



APPLICATION FOR RETIREMENT PENSION BENEFIT

Dear Participant:

This Application for Retirement Pension Benefit packet is made up of the following forms – all of which must be completed and forwarded to the address shown below before you can be approved for a retirement pension benefit from the Pension Fund:

- ☐ Pension Application Form/Background Information/Employment History
 - Enclose copies of all appropriate documents (such as proof of age, marriage certificate, divorce decree, etc.).
- ☐ Tax Withholding (IRS Form W-4P)
- ☐ Benefit Payment Method Form
- ☐ Payment Options
 - Do not complete the JSO Election or JSO Waiver more than 180 days before your retirement date. If you do, they cannot be accepted.
 - If you elect to waive the Joint and Surviving Spouse option, we require the original notarized form.
- ☐ Retirement Declaration Form
 - Complete the top section naming your Retirement Date, check the appropriate box regarding any reemployment after retirement, and sign and date the form. Once you complete your section of the Retirement Declaration Form, your last employer should complete the section entitled “Employer Use Only”.
 - Even if your most recent employer does not contribute to the Fund, they must fill out this section if you received compensation within the 12 months prior to your retirement date.
 - If you have resigned or terminated employment at least 12 months prior to your retirement date, your last employer does not have to complete this section.

We recommend that you complete the above forms and return them to us at least 90 days (but not more than 180 days), before your retirement date. By doing so, you will allow us the opportunity to review your eligibility status in advance and help us provide you with your first benefit check as close to your retirement date as possible.

All forms and documents should be submitted to the following address:

Central States, Southeast and Southwest Areas Pension Fund
PO Box 5109
Des Plaines IL 60017-5109

If you have any questions, please call us at 800-323-5000
Or visit our website at: MyCentralStatesPension.org

PENSION APPLICATION FORM/ BACKGROUND INFORMATION/EMPLOYMENT HISTORY

PRINT OR TYPE ALL INFORMATION

| | | | | | |
|--|-----------|--|----------------|--|-------------------------------------|
| PARTICIPANT'S SOCIAL SECURITY NO. | LAST NAME | FIRST NAME | MIDDLE INITIAL | GENDER <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE | IF FEMALE, MAIDEN NAME |
| STREET ADDRESS | | CITY | STATE | ZIP CODE | HOME PHONE NUMBER (incl. Area Code) |
| E-MAIL ADDRESS | | | | | |
| MILITARY SERVICE (MONTH / YEAR) FROM TO | | DATE OF BIRTH MONTH / DAY / YEAR | | RETIREMENT DATE MONTH / DAY / YEAR | |
| MARITAL STATUS MARRIED SINGLE WIDOWED DIVORCED <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | | SPOUSE'S LAST NAME | | FIRST NAME | |
| | | | | MIDDLE INITIAL | IF FEMALE, MAIDEN NAME |
| SPOUSE'S SOCIAL SECURITY NO. | | SPOUSE'S DATE OF BIRTH MONTH / DAY / YEAR | | DATE OF MARRIAGE MONTH / DAY / YEAR | |

LIST CHILDREN'S COMPLETE INFORMATION

| NAME | ADDRESS (City, State, ZIP Code) | BIRTHDAY | RELATIONSHIP |
|------|---------------------------------|--------------------|--------------|
| | | MONTH / DAY / YEAR | |
| | | | |
| | | | |
| | | | |

LIST COVERAGE UNDER ANY OTHER TEAMSTER PENSION FUND AND/OR COMPANY PENSION PLAN

| NAME OF FUND / COMPANY PLAN | CITY AND STATE | PERIOD OF COVERAGE |
|-----------------------------|----------------|--------------------------------|
| | | FROM / TO DATES (MONTH / YEAR) |
| | | |
| | | |

PLEASE INCLUDE **COPIES** OF THE FOLLOWING DOCUMENTATION WITH THIS APPLICATION AND MAIL IT TO THE ADDRESS SHOWN ON PAGE 4 **[DO NOT SEND ORIGINAL DOCUMENTS]**:

