

PRINTING LOCAL 72 INDUSTRY PENSION FUND
7130 COLUMBIA GATEWAY DR SUITE A
COLUMBIA, MARYLAND 21046
(410) 872-9500 FAX (410) 872-1275

**APPLICATION
FOR PENSION**

(PLEASE PRINT ALL INFORMATION CLEARLY)

(Please read instructions before completing this application)

This booklet includes a brief description of some of the provisions of the Pension Plan. For more detailed and specific provisions of the Plan you should refer to the Summary Plan Description for an everyday language description of the Plan and refer to the Plan itself for a more technical description of the Plan provisions which are controlling.

Enclosures: Tax Form W-4P
Direct Deposit Form
Medical Application

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Procedure for Starting Your Pension Benefit

Before your pension payments can begin, you must complete the Pension Application and the Benefit Election Form and return them to the Fund Office.

Federal law requires that the Fund provide you with important information about your pension in connection with your application. Since you must receive this information no more than 180 days but no less than 30 days prior to the Benefit Commencement Date of your pension, you must file the application to establish a Benefit Commencement Date that is within 180 days of the date you received this application.

You have the right to defer the distribution of your pension. However, you must begin to receive your pension by the April 1st following the year in which you reach age 70½.

Under the Retirement Equity Act, the Joint and 50% Survivor Annuity is automatically payable unless the participant and his or her spouse reject this form of payment in writing. Under this payment form, you may receive a lower pension amount during your lifetime but if you die before your spouse, he or she will receive 50% of your benefit for the remainder of his or her lifetime. If you choose to waive the Joint and Survivor Forms of Benefit and you are married, your spouse must provide the appropriate consent prior to the effective date of your pension. Please review the provisions regarding the Joint and Survivor Forms of Benefit carefully to ensure that you comply with the Plan procedures.

As you can see from the above, it will generally be necessary for you to furnish the Fund Office with your completed Pension Application and your Benefit Election Form before your Benefit Commencement Date. Because of this, it will ordinarily not be possible for the Fund Office to provide you with actual benefit information prior to completing the forms. If you wish to receive actual benefit information before completing this application, you should be aware that this may delay your Benefit Commencement Date.

Sincerely,

The Board of Trustees.

PROOF OF AGE

To be eligible for benefits you must provide proof of your age. If married, you must also provide proof of age for your spouse. You must provide one of the documents below as proof of your age. The documents are listed in order of preference, with a birth certificate being the most preferable proof of your age and a signed statements from other is the least preferable evidence of your age. You should provide the most preferable proof of your age possible. For example, if you have or can readily obtain a birth certificate, it should be submitted rather than a baptismal certificate or a statement of birth shown by a church record. You must attach a photostatic copy of proof of age, except that you are cautioned that photostats of NATURALIZATION PAPERS, UNITED STATES PASSPORTS, AND IMMIGRATION PAPERS are not permitted. If any of these is the only proof of age you have, submit the original and it will be returned to you.

1. Birth certificate.
2. Baptismal certificate or a statement as to the date of birth shown by a church record, certified by the custodian of such record.
3. Notification of registration of birth in a public registry of vital statistics.
4. Certification of record of age by the U.S. Census Bureau.
5. Hospital birth record, certified by the custodian of such record.
6. Document showing approval of Social Security pension.
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.
9. Naturalization record (PHOTOSTAT NOT PERMITTED; SUBMIT ORIGINAL).
10. Immigration papers (PHOTOSTAT NOT PERMITTED; SUBMIT ORIGINAL).
11. Military record.
12. Passport (PHOTOSTAT NOT PERMITTED; SUBMIT ORIGINAL).
13. School record, certified by the custodian of such record.
14. Vaccination record, certified by the custodian of such record.
15. An insurance policy which shows the age or date of birth.
16. Marriage records showing date of birth or age (application for marriage license or church record, certified by the custodian of such record; or marriage certificate).
17. Other evidence such as signed statements from persons who have knowledge of the date of birth, voting records, poll-tax receipts, driver's license, etc.

