



Airconditioning and Refrigeration Industry Joint Trust Funds

3500 W. ORANGEWOOD AVENUE, ORANGE, CA 92868
PHONE (714) 917-6100 • FAX (714) 917-6065

APPLICATION FOR RETIREMENT BENEFITS

SECTION 1 - PARTICIPANT'S INFORMATION

Name _____ SS# _____

Email _____ Phone # _____

Address _____

Birth Date _____ (attach copy of birth certificate) Marital Status _____
(Single, Married, Divorced, Widowed)

SECTION 2 - RETIREMENT INFORMATION

Last date worked in Airconditioning & Refrigeration Industry _____

Requested Effective Date of Pension Benefits _____

PLEASE NOTE: In most cases, your pension will be effective on the first of the month FOLLOWING

- 1) the month in which this application is received by the Trust Office; or
- 2) the month in which you last worked in the industry

TYPE OF RETIREMENT BENEFIT (see Instructions for requirements)

Normal Pension

Service Pension

Early Pension

Disability Pension

1) Are you applying for a Disability Pension OR are you applying for an Early or Service Pension which you plan to convert to a Disability Pension? YES NO (If NO, skip the rest of this Section)

2) Have you received a Determination as to your eligibility for Social Security Benefits from the SSA?

YES (attach a complete copy of your Social Security Disability Award)

NO, but I filed for Social Security Disability benefits and am awaiting a final determination from SSA
(attach proof that you have applied for Social Security Disability Benefits)

NO, but I have a pending appeal from the denial of Social Security Disability Benefits (attach proof)

Converting Early or Service Pension Benefits to a Disability Pension Benefit: If you are applying for an Early or Service Pension while awaiting determination on your application for Social Security Disability Benefits, you must apply for a Disability Pension by checking YES to the first question above.

SECTION 3 - EMPLOYMENT INFORMATION

Have you ever been or are you currently an owner of an air conditioning company?

NO

YES

Company Name and Address

Contractor License#

License Expiration Date

Do you or your spouse own stock in or have any affiliation with an air conditioning company?

NO

YES

Briefly explain

AIR CONDITIONING AND REFRIGERATION COVERED EMPLOYMENT HISTORY: Please list your employment history in the air conditioning and refrigeration industry below. Please list your current or latest employer on the first line and list back to your first employer in the air conditioning and refrigeration industry.

Employer Name and Address	Local Plan	Month & Year From-To	Classification (Journeyman, Apprentice, Maintenance Tradesmen, Apprentice Trainee, Hill Tradesmen)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Attach separate sheet with additional information, if needed

ADDITIONAL HISTORY: Starting from the time you began your employment in the air conditioning and refrigeration industry, please explain any breaks in the Covered Employment listed above (including but not limited to: work in another industry, military service, disability, etc.)

Additional History Description	Month & Year From-To
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Attach separate sheet with additional information, if needed

Name _____

SS# _____

APPLICANT'S CERTIFICATION

The application for Retirement Benefits is made in accordance with the provisions of the Airconditioning and Refrigeration Industry Retirement Trust Fund. I hereby declare that I am retiring from any and all work in the air conditioning and refrigeration industry, OR I have provided the Trust Office with my intent to continue work in the air conditioning and refrigeration industry including a full detail of what this work will entail.

I understand that the monthly pension benefit paid to me at the inception of my retirement has been calculated based upon records readily available to the Fund. In the event that subsequent verification of these records through Social Security or other sources results in an increase or decrease in the amount of my pension benefit, I acknowledge and agree that any amounts which have been paid to me but to which I am not entitled shall be deducted from subsequent pension payments to me (or my beneficiary), or, at the Fund's option, shall be recovered by any other legal means.

If electing the Early Retirement option, I acknowledge and accept the implications of receiving my pension payments on the requested benefit commencement date in lieu of deferring these benefits until age 65.

I understand that once I retire the Plan has rules that prohibit certain types of employment and that if I engage in such employment my benefits will be suspended for every month in which I am so employed and possibly longer based on the type of work performed. A complete description of prohibited employment (also referred to as Suspensible Service) is provided in the Airconditioning & Refrigeration Industry Retirement Trust Restated Rules.

- **Before age 70½** Prior to April 1 immediately following the calendar year in which you attain age 70½, your pension benefits will be suspended if you work more than 40 hours per month of Suspensible Service as defined in Section V. of the Restated Rules.
- **After age 70½** Beginning on April 1 immediately following the calendar year in which you attain age 70½, your pension benefits will continue regardless of how much you work.

Exception: If you meet specified age and service requirements, you may return to certain work in the air conditioning and refrigeration industry and continue to receive your pension payments. This work is outlined in Section 5.2 of the Restated Rules. You must receive approval for this work from the Board of Trustees BEFORE you start working, otherwise your payments will be suspended. NOTE: By law pension benefits received prior to age 59½ could be subjected to a ten percent (10%) excise tax by the Internal Revenue Service if it were determined that the benefits were not received as the result of a genuine "separation from service". Please consult your tax advisor for further information.