- ☐ YOUR BIRTH CERTIFICATE (OR OTHER PROOF OF AGE)
- ☐ SPOUSE'S BIRTH CERTIFICATE (OR OTHER PROOF OF AGE)
- ☐ MARRIAGE CERTIFICATE
- ☐ DIVORCE DECREE

PLEASE NOTE THAT IF YOU DO NOT PROVIDE THE FUND WITH TIMELY NOTICE OF YOUR RETIREMENT, ANY RETROACTIVE BENEFIT PAYMENTS THAT YOU WOULD OTHERWISE BE ELIGIBLE TO RECEIVE ARE LIMITED TO THE 12-MONTH PERIOD PRIOR TO THE DATE THE FUND RECEIVES WRITTEN NOTIFICATION OF YOUR RETIREMENT DATE.

RETURN TO: Central States Pension Fund, PO Box 5109, Des Plaines IL 60017-5109
Or Fax To: 847-518-9752

LIST **ALL EMPLOYMENT**, REGARDLESS OF WHETHER IT PROVIDED FOR PARTICIPATION IN CENTRAL STATES PENSION FUND, BEGINNING WITH YOUR PRESENT OR MOST RECENT EMPLOYER. ADD ADDITIONAL PAGES FOR EMPLOYMENT HISTORY IF NEEDED.

| NAME OF EMPLOYER | ADDRESS OF EMPLOYER | | PERIOD OF EMPLOYMENT FROM / TO | LOCAL UNION # AT TIME OF EMPLOYMENT |
|---|---------------------|--|--|-------------------------------------|
| EMPLOYER | ADDRESS | | FROM/TO (MONTH/YEAR) | LOCAL UNION # |
| | CITY, STATE & ZIP | | | |
| TYPE OF WORK (BE SPECIFIC) | | | | |
| REASON FOR LEAVING | | | COMPANY OUT OF BUSINESS? <input type="checkbox"/> YES <input type="checkbox"/> NO | |
| WORK COVERED BY TEAMSTER CONTRACT REQUIRING CONTRIBUTIONS TO CENTRAL STATES PENSION FUND? | | | <input type="checkbox"/> YES <input type="checkbox"/> NO | |

| | | | | |
|---|-------------------|--|--|---------------|
| EMPLOYER | ADDRESS | | FROM/TO (MONTH/YEAR) | LOCAL UNION # |
| | CITY, STATE & ZIP | | | |
| TYPE OF WORK (BE SPECIFIC) | | | | |
| REASON FOR LEAVING | | | COMPANY OUT OF BUSINESS? <input type="checkbox"/> YES <input type="checkbox"/> NO | |
| WORK COVERED BY TEAMSTER CONTRACT REQUIRING CONTRIBUTIONS TO CENTRAL STATES PENSION FUND? | | | <input type="checkbox"/> YES <input type="checkbox"/> NO | |

| | | | | |
|---|-------------------|--|--|---------------|
| EMPLOYER | ADDRESS | | FROM/TO (MONTH/YEAR) | LOCAL UNION # |
| | CITY, STATE & ZIP | | | |
| TYPE OF WORK (BE SPECIFIC) | | | | |
| REASON FOR LEAVING | | | COMPANY OUT OF BUSINESS? <input type="checkbox"/> YES <input type="checkbox"/> NO | |
| WORK COVERED BY TEAMSTER CONTRACT REQUIRING CONTRIBUTIONS TO CENTRAL STATES PENSION FUND? | | | <input type="checkbox"/> YES <input type="checkbox"/> NO | |

| | | | | |
|---|-------------------|--|--|---------------|
| EMPLOYER | ADDRESS | | FROM/TO (MONTH/YEAR) | LOCAL UNION # |
| | CITY, STATE & ZIP | | | |
| TYPE OF WORK (BE SPECIFIC) | | | | |
| REASON FOR LEAVING | | | COMPANY OUT OF BUSINESS? <input type="checkbox"/> YES <input type="checkbox"/> NO | |
| WORK COVERED BY TEAMSTER CONTRACT REQUIRING CONTRIBUTIONS TO CENTRAL STATES PENSION FUND? | | | <input type="checkbox"/> YES <input type="checkbox"/> NO | |

HAVE YOU EVER WORKED IN ANY OF THE FOLLOWING CAPACITIES WHILE A PARTICIPANT OF CENTRAL STATES PENSION FUND?