**PRINTING LOCAL 72 INDUSTRY PENSION FUND
PART II
RETIREMENT DECLARATION**

Name of Member _____

Social Security Number _____

Upon retiring on a pension from the Printing Local 72 Industry Pension Fund, I declare that I will be bound by the rules and regulations of the Pension Plan as they now exist or be hereafter amended and that:

1. I will withdraw completely from any further employment in "Prohibited Employment" except as provided in the Plan. See the Definition of "Prohibited Employment" in the Summary Plan Description and Plan Document.
2. I understand that if I enter such "Prohibited Employment" after Normal Retirement Age, retirement benefits shall not be payable for the months of such activity.
3. If I accept employment in work which is "Prohibited Employment", I will notify the Fund Office in writing within 15 days after I enter into such employment or activity.
4. I understand that I must personally endorse each check unless I have made provisions for direct deposit in a banking institution. (Contact the Fund Office for the detailed regulations for direct deposit.)
5. Date I stopped working or plan to stop work _____

Signature

Date

**PRINTING LOCAL 72 INDUSTRY PENSION FUND
PART III
EXPLANATION OF FORMS OF PENSION PAYMENT'**

The following is important information about how to elect a form of payment. If you have questions, contact the Fund Office.

I. FORM OF BENEFITS

The following outline summarizes the different forms of pension benefits available under the Plan. You should refer to the formal Plan documents for a more detailed description of each form. If you would like a copy of the Summary Plan Description, please contact the Fund Office.

A. MARRIED PENSIONERS:

Joint and 50% Survivor Benefit

Under this Pension Plan, your benefit is paid as a Joint and 50% Survivor Benefit if you are married when you retire, unless you and your spouse properly reject that form of payment by completing the spousal consent to waiver of Joint and Survivor Benefit in Section F of the Pension Application. The Joint and 50% Survivor Benefit provides for an actuarial reduction in the monthly pension for the life of the Pensioner. When the Pensioner dies, the surviving spouse receives a lifetime pension equal to 50% of the amount that was being paid when the Pensioner was alive.

For example, a Pensioner age 65 with a spouse age 62, who is eligible for a full regular pension of \$1,215.00 per month, will receive a monthly benefit of \$1,109.42 if he or she elects to have his or her pension payable as a Joint & 50% Survivor Benefit. In the event of the death of the Pensioner, his spouse would receive a monthly benefit of \$554.71 for the rest of his/her life.

Joint and 50% Survivor Benefit With Pop-Up

You may also elect a Joint and 50% Survivor Benefit with a "pop-up" feature. This form of benefit is calculated in the same way as a standard Joint and 50% Survivor Benefit, except that if the employee's spouse predeceases the employee after benefit payments begin then the Pensioner's benefit will be increased to the amount it would have been had the pensioner been single all along. In order to provide this "pop-up" feature the pensioner's benefit is actuarially reduced.

Thus, for example, a Pensioner age 65 with a spouse age 62, who is eligible for a full regular pension of \$1,215.00 per month, will receive a monthly benefit of \$1,096.29 if he elects to have his pension payable as a Joint and 50% Survivor Benefit with the pop-up feature. In the event of the Pensioners death, his wife would receive a monthly benefit of \$548.15 for the rest of her life. However, in the event that the Pensioners spouse dies, the Pensioner would from then on receive \$1,215.00 per month.

Joint and 100% Survivor Benefit

If you are married, you may also elect to receive your benefit in the form of a Joint and 100% Survivor Benefit. The Joint and 100% Survivor Benefit provides for an actuarial reduction in the monthly pension for the life of the Pensioner.

For example, a Pensioner age 65 with a spouse age 62, who is eligible for a full regular pension of \$1,215.00 per month will receive a monthly benefit of \$1,020.84 if he elects to have his pension payable as a Joint and 100% Survivor Benefit. In the event of the Pensioners death, his wife would receive the same monthly benefit of \$1,020.84 for the rest of her life.

Joint and 100% Survivor Benefit With Pop-Up

You may also elect a Joint and 100% Survivor Benefit with "pop-up" feature. This form of benefit is calculated in the same way as a standard Joint and 100% Survivor Benefit except that if the Pensioners spouse predeceases the Pensioner after benefit payments begin, then the employee's benefit will be increased to the amount it would have been had the employee been single all along. In order to provide this "pop-up" feature the pensioner's benefit is actuarially reduced.

For example, Pensioner age 65 with a spouse age 62, who is eligible for a full regular pension of \$1,215.00 per month, will receive a monthly benefit of \$998.73 if he elects to have his pension payable as a Joint and 100% Survivor Benefit with the "pop-up" feature. In the event of the Pensioners death, his wife would receive the same monthly benefit of \$998.73 for the rest of her life. However, in the event that the Pensioners spouse dies, the Pensioner would from then on receive \$1,215.00 per month.

