE WILL RECEIVE \$ _____ PER MONTH, FOR LIFE.

C () 100% OPTION. UNDER THIS BENEFIT THE PENSIONER WILL RECEIVE \$ _____ PER MONTH, FOR LIFE AND UPON THE PENSIONER'S DEATH THE PENSION ENDS AND THE SPOUSE RECEIVES NO BENEFITS.

PLEASE COMPLETE THIS FORM AND RETURN IT TO THE FUND OFFICE, INDICATING YOUR CHOICE AS TO HOW YOU AND YOUR SPOUSE WISH TO RECEIVE YOUR PENSION BENEFIT. IF YOU CHOOSE A OR B AND YOUR SPOUSE DIES BEFORE YOU, PENSION BENEFITS WILL NOT BE INCREASED. ALSO, PENSIONER'S BENEFIT WILL NOT BE INCREASED BY REASON OF SUBSEQUENT DIVORCE.

NAME _____ SOC. SEC. # _____

ADDRESS _____

SIGNATURE OF APPLICANT

SIGNATURE OF SPOUSE

DATE SIGNED

PLEASE HAVE THIS FORM NOTARIZED.

STATE OF _____ COUNTY OF _____

ON THE DAY OF _____, BEFORE ME PERSONALLY CAME

_____ AND _____

TO ME KNOWN, AND KNOWN TO ME TO BE THE INDIVIDUAL(S) IN AND WHO EXECUTED THE FOREGOING INSTRUMENT, AND HE(SHE) (THEY) DULY ACKNOWLEDGED TO ME THAT HE (SHE) (THEY) EXECUTED THE SAME.

NOTARY PUBLIC

TO THE BOARD OF TRUSTEES
LOCAL 272 LABOR-MANAGEMENT PENSION FUND

THIS IS TO CERTIFY THAT I HAVE BEEN ADVISED BY THE WELFARE AND PENSION FUND OFFICE OF MY BENEFITS AND RIGHTS UPON RETIREMENT.

I FULLY UNDERSTAND THAT MY HEALTH BENEFITS WILL TERMINATE 30 DAYS AFTER I CEASE WORKING.

I HAVE BEEN ADVISED THAT MY SPOUSE AND I ARE ENTITLED TO THE OPTICAL BENEFIT.

I HAVE BEEN ADVISED OF MY RIGHTS TO CONVERT THE GROUP INSURANCE TO AN INDIVIDUAL POLICY.

I HAVE BEEN ADVISED OF MY RIGHTS TO PAY FOR MY HEALTH BENEFITS UNDER THE COBRA PLAN.

I HAVE BEEN ADVISED THAT IF I AM UNDER THE AGE OF 70½ I AM NOT PERMITTED TO WORK IN THE GARAGE INDUSTRY IN NEW YORK CITY ANYMORE AND COLLECT THE PENSION FROM THE LOCAL 272 LABOR-MANAGEMENT PENSION FUND.

DATE SIGNED

SIGNATURE OF APPLICANT

PLEASE HAVE THIS FORM NOTARIZED.

STATE OF _____ COUNTY OF _____

ON THE DAY OF _____, BEFORE ME PERSONALLY

CAME _____ TO ME KNOWN, AND KNOWN TO ME TO BE THE INDIVIDUAL IN AND WHO EXECUTED THE FOREGOING INSTRUMENT, AND (S)HE DULY ACKNOWLEDGED TO ME THAT (S)HE EXECUTED THE SAME.

NOTARY PUBLIC

TO THE BOARD OF TRUSTEES
LOCAL 272 LABOR-MANAGEMENT PENSION FUND

I _____ CERTIFY THAT I
WAS NOT MARRIED ON THE DATE OF MY PENSION APPLICATION FILED WITH
THE LOCAL 272 LABOR-MANAGEMENT PENSION FUND.

DATE SIGNED

SIGNATURE OF APPLICANT

PLEASE HAVE THIS FORM NOTARIZED.

STATE OF _____ COUNTY OF _____

ON THE DAY OF _____, BEFORE ME PERSONALLY

CAME _____ TO ME KNOWN, AND
KNOWN TO ME TO BE THE INDIVIDUAL IN AND WHO EXECUTED THE
FOREGOING INSTRUMENT, AND (S)HE DULY ACKNOWLEDGED TO ME THAT
(S)HE EXECUTED THE SAME.

NOTARY PUBLIC



LOCAL 272 LABOR-MANAGEMENT PENSION FUND
220 East 23rd Street, Room 805, New York, NY 10010

Direct Deposit Authorization Form

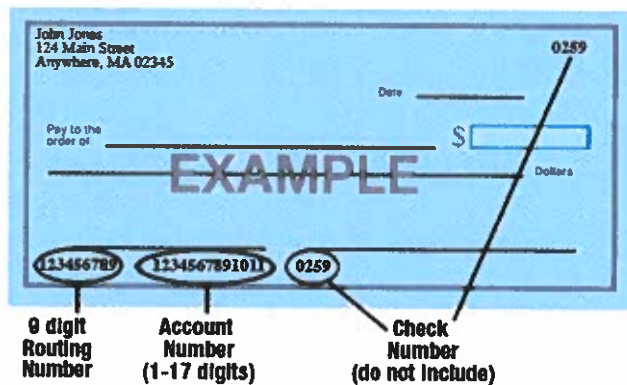
Please print and complete ALL the information below.

Name: _____

Address: _____

City, State, Zip: _____

Phone Number: _____



Name of Bank: _____

Bank Address: _____

Account #: _____

9-Digit Routing #: _____

Type of Account: Checking Savings (Check One)

Employee's Signature: _____

Date: _____