☐ Manager/Supervisor ☐ Self-employment ☐ Owner/Operator OR ☐ Had significant ownership (50% or more) in the company?

If yes, complete the following:

| COMPANY NAME | PERIOD OF EMPLOYMENT | SITUATION (SEE ABOVE) | DID YOU HAVE THE RIGHT TO HIRE, FIRE, OR RECOMMEND IT? (CHECK ONE) | |
|--------------|--------------------------|-----------------------|--|-----------------------------|
| | FROM / TO (MONTH / YEAR) | | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| | | | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| | | | <input type="checkbox"/> YES | <input type="checkbox"/> NO |

RETURN TO: Central States Pension Fund, PO Box 5109, Des Plaines IL 60017-5109
Or Fax To: 847-518-9752

OATH AND SIGNATURE

I am applying for a pension benefit from Central States, Southeast and Southwest Areas Pension Fund. Under penalty of perjury, I certify that the information I have given in this application is true and correct to the best of my knowledge.

APPLICANT'S SIGNATURE

DATE

IMPORTANT INFORMATION REGARDING YOUR BENEFITS:

PENSION PROTECTION ACT

On March 24, 2008, the Pension Fund's actuary certified that the Pension Fund is in critical status under the Pension Protection Act (PPA), and notice of this fact was given to all participants on April 8, 2008. With respect to plans in critical status, the PPA created a category of "adjustable benefits," which generally includes all benefits other than a contribution based pension payable at age 65; these benefits may be eliminated or reduced in the future (even for participants that have retired and already begun receiving their pensions), largely depending on whether the participant's employer (or former employer) continues to participate in the Pension Fund and agrees to a contribution schedule sufficient to maintain current benefits. Although the Pension Fund anticipates that the vast majority of bargaining units will elect a contribution schedule that keeps current benefits in place, because of the possibility of a reduction or elimination in benefits, you should weigh your decision to retire with care. In addition, under the PPA, the Pension Fund cannot guarantee that it will never be required to change its existing rules concerning adjustable benefits. However, in the event your adjustable benefits are reduced or eliminated in the future, you will receive a separate notice at least 30 days prior to the effect of any such benefit reduction.

PLEASE NOTE:

For Retirement Dates on or after July 1, 2011 (including retirement applications filed on or after July 1, 2011 that specify a retroactive retirement date), no participant shall be permitted to receive retirement benefits of any type prior to age 57.

**RETURN TO: CENTRAL STATES, SOUTHEAST AND SOUTHWEST
AREAS PENSION FUND
PO BOX 5109
DES PLAINES IL 60017-5109**

TAX WITHHOLDING

HELPFUL HINTS FOR COMPLETING IRS FORM W-4P

You may use the W-4P Tax Calculator on our website located at MyCentralStatesPension.org to assist you in determining your tax withholding and in some cases to make your tax withholding election. If you have any questions regarding your tax withholding, please consult your tax professional. Unless you are otherwise contacted, if you do NOT file a federal income tax election with us, the Tax Equity and Fiscal Responsibility Act requires us to withhold income tax as if you are single.

TO ELECT NOT TO HAVE ANY FEDERAL TAX WITHHELD:

1. Write "No Withholding" in the space below Step 4(c).
2. Complete Steps 1(a) and 1(b).
3. Sign and date the form & return to Central States, either by mail, fax or uploading to our website.

TO ELECT TO HAVE FEDERAL TAXES WITHHELD FROM YOUR PENSION BENEFIT BASED ON IRS TAX TABLES:

1. Please print your name, address, and Social Security Number in the space provided.
2. Please check your anticipated filing status in Step 1(c).
3. Complete Steps 2-4 only if they apply to you. Pay close attention to the instructions on the form and pay close attention when instructed to add multiple figures.
4. Sign and date the form & return to Central States, either by mail, fax, or uploading to our website.

Please note that the IRS does not allow for a specific ("flat") amount to be withheld. Therefore, tax withholding must be based on the information provided on the form.

