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MAILED FROM
ADMIN. OFFICE

_____

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SOUTHERN CALIFORNIA IBEW-NECA TRUST FUNDS
100 Corson Street, Suite 200, Pasadena, CA 91103 • (323) 221-5861
Mailing Address: P.O. Box 6652 • Pasadena, CA 91109

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DEFINED BENEFIT PENSION APPLICATION

Local No._____

Name_____Soc. Sec. No._____
       (Last)   (First)   (Middle)

Address_____
         (Street)   (City)   (State)   (Zip)

Telephone (_____) _____   Date of Birth_____
                                                                    (Attach Proof)

Termination Date from Last Employer was (will be) _____ Job Classification_____
(Please provide proof of termination from your last Employer)

Name of Last Employer_____ Telephone (_____)_____

Address_____
         (Street)   (City)   (State)   (Zip)

Current Marital Status (Check one) ☐ Married   ☐Single (never married)   ☐Divorced * ☐Widowed**
Prior Marital Status (Check all that apply)   ☐Divorced* ☐Legally Separated ☐Widowed**

*   **If you were ever divorced or legally separated, you must submit complete copies of all issued Judgments
     and any executed marital property settlement agreements related to each divorce or legal separation.
     Photocopies of issued judgments are sufficient and certified copies are not required.**

** **If you are widowed please submit a copy of the Death Certificate.**

I hereby apply for the type of benefit checked below: (check one only)

Normal Retirement   Early Retirement
(65 Years and Over) ☐   (Under 65 Years of Age) ☐

☐   **I hereby request an Age Retirement Benefit to be effective on:** (check one box below)
     ☐ The earliest possible date **OR,** ☐ the elected date of: _____ (enter date MM/DD/YYYY)

Remember, benefits are always payable on the first day of the month.

Have you been registered for employment at any IBEW hiring hall within the last 12 months?
☐ Yes   ☐ No   What Local? _____

**** Please be advised that registering your name for employment at any IBEW hiring hall could
result in a loss of all or a portion of your pension benefits for Early Retirements. If you have or
intend to sign the out of work books at any IBEW hiring hall, please contact our office
immediately to determine what impact this will have on your benefits. See Article 9.7(b)(2)(iii) of
the Plan document for further information.**

Over…..☞

Are you currently employed? ☐ Yes ☐ No   If yes, Name/Address of Employer: _____

Have you applied for work? ☐ Yes ☐ No   If yes, Name/Address of Employer: _____
_____

Type of work to be performed: _____
_____

You are required to immediately notify the Fund Office if you accept employment with any employer prior to the date of issuance of a pension award.

Do you hold a C10 license or any other license that permits you to do electrical work?   ☐ Yes   ☐ No

   If yes, attach a copy of Inactive License or Notice of Disassociation from the Contractors State License Board

Are you on any C10 license or any other license that permits you to do electrical work? ☐ Yes   ☐ No

If yes, Company name(s)_____

If you hold an Active C10 license or any other license that permits electrical work you may not be eligible to receive pension benefits until you have inactivated the license or removed yourself from the license.

Have you ever performed services in the same trade, craft or industry covered by the Pension Plan, including but not limited to any retail-based instruction, for an entity or as sole proprietor, partner or owner, which is not subject to a collective bargaining agreement with the IBEW requiring contributions to the Southern California IBEW-NECA Pension Plan or any other pension plan subject to the International Pension Reciprocal Agreement? _____ Yes _____ No

If yes, Company name(s), address and date worked: _____
_____
_____
_____

Did you work in a reciprocal area (See attached letter)   ☐ Yes   ☐ No   What Local? _____

Did you serve in the Military Service   ☐ Yes   ☐ No

If Yes, please attach copy of Discharge Papers

SPOUSE INFORMATION:

Name of Spouse _____

Social Security No. _____ Date of Birth _____

I have read the Pension Plan and agree to be bound by all the Rules and Regulations of the Pension Plan. I understand that I must notify the Administrative Office if I become employed, become available for employment, or perform services in the electrical construction contracting industry and must abide by the rules concerning the Suspension of Benefits, as contained in the Plan. By signing this Application, I declare that I was not employed, available for employment, or performing services in the electrical construction contracting industry on or after the Benefit Payable Effective Date requested above. I hereby declare, under penalty of perjury, that the foregoing information is correct to the best of my knowledge.

_____   _____
          (Date)   (Signature of Applicant)

DEFINED BENEFIT PENSION APPLICATON   **Revised 4/26/17**