Joint and 75% Survivor Benefit

If you are married, you may also elect to receive your benefit in the form of a Joint and 75% Survivor Benefit. The Joint and 75% Survivor Benefit provides for an actuarial reduction in the monthly pension for the life of the Pensioner.

For example, a Pensioner age 65 with a spouse age 62, who is eligible for a full regular pension of \$1,215.00 per month will receive a monthly benefit of \$1,063.25 if he elects to have his pension payable as a Joint and 75% Survivor Benefit. In the event of the Pensioners death, his wife would receive a monthly benefit of \$797.44 for the rest of her life.

If the Joint and 50% Survivor Benefit is rejected, a higher amount is paid to the Pensioner while he is living, but no pension is paid to the spouse after the death of the Pensioner unless one of the Joint and Survivor Forms of Benefit is elected. If a Pensioner rejects the other Joint and Survivor Forms of Benefit and elects to receive his benefit as a Single Life Annuity in the above examples, he would receive his full regular pension of \$1,215.00 per month during his lifetime; however, upon his death, his wife would receive no further pension benefits.

It is important to remember that under the rules of the Pension Plan, your pension benefits will be adjusted and paid in the form of a Joint and 50% Survivor Benefit Pension unless you and your spouse indicate that you do not wish to receive your benefits in this form.

Also, you should understand that the following conditions apply when making your choice about the Joint and 50% Survivor Benefit Pension, the Joint and 50% Survivor Benefit with pop-up, the Joint and 100% Survivor Benefit, the Joint and 100% Survivor Benefit with pop-up, and the Joint and 75% Survivor Benefit:

1. For you to be considered married for the purposes of a Joint and Survivor Benefit Pension, your spouse must be a "Qualified Spouse". Your Spouse is a Qualified Spouse if you have been married throughout the year ending with the Benefit Commencement Date of your benefits or, if earlier, the date of death. A spouse is also a Qualified Spouse if you became married within the year immediately preceding your Benefit Commencement Date and were married for at least a one-year period on or before the Participant's date of death.
2. If your spouse dies or you are divorced before your Benefit Commencement Date, the election is canceled and no reduction or adjustment will be made in your benefit payments for the Joint and Survivor Benefits unless a Qualified Domestic Relations Order states otherwise.
3. If your spouse dies after your Benefit Commencement Date and you have not elected a Joint and 50% Survivor Benefit with pop-up or a Joint and 100% Survivor Benefit with pop-up, then the Joint and 50% Survivor Benefit or Joint and 100% Survivor Benefit or Joint and 75% Survivor Benefit remains in effect and you will continue to receive the reduced benefit for your lifetime.
4. If you are married for at least 1 year before your Benefit Commencement Date and are divorced after your Benefit Commencement Date, the election remains in effect and your spouse will (should he or she survive you) receive the benefit under the Joint and Survivor Benefit form for his or her lifetime.
5. You and your spouse each have the right to revoke a rejection of the Joint and Survivor Benefit in writing at any time prior to your Benefit Commencement Date.

B. SINGLE PENSIONERS:

Single Life Annuity

If you are single, or if you are married but you and your spouse reject the Joint and 50% Survivor Benefit and so elect, you will receive for your lifetime the full Normal or Early monthly pension benefit payable to you upon your retirement unless you elect otherwise. If you are single, you will be required to certify in writing, on forms provided by the Plan, that you are not married on

the date you make your election of benefits.

If you are single, or if you are married but you and your spouse elect not to receive the Joint and Survivor Benefit, there will be no further benefits payable from the Plan after your death. If you retire and then die no additional benefits will be paid from the Plan after your death.

II. ELECTION OF FORM OF BENEFIT

You must indicate your choice of the form of your benefit on Part IV of the application. If you fail to indicate your choice of benefit form, you will receive your benefit in the automatic form of the Joint and 50% Survivor Benefit if you are married or the Single Life Annuity Benefit if you are unmarried.

III. WHEN BENEFITS ARE PAID

Generally, benefit payments commence on the "Benefit Commencement Date," that is, the first of the month following fulfillment of all the conditions for entitlement to benefits, including the filing of a completed application with all appropriate attachments.