You are responsible for paying all applicable federal tax on your pension benefit. You have the option to have federal income taxes withheld from your pension benefits. If you have too little tax withheld, you may owe tax when you file your tax return and may also owe a penalty unless you make timely payments of estimated tax.

This form is to be used only by U.S. citizens and resident aliens. If you are a U.S. citizen living outside of the U.S. or its possessions, you must have taxes withheld. If you are a foreign person living outside of the U.S. or its possessions, please contact our office for additional information.

Withholding Certificate for Periodic Pension or Annuity Payments

OMB No. 1545-0074

Give Form W-4P to the payer of your pension or annuity payments.

Step 1: Enter Personal Information

| | | |
|--|-----------|----------------------------|
| (a) First name and middle initial | Last name | (b) Social security number |
| Address | | |
| City or town, state, and ZIP code | | |
| (c) <input type="checkbox"/> Single or Married filing separately <input type="checkbox"/> Married filing jointly or Qualifying widow(er) <input type="checkbox"/> Head of household (Check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual.) | | |

Complete Steps 2–4 ONLY if they apply to you; otherwise, skip to Step 5. See pages 2 and 3 for more information on each step and how to elect to have no federal income tax withheld (if permitted).

Step 2: Income From a Job and/or Multiple Pensions/ Annuities (Including a Spouse's Job/ Pension/ Annuity)

Complete this step if you (1) have income from a job or more than one pension/annuity, or (2) are married filing jointly and your spouse receives income from a job or a pension/annuity. **See page 2 for examples on how to complete Step 2.**

Do **only one** of the following.

(a) Reserved for future use.

(b) Complete the items below.

(i) If you (and/or your spouse) have one or more jobs, then enter the total taxable annual pay from all jobs, plus any income entered on Form W-4, Step 4(a), for the jobs less the deductions entered on Form W-4, Step 4(b), for the jobs. Otherwise, enter "-0-" ▶ \$

(ii) If you (and/or your spouse) have any other pensions/annuities that pay less annually than this one, then enter the total annual taxable payments from all lower-paying pensions/annuities. Otherwise, enter "-0-" ▶ \$

(iii) Add the amounts from items (i) and (ii) and enter the **total** here ▶ \$

TIP: To be accurate, submit a Form W-4P for all other pensions/annuities. Submit a new Form W-4 for your job(s) if you have not updated your withholding since 2019. If you have self-employment income, see page 2.

If (b)(i) is blank and this pension/annuity pays the most annually, complete Steps 3–4(b) on this form. Otherwise, do not complete Steps 3–4(b) on this form.

| | | |
|--|---|----------|
| Step 3: Claim Dependent and Other Credits | If your total income will be \$200,000 or less (\$400,000 or less if married filing jointly): | |
| | Multiply the number of qualifying children under age 17 by \$2,000 . . . ▶ | \$ |
| | Multiply the number of other dependents by \$500 ▶ | \$ |
| | Add other credits, such as foreign tax credit and education tax credits . . . ▶ | \$ |
| | Add the amounts for qualifying children, other dependents, and other credits and enter the total here | 3 |

| | | | |
|--|--|-------------|----|
| Step 4 (optional): Other Adjustments | (a) Other income (not from jobs or pension/annuity payments). If you want tax withheld on other income you expect this year that won't have withholding, enter the amount of other income here. This may include interest, taxable social security, and dividends . . . | 4(a) | \$ |
| | (b) Deductions. If you expect to claim deductions other than the basic standard deduction and want to reduce your withholding, use the Deductions Worksheet on page 3 and enter the result here. | 4(b) | \$ |
| | (c) Extra withholding. Enter any additional tax you want withheld from each payment . . | 4(c) | \$ |

| | | |
|--------------------------------|---|------------------------|
| Step 5: Sign Here | ▶ _____ Your signature (This form is not valid unless you sign it.) | ▶ _____ Date |
|--------------------------------|---|------------------------|

For Privacy Act and Paperwork Reduction Act Notice, see page 3.

Form **W-4P** (20221109)

RETURN TO: Central States Pension Fund, PO Box 5109, Des Plaines IL 60017-5109
Or Fax to: 847-518-9752

General Instructions

Section references are to the Internal Revenue Code.