I understand that if I take work which is prohibited by the Plan, I must notify the Trust Office, **in writing**, within 21 days after I start work. If I fail to notify the Trust Office and the Board learns of my employment, my benefits will be suspended as if I was working in excess of 40 hours per month until I can prove otherwise. I understand that if I engage in Non-Covered work, the resumption of my benefits will be delayed by six months for each calendar quarter in which I worked in Non-Covered prohibited employment but not later than age 65. _____

I also understand that I must notify the Plan when I stop working and provide any information about my work after retirement that is necessary to determine my benefits from the Plan. I understand my pension payments will not resume until such notice and information are filed with the Trust Office. _____

I understand I am required to submit information including, but not limited to, annual tax return information, that the Board of Trustees require to properly administer the Plan. I understand that failure to submit requested information may result in the suspension of my Retirement benefits, and if applicable, my retiree health and welfare benefits for myself and any dependents. I understand that if my health and welfare benefits are suspended, I may not be allowed to reinstate those benefits. _____

I understand that my entitlement to health and welfare benefits as a retiree, and my spouse's and/or dependents' benefits, if applicable, are not guaranteed. Eligibility rules for retiree benefits are set forth in Section II. of the Airconditioning & Refrigeration Industry Health and Welfare Trust Summary Plan Description and are subject to change or terminate at any time. I understand retiree Health and Welfare benefits may also be terminated if my Retirement benefits are suspended for any reason. I understand that currently I am required to make a monthly self payment, the amount of which is set by the Trust and can be adjusted as necessary from time to time, to remain eligible for retiree health and welfare benefits. I understand that I will not be allowed to reinstate retiree health and welfare benefits if I elect to discontinue the benefits at any time. _____

I hereby certify under penalty of perjury, that all of the foregoing statements and information submitted by me in support of my application are true, accurate and complete to the best of my knowledge.

Applicant's Signature _____

Date _____

Name _____

SS# _____

FORMS OF PAYMENT

The benefit forms available under the plan are briefly described below. More detailed information can be found in your pension booklet, by calling the Trust Office, or at www.acrtrust.org.

Married Participants

If you are married when you retire, your pension will automatically be paid in the form of a 50% joint and survivor annuity unless you and your spouse elect a different form of payment. Under the 50% joint and survivor annuity you will receive a reduced monthly benefit during your lifetime and, upon your death, payments will continue to your spouse for the rest of your spouse's life in an amount equal to 50% of the amount you were receiving when you died. The Plan also provides optional 75% and 100% joint and survivor annuities under which the payments to your spouse after your death will continue at the rate of 75% or 100% of the amount you were receiving.

If your spouse should die before you, your monthly benefit will "pop-up" to the amount you would have received under the single life annuity form of payment. However, your monthly benefit will generally continue at the same amount even if your marriage is dissolved after payments have begun.

Under the joint and survivor annuities the amount payable to you is reduced to compensate for the fact it will be paid over two lifetimes rather than one. How much benefits are reduced depends on which annuity you elect and the difference in age between you and your spouse. If your spouse is much younger than you, benefits will be reduced more than if you are close to the same age or your spouse is older.

The plan also permits payment in the form of a single life annuity under which you will receive an unreduced monthly benefit during your lifetime. However, if you should die before receiving at least 60 monthly payments, payments will continue to your spouse until a total of 60 payments have been made to you and your spouse and then all payments stop. If your death occurs after receiving 60 payments, no benefits will be paid to your spouse. (Health & Welfare coverage, if elected at the time of retirement, for your spouse under a single life annuity, ceases when you die, or when the 60 monthly payments are completed, whichever is later.) _____

Below is an estimate of the monthly payments you would receive under each form of payment. Please remember that these amounts are only estimates and may change based on information which was not available when the estimates were calculated. If you have not previously provided proof of your or your spouse's date of birth, the estimates were calculated assuming your spouse is three years younger than you.

The plan specifies uniform interest rate and life expectancy assumptions to convert benefits from the single life annuity form to each of the optional annuity forms of payment. **As a result, all annuity forms of payment are approximately equal in relative value.**

Unmarried Participants

If you are not married, your benefits will be paid in the form of a single life annuity. If you should die before receiving at least 60 monthly payments, payments will continue to your Designated Beneficiary until a total of 60 payments have been made.

TABLE OF BENEFIT AMOUNTS

PENSION TYPE - SERVICE	MEMBER BENEFIT	SURVIVOR AMOUNT
Straight Life (Single Life Annuity)		
Joint & Survivor 50% Option with Pop-Up		
Joint & Survivor 75% Option with Pop-Up		
Joint & Survivor 100% Option with Pop-Up		

(This section must be completed by the Trust Office prior to completion of application. If this section is not completed, please contact the Trust Office for the amounts.)

Name _____

SS# _____

JOINT AND SURVIVOR ANNUITY ELECTION FORM

This Form must be completed and signed by you and your spouse. **Both signatures must be witnessed by an employee of the Trust Office or be notarized.** You may change your election at any time within 30 days after you file this application with the Fund Office. Thereafter, your election is final and may not be changed for any reason.

I hereby certify that I am:

Single and have never been married

Widow or Widower

Date of Spouse's death: _____ (Death certificate must be submitted)

Divorced

Date of divorce decree: _____ (Full recorded judgment must be submitted; include all pages)

Married

Spouse's Full Name: _____

Spouse's Social Security# _____

Spouse's date of birth: _____ (Birth certificate must be submitted)

Date of marriage: _____ (Marriage certificate must be submitted)

I hereby elect to receive my pension benefits in the following form:

Straight Life (Single Life Annuity)

50% Joint and Survivor Annuity

75% Joint and Survivor Annuity

100% Joint and Survivor Annuity

I hereby certify that the above information is correct under penalty of perjury, and that I have read the "Forms of Payment" page and understand the estimates of pension amounts payable under each of the available options and the effect each option may have on the benefits which may become payable in the event of death.

Your Signature

Date

Spouse's Signature

Date

WITNESS: Trust Office Personnel

Date

OR Notarial Jurat Attached