However, a Pensioner may elect to postpone commencement of benefits to a later date, provided that by law benefits may not commence later than April 1 following the calendar year in which the Pensioner attains age 70½ (whether or not the Pensioner is still working at that time).

**PRINTING LOCAL 72 INDUSTRY PENSION FUND
PART IV
BENEFIT ELECTION FORM OF PAYMENT OF RETIREMENT PENSION**

Section A – Personal (To be completed by All Pensioners)

Name of Pensioner _____

Benefit Commencement Date _____ (the first day of the month to coincide with or next following the date you satisfy all of the conditions for entitlement to a pension, including termination of covered employment).

Section B – Form of Payment (To be completed by All Pensioners) (Initial One Line Only)

_____ Form A – Single Life Annuity

_____ Form B – 50% Joint and 50% Survivor Benefit

_____ Form C – 50% Joint and 50% Survivor Benefit with Pop-Up

_____ Form D – 100% Joint and 100% Survivor Benefit

_____ Form E – 100% Joint and 100% Survivor Benefit with Pop-Up

_____ Form F – 75% Joint and 75% Survivor Benefit

If you select Form B, C, D, E or F, your spouse will be your beneficiary.

Section C – Relative Value Statement

All forms of payment have the same relative value at your Benefit Commencement Date. The relative value comparison is made by converting the value of each form of payment to a single life annuity. This conversion uses assumptions regarding interest and life expectancy. Upon request, we will provide the actuarial assumptions used to calculate the value of optional forms of benefit under the Plan. The actual value of the total payments ultimately made under an annuity optional form of benefit will depend on actual experience.

Section D – Certification of Marital Status (To be completed if Form A is elected)

I understand that the law provides that if I am married at the time I begin receiving my pension under the Plan, my spouse must be provided a pension for his or her life after I die unless my spouse and I elect to waive the spousal benefit within the 90-day period ending on my Benefit Commencement Date. I understand that this spousal benefit is automatically provided under Form B with my spouse as beneficiary. Also, I understand that I may elect Form D, Form E or Form F without my spouse's consent if I designate my spouse as beneficiary under that form (Form D, Form E or Form F). Finally, I understand that I may revoke my election at anytime before my Benefit Commencement Date.

I certify that: (Please initial one)

_____ I am not legally married at this time. In the event I marry on or before my Benefit Commencement Date, I will notify you. (Please provide the Fund office copy of divorce decree, separation agreement, or death certificate if you have ever been married.)

_____ I am divorced and (i) a state court has issued a Domestic Relations Order and the Domestic relations Order has previously been filed with the Fund and been found to be a Qualified Domestic Relations Order or (ii) a state court has issued a Domestic Relations Order and a copy of the Domestic Relations Order is enclosed for the Fund’s review and determination as to whether the Order is a Qualified Domestic Relations Order.

_____ I am unable to locate my spouse. (The Fund Office will contact you to obtain additional information.)

_____ The person signing Sections F – Spousal Consent to Waiver of Survivor Benefits is my legal spouse. (Attach marriage certificate)

Section E – Signature (To be completed by All Participants)

I acknowledge that I have completed Section A, Section B and Section D (if Form A is elected).

I hereby apply for payment of a pension from the Printing Local 72 Industry Pension Fund and consent to the payment in the form I have elected as part of this application. I recognize that the Fund may make inquiries regarding any benefit I may receive from any fringe benefit fund in which I have participated, and I consent to the release of any and all information necessary for the Fund to process this application. The foregoing statements are true to the best of my knowledge and belief. I understand that a false statement may disqualify me for pension benefits, and that the Board of Trustees of the Printing Local 72 Industry Pension Fund shall have the right to recover any payments made to me because of a false statement.

I have read the explanation of the forms of payment attached to this application. I understand that if I am married and if I have elected a benefit form other than a Joint and Survivor Benefit; it means that no pension benefits will be paid to my spouse under the Pension Plan after my death.

I further understand that I can change my election of a benefit form at any time before the Benefit Commencement Date of my pension. I also understand that my election of a benefit form may not be changed on or after the Benefit Commencement Date of my pension.