Future developments. For the latest information about any future developments related to Form W-4P, such as legislation enacted after it was published, go to www.irs.gov/FormW4P.

Purpose of form. Complete Form W-4P to have payers withhold the correct amount of federal income tax from your periodic pension, annuity (including commercial annuities), profit-sharing and stock bonus plan, or IRA payments. Federal income tax withholding applies to the taxable part of these payments. Periodic payments are made in installments at regular intervals (for example, annually, quarterly, or monthly) over a period of more than 1 year. Don't use Form W-4P for a nonperiodic payment (note that distributions from an IRA that are payable on demand are treated as nonperiodic payments) or an eligible rollover distribution (including a lump-sum pension payment). Instead, use Form W-4R, Withholding Certificate for Nonperiodic Payments and Eligible Rollover Distributions, for these payments/distributions. For more information on withholding, see Pub. 505, Tax Withholding and Estimated Tax.

Choosing not to have income tax withheld. You can choose not to have federal income tax withheld from your payments by writing "No Withholding" on Form W-4P in the space below Step 4(c). Then, complete Steps 1a, 1b, and 5. Generally, if you are a U.S. citizen or a resident alien, you are not permitted to elect not to have federal income tax withheld on payments to be delivered outside the United States and its possessions.

Caution: If you have too little tax withheld, you will generally owe tax when you file your tax return and may owe a penalty unless you make timely payments of estimated tax. If too much tax is withheld, you will generally be due a refund when you file your tax return. If your tax situation changes, or you choose not to have federal income tax withheld and you now want withholding, you should submit a new Form W-4P.

Self-employment. Generally, you will owe both income and self-employment taxes on any self-employment income you (or you and your spouse) receive. If you do not have a job and want to pay these taxes through withholding from your payments, you should enter the self-employment income in Step 4(a). Then compute your self-employment tax, divide that tax by the number of payments remaining in the year, and include that resulting amount per payment in Step 4(c). You can also add half of the annual amount of self-employment tax to Step 4(b) as a deduction. To calculate self-employment tax, you generally multiply the self-employment income by 14.13% (this rate is a quick way to figure your self-employment tax and equals the sum of the 12.4% social security tax and the 2.9% Medicare tax multiplied by 0.9235). See Pub. 505 for more information, especially if your self-employment income multiplied by 0.9235 is over \$147,000.

Payments to nonresident aliens and foreign estates. Do not use Form W-4P. See Pub. 515, Withholding of Tax on Nonresident Aliens and Foreign Entities, and Pub. 519, U.S. Tax Guide for Aliens, for more information.

Tax relief for victims of terrorist attacks. If your disability payments for injuries incurred as a direct result of a terrorist attack are not taxable, write "No Withholding" in the space below Step 4(c). See Pub. 3920, Tax Relief for Victims of Terrorist Attacks, for more details.

Specific Instructions

Step 1(c). Check your anticipated filing status. This will determine the standard deduction and tax rates used to compute your withholding.

Step 2. Use this step if you have at least one of the following: income from a job, income from more than one pension/annuity, and/or a spouse (if married filing jointly) that receives income from a job/pension/annuity. The following examples will assist you in completing Step 2.

Example 1. Bob, a single filer, is completing Form W-4P for a pension that pays \$50,000 a year. Bob also has a job that pays \$25,000 a year. Bob has no other pensions or annuities. Bob will enter \$25,000 in Step 2(b)(i) and in Step 2(b)(iii).

If Bob also has \$1,000 of interest income, which he entered on Form W-4, Step 4(a), then he will instead enter \$26,000 in Step 2(b)(i) and in Step 2(b)(iii). He will make no entries in Step 4(a) on this Form W-4P.

Example 2. Carol, a single filer, is completing Form W-4P for a pension that pays \$50,000 a year. Carol does not have a job, but she also receives another pension for \$25,000 a year (which pays less annually than the \$50,000 pension). Carol will enter \$25,000 in Step 2(b)(ii) and in Step 2(b)(iii).

If Carol also has \$1,000 of interest income, then she will enter \$1,000 in Step 4(a) of this Form W-4P.

