

**FOOD & BEVERAGE WORKERS UNION LOCAL 23
& EMPLOYERS PENSION FUND**

PERSONAL CHECK LIST

USE THIS CHECK LIST AS A GUIDE TO ASSIST YOU WITH THE COMPLETION OF THE PENSION APPLICATION

- Page 1 PERSONAL DATA:** Print your information and indicate your marital status. **Attach the necessary documents that prove your marital status.**

- Page 2 EMPLOYMENT HISTORY:** List your employer(s) that participate in the Plan.

DISABILITY BENEFIT: Mark whether or not you are applying for a benefit as a result of a disability. If yes, complete. If no, continue onto next step.

- Page 3 CERTIFICATE OF ACKNOWLEDGEMENT:** This page **MUST** be signed and notarized regardless of your status.

- PROOF OF AGE:** Attach proof of age as high in order on the list as possible.

- Page 4 RELATIVE VALUE OF OPTIONAL BENEFITS:** Retain this page for your records. It contains information regarding the forms of benefits available to you.

- Page 5 ELECTION OF PENSION:** Please elect how you would like to receive your benefits.
Note: If your account balance is less than \$5,000, you MUST chose Single Sum Distribution.

- If you are married: Your spouse must sign and have this page notarized****

- Page 6 SPOUSE'S WAIVER OF HUSBAND AND WIFE PENSION:** If you are married, your spouse must sign and have notarized.

- WAIVER OF 30-DAY WAITING PERIOD ON DECISIONS TO WAIVE THE MARRIED COUPLE FORM:**
You and your spouse must sign and date.

- Page 7 ELECTION TO ROLLOVER ELIGIBLE DISTRIBUTIONS:** Indicate whether or not you wish to rollover your pension benefits. *You must choose an option.*

- TERMINATION FORM*:** Must be completed and signed by Manager. The Fund Office will also accept a letter of termination printed on company letterhead. This is required if you have worked in covered employment within the past 12 months. ***ONLY NEEDED FOR TERMINATION OF EMPLOYMENT BENEFITS.**

- NEXT OF KIN:** Please complete so that we can pay any outstanding benefits in the event of your death.

Retain pages 8-13 for your records. Do not return them to the Fund Office.

If you have any questions, contact the Fund Office at 410-872-9500.
Please use the enclosed return envelope and send your Application and copies of your Certificates to us at:
Carday Associates, Inc. 7130 Columbia Gateway Drive, Suite A Columbia, MD 21046

Please note that your pension cannot be processed without this information.