Sign Your Name _____ Date _____

Print Your Name _____ Date _____

Signature of Witness _____ Date _____

(WITNESS MAY NOT BE SPOUSE)

Section F – Spousal Rejection of the 50% Joint and Survivor Benefit with Spouse as Beneficiary. (To be completed by the Spouse of the Participant only if a form other than the 50% Joint and Survivor benefit form is elected.)

As the legal spouse of , _____, a Plan Participant, I certify that I have reviewed the Explanation of Forms of Pension Payment section of my spouse’s pension application.

I understand that the Plan is required to pay retirement benefits to a married participant in the form of the 50% Joint and 50% Survivor Benefit, unless this benefit form is specifically rejected. I acknowledge that I have reviewed my spouse’s election of pension benefits and understand that the effect of my rejection of the 50% Joint and 50% Survivor Benefit is to cause my spouse’s pension benefit to be paid in a form other than the 50% Joint and 50% Survivor Benefit. I understand that if another survivor form of payment has been elected that I will receive survivor benefits in that form, and I will not receive a monthly benefit after my spouse’s death and for my lifetime equal to 50% of the benefit my spouse received at the time of his death. I also understand that if my spouse has elected the Single Life Annuity form of benefit, no survivor benefits will be payable to me after my spouse’s death. I understand that my spouse has the right to waive the 50% Joint and 50% Survivor Benefit only if I consent to the waiver, and that the effect of this waiver is to give up this survivorship protection. Understanding the effect of my decision, I consent to my spouse’s election to receive benefits payable under the Plan in the form selected in the Pension Application rather than in the Joint and 50% Survivor Benefit.

Signature of the Spouse _____ Date _____

Section G – Spousal Consent to the 50% Joint and 50% Survivor Benefit with Pop-Up. (To be completed by the Spouse of the Participant only if the 50% Joint and 50% Survivor Benefit with Pop-Up form of benefit payment is elected.)

As the legal spouse of , _____, a Plan Participant, I understand that the lifetime survivor benefits provided under Form C (50% Joint and 50% Survivor Benefit with Pop-Up) elected by my spouse are smaller than the survivor benefits paid under the other survivor forms available under the Plan. Understanding this, I consent my spouse’s election of the the 50% Joint and 50% Survivor Benefit with Pop-Up form of benefit payment.

Signature of the Spouse _____ Date _____

Witness: Spouse's signature must be witnessed by either a Plan Representative or a Notary Public (Choose A or B)

A. Name and Title of Plan Representative (Please Print) _____

Signature of Plan Representative _____

B State of _____ County of _____

On this _____ day of _____, 20____, I, _____

hereby certify that _____ personally appeared before me on this day and acknowledge the due execution of the foregoing instrument.

Given under my hand and official seal this _____ day of _____, 20____

My commission expires _____

Signature of Notary Public _____

(SEAL)

PRESSMEN WELFARE FUND
7130 COLUMBIA GATEWAY DR SUITE A
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NOTICE TO RETIREES ELIGIBLE FOR RETIREE WELFARE BENEFITS

We are pleased to announce that you are now able to pay your retiree medical premiums through a deduction from your pension check. If you wish to have the deductions made, complete, sign and return to the Fund Office the "Authorization to Withhold Retiree Premium From Pension Check" form below. This form authorizes the Trustees of the Pension Fund to deduct the amount of the monthly payment due to the Welfare Fund from your monthly pension benefits. This option is not available if the amount of your monthly pension benefit is less, than the retiree medical premium.

You have no obligation to authorize these deductions; they are solely for your convenience. You may continue to make your own payments monthly, in advance, if you wish.

If you do authorize the deduction from your pension check, your written authorization must be on file with the Fund Office before any money can be deducted from your pension. You (or your beneficiary, should you die) may end the deductions from your pension check by notifying the Fund Office in writing. All written notices ending the deduction must be received by the Fund Office no later than at least 20 days before your next pension payment is due. We will not withhold more than the amount of the self-pay contribution required to maintain your, eligibility for benefits.

If you qualified to continue coverage" and the pension benefit is too small, payment must be made monthly in advance, in accordance with current procedures.

AUTHORIZATION TO WITHHOLD RETIREE PREMIUM FROM PENSION CHECK

I hereby authorize the deduction from my monthly pension benefit, check from the Printing Industry Local 72 Pension Fund any required payment for medical coverage under the Pressmen Local .72 Welfare Fund. I make this authorization voluntarily and understand that it may be revoked at any time. By this authorization, I am not assigning my monthly benefit, or any portion thereof, to the Pressmen Local 72 Welfare Fund. I understand that the Pressmen Local 72 Welfare Fund has no right, enforceable against the Printing Industry Local 72 Pension Fund, to any part of my pension benefit.