Example 3. Don, a single filer, is completing Form W-4P for a pension that pays \$50,000 a year. Don does not have a job, but he receives another pension for \$75,000 a year (which pays more annually than the \$50,000 pension). Don will not enter any amounts in Step 2.

If Don also has \$1,000 of interest income, he won't enter that amount on this Form W-4P because he entered the \$1,000 on the Form W-4P for the higher paying \$75,000 pension.

Example 4. Ann, a single filer, is completing Form W-4P for a pension that pays \$50,000 a year. Ann also has a job that pays \$25,000 a year and another pension that pays \$20,000 a year. Ann will enter \$25,000 in Step 2(b)(i), \$20,000 in Step 2(b)(ii), and \$45,000 in Step 2(b)(iii).

If Ann also has \$1,000 of interest income, which she entered on Form W-4, Step 4(a), she will instead enter \$26,000 in Step 2(b)(i), leave Step 2(b)(ii) unchanged, and enter \$46,000 in Step 2(b)(iii). She will make no entries in Step 4(a) of this Form W-4P.

If you are married filing jointly, the entries described above do not change if your spouse is the one who has the job or the other pension/annuity instead of you.



Multiple sources of pensions/annuities or jobs. If you (or if married filing jointly, you and/or your spouse) have a job(s), do NOT complete Steps 3 through 4(b) on Form W-4P. Instead, complete Steps 3 through 4(b) on the Form W-4 for the job. If you (or if married filing jointly, you and your spouse) do not have a job, complete Steps 3 through 4(b) on Form W-4P for **only** the pension/annuity that pays the most annually. Leave those steps blank for the other pensions/ annuities.

Step 3. This step provides instructions for determining the amount of the child tax credit and the credit for other dependents that you may be able to claim when you file your tax return. To qualify for the child tax credit, the child must be under age 17 as of December 31, must be your dependent who generally lives with you for more than half the year, and must have the required social security number. You may be able to claim a credit for other dependents for whom a child tax credit can't be claimed, such as an older child or a qualifying relative. For additional eligibility requirements for these credits, see Pub. 501, Dependents, Standard Deduction, and Filing Information. You can also include **other tax credits** for which you are eligible in this step, such as the foreign tax credit and the education tax credits. Including these credits will increase your payments and reduce the amount of any refund you may receive when you file your tax return.

Specific Instructions (continued)

Step 4 (optional).

Step 4(a). Enter in this step the total of your other estimated income for the year, if any. You shouldn't include amounts from any job(s) or pension/annuity payments. If you complete Step 4(a), you likely won't have to make estimated tax payments for that income. If you prefer to pay estimated tax rather than having tax on other income withheld from your pension, see Form 1040-ES, Estimated Tax for Individuals.

Step 4(b). Enter in this step the amount from the Deductions Worksheet, line 6, if you expect to claim deductions other than the basic standard deduction on your current tax return and want to reduce your withholding to account for these deductions. This includes itemized deductions, the additional

standard deduction for those 65 and over, and other deductions such as for student loan interest and IRAs.

Step 4(c). Enter in this step any additional tax you want withheld from **each payment**. Entering an amount here will reduce your payments and will either increase your refund or reduce any amount of tax that you owe.

Note: If you don't give Form W-4P to your payer, you don't provide an SSN, or the IRS notifies the payer that you gave an incorrect SSN, then the payer will withhold tax from your payments as if your filing status is single with no adjustments in Steps 2 through 4. For payments that began before 2022, your current withholding election (or your default rate) remains in effect unless you submit a new Form W-4P.

Step 4(b)—Deductions Worksheet (Keep for your records.)



| | | |
|----------|---|-------------------|
| 1 | Enter an estimate of your current year's itemized deductions (from Schedule A (Form 1040)). Such deductions may include qualifying home mortgage interest, charitable contributions, state and local taxes (up to \$10,000), and medical expenses in excess of 7.5% of your income | 1 \$ _____ |
| 2 | Enter: $\left\{ \begin{array}{l} \bullet \$25,900 \text{ if you're married filing jointly or qualifying widow(er)} \\ \bullet \$19,400 \text{ if you're head of household} \\ \bullet \$12,950 \text{ if you're single or married filing separately} \end{array} \right\}$ | 2 \$ _____ |
| 3 | If line 1 is greater than line 2, subtract line 2 from line 1 and enter the result here. If line 2 is greater than line 1, enter "-0-" | 3 \$ _____ |
| 4 | If line 3 equals zero, and you (or your spouse) are 65 or older, enter: <ul style="list-style-type: none"> • \$14,700 if you're single or head of household. • \$27,300 if you're married and one of you is under age 65. • \$28,700 if you're married and both of you are age 65 or older. Otherwise, enter "-0-". See Pub. 505 for more information | 4 \$ _____ |
| 5 | Enter an estimate of your student loan interest, deductible IRA contributions, and certain other adjustments (from Part II of Schedule 1 (Form 1040)). See Pub. 505 for more information | 5 \$ _____ |
| 6 | Add lines 3 through 5. Enter the result here and in Step 4(b) on Form W-4P | 6 \$ _____ |

Privacy Act and Paperwork Reduction Act Notice. We ask for the information on this form to carry out the Internal Revenue laws of the United States. You are required to provide this information only if you want to (a) request federal income tax withholding from pension or annuity payments based on your filing status and adjustments; (b) request additional federal income tax withholding from your pension or annuity payments; (c) choose not to have federal income tax withheld, when permitted; or (d) change a previous Form W-4P. To do any of the aforementioned, you are required by sections 3405(e) and 6109 and their regulations to provide the information requested on this form. Failure to provide this information may result in inaccurate withholding on your payment(s). Failure to provide a properly completed form will result in your being treated as a single person with no other entries on the form; providing fraudulent information may subject you to penalties.

Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation, and to cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their

tax laws. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by section 6103.

The average time and expenses required to complete and file this form will vary depending on individual circumstances. For estimated averages, see the instructions for your income tax return.

If you have suggestions for making this form simpler, we would be happy to hear from you. See the instructions for your income tax return.

-----This Form Is Required To Initiate Your Pension Benefit Payments-----

BENEFIT PAYMENT METHOD FORM

You can avoid worrying about when you will receive your pension check by using the Fund's Electronic Funds Transfer (EFT) program. Under the EFT program your pension check is deposited electronically and automatically into your checking or savings account on the first day of each month (unless the first day of the month falls on a weekend or a banking holiday). **IF YOU ARE ELIGIBLE FOR RETIREMENT BENEFITS, YOUR FIRST ONE OR TWO PENSION CHECKS WILL BE SENT TO YOUR MAILING ADDRESS AND SUBSEQUENT PAYMENTS WILL BE DEPOSITED ELECTRONICALLY INTO YOUR CHECKING OR SAVINGS ACCOUNT.**

☐ I hereby authorize the Central States, Southeast and Southwest Areas Pension Fund, and the financial institution shown below, to deposit my pension benefit directly into my account each month. If funds to which I am not entitled are deposited into my account, I/we authorize the Fund to direct the bank to return those funds and to provide any and all information in their records which may assist the Fund in the recovery of those funds including but not limited to the identity of all account holders. This authorization will remain in effect until I file a new authorization form or cancel my participation.

Signature: _____ Date: _____

Social Security Number: _____ Home Telephone Number: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Bank Name: _____

Bank Address: _____

City: _____ State: _____ Zip Code: _____

Type of Account: ☐ Checking ☐ Savings

Routing Number: _____ * Account Number: _____

IMPORTANT: In the space below attach a voided check or pre-printed savings deposit slip with the correct bank routing and transit numbers.

ATTACH VOIDED CHECK OR DEPOSIT SLIP HERE

*9 DIGIT CODE IN THE LOWER LEFT CORNER OF CHECK OR DEPOSIT SLIP THAT STARTS WITH 0, 1, 2 OR 3

☐ I do not want electronic funds transfer and elect instead to have my benefit check sent to my mailing address each month. I understand that my benefit checks will be mailed on the first day of each month and that my check may be delayed for reasons beyond the Fund's control and that there is no guaranteed delivery date. I further understand that in the event a check is lost the Fund cannot issue a replacement check until the 10th business day of the month.

Signature: _____

Date: _____

Social Security Number: _____

IMPORTANT: You must keep the Fund informed of any change in your address, *regardless* of which payment method you choose.

RETURN TO: Central States Pension Fund, PO Box 5109, Des Plaines IL 60017-5109
Or Fax to: 847-518-9752

PAYMENT OPTIONS

If you are single when you retire, your benefit will be paid as a single life annuity under the Lifetime Only Option or the Lifetime with Limited Surviving Spouse Option, depending on the Benefit Class you were at when you retired.

If you are married when you retire, the normal form of payment is the Joint and 50% Surviving Spouse Option. The Joint and 50% Surviving Spouse Option provides for a reduced monthly payment for your lifetime so that in the event you die before your spouse, 50% of your reduced monthly benefit will continue to your spouse for the remainder of his or her lifetime.

For those pension benefits effective on or after March 1, 2008, the Fund now offers an optional Joint and 75% Surviving Spouse Option form of payment. However, you will receive your retirement benefit in the form of the Joint and 50% Surviving Spouse Option unless you affirmatively elect the Joint and 75% Surviving Spouse Option or waive both Joint and Surviving Spouse Options. If you choose to waive both Joint and Surviving Spouse Options, we will require your spouse's written, notarized consent as explained in the attached forms.

Attached are the following forms, one of which must be completed and returned to Central States, Southeast and Southwest Areas Pension Fund, at the address below, before your retirement benefit can be paid. No form, Election or Waiver, that is signed more than 180 days prior to your retirement date will be accepted.

- ELECTION OF JOINT AND SURVIVING SPOUSE OPTION
- WAIVER OF JOINT AND SURVIVING SPOUSE OPTION
(Including notarized spouse consent). If you elect to waive the Joint and Surviving Spouse option, we require the **original** notarized form. A fax is not acceptable.

Central States, Southeast and Southwest Areas Pension Fund
PO Box 5109
Des Plaines IL 60017-5109

If you have any questions, please call us at 800-323-5000.
Or visit our website at: MyCentralStatesPension.org

ELECTION OF JOINT AND SURVIVING SPOUSE OPTION ("JSO PENSION")

Participant: Name: _____ Birth Date: _____ SS#: _____

Spouse: Name: _____ Birth Date: _____ SS#: _____

I WISH TO RECEIVE MY RETIREMENT PENSION IN THE FORM OF THE JOINT AND SURVIVING SPOUSE OPTION ("JSO PENSION"), and

CHECK ONE BOX:

☐ I elect to have my spouse receive **50%** of my pension benefits in the event of my death,

OR

☐ I elect to have my spouse receive **75%** of my pension benefits in the event of my death

I HAVE READ THE JSO PENSION EXPLANATION ON PAGE 8A, AND I UNDERSTAND THE FINANCIAL EFFECTS OF THIS SIGNED DOCUMENT ON MY PENSION BENEFIT, INCLUDING (BUT NOT LIMITED TO) THE FOLLOWING:

1. The pension benefit that I would otherwise be eligible to receive will be adjusted to a lesser amount, on the basis of actuarial equivalence (as explained on Page 8a and in accordance with the accompanying JSO Pension adjustment charts), in order to provide a lifetime benefit to my spouse after my death.
2. For purposes of this election, my "spouse" is the person to whom I am married on my "Effective Date" (the first day of the month following my retirement date), **and** in the event that I designated a retroactive retirement date, the person to whom I am still married on my "Initial Payment Date" (the date on which the Pension Fund first begins paying my retirement pension). Only the person who is my spouse on both my Effective Date **and** my Initial Payment Date is eligible to receive the survivor share of my JSO Pension.
3. This election is revocable by me up until 90 days after my Initial Payment Date (the date on which the Pension Fund first begins paying my retirement pension) **but cannot be later revoked or changed under any circumstances (except as indicated on page 8a). To be valid, revocation must be accomplished by completing and filing with the Fund the WAIVER OF JOINT AND SURVIVING SPOUSE OPTION** form that has been furnished to me in this packet.

Participant Signature: _____ **Date:** _____

Spouse Signature: _____