Signed _____

AUTHORIZATION FOR AUTOMATIC DEPOSITS (ACH CREDITS)

PRINTING LOCAL 72 INDUSTRY PENSION FUND

I hereby authorize the Printing Local 72 Industry Pension Fund, hereinafter called "Fund", to initiate credit entries and to initiate, IF NECESSARY, DEBIT AND ADJUSTMENTS FOR ANY CREDIT ENTRIES IN ERROR to my checking () or savings () account (select one) indicated below and the depository named below, hereinafter called DEPOSITORY, to credit and/or debit the same to such account.

DEPOSITORY NAME _____

BRANCH _____

CITY _____ STATE _____ ZIP _____

TRANSIT/ABA _____ ACCOUNT # _____

This authority is to remain in full force and effect until Fund has received written notification from me of its termination in such time and such manner as to afford Fund a reasonable opportunity to act on it.

NAME _____

SSN _____

SIGNATURE _____

DATE _____

Please attach a voided check if a checking account is selected.

FOR OFFICE USE ONLY

Date Received _____

Processed by _____

NOTICE REGARDING YOUR RIGHT TO DEFER PENSION PAYMENT

In accordance with the Pension Protection Act of 2006, the Printing Local 72 Industry Pension Plan is required to provide you with this notice that describes the provisions of the Plan that may materially affect your decision to defer distribution of your pension benefit until a later date.

1. Actuarial Adjustment before Age 65. If you begin receiving benefits before Normal Retirement Age (age 65), your monthly pension benefit will be actuarially reduced to account for your age. Whether your benefit will be actuarially adjusted and how much your benefit will be actuarially adjusted will depend your age when you retire. If you elect to begin receiving Early Retirement pension benefit payments or Deferred Vested Retirement pension benefit payments before age 65, your pension will be actuarially reduced to account for the longer payment period. For example, if you elect to begin to receive your benefits at age 60, your benefits will be about 65% of the amount payable at your Normal Retirement Age. If you elect to begin to receive your benefits at age 55, your benefits will be about 44% of the amount payable at your Normal Retirement Age.

For more information regarding how your age may affect the amount of your monthly benefit, see "*How Much Will My Pension Be If I Retire Early?*" and "*How Much Will My Early Unreduced Pension Be?*" found on pages 16 through 19 of your Summary Plan Description.

2. Required Beginning Date. You have the right to defer receipt of your pension until no later than your Required Beginning Date. Your Required Beginning Date is April 1st of the calendar year following the calendar year during which you reach age 70½.

3. Actuarial Adjustment after Normal Retirement Age. If you deferred retirement until after Normal Retirement Age (age 65), and did not engage in Disqualifying Employment after Normal Retirement Age, your monthly benefit will be actuarially increased for each calendar month between Normal Retirement Age and your Effective Date of benefits. However, the amount of such increase will be offset by any increase in your benefit attributable to Hours of Service after Normal Retirement Age.

4. Prohibited Employment. Certain types of employment may result in the suspension of your pension benefit. In general, Prohibited Employment before Normal Retirement Age (age 65) is any employment with in Virginia; Maryland; the District of Columbia; Delaware; Salem County, New Jersey; Carter, Hawkins, Sullivan, Unicoi, and Washington counties, Tennessee; and Berkeley and Jefferson counties, West Virginia, of the type of work regularly performer by employees covered by the Plan, including pre-press, electronic imaging, press and bindery classifications or related supervisory classifications. In general, for periods after Normal Retirement Age, your monthly pension benefit will be suspended for any month (or a 4 or 5 week payroll period if used by your employer instead of a calendar month) in which you work 40 hours or more in "Disqualifying Employment." The Plan's rules regarding suspension of benefits are described in your Summary Plan Description on pages 26 through 28. Also after you submit your pension application, the Fund Office will send to you a notice which provides additional information regarding working after retirement.

5. Rollovers of Certain Types of Distributions. If you receive the value of your benefit as a lump sum payment, your benefit is subject to special treatment, the rules of which are described in the "Special Tax Notice Regarding Plan Payments" included in your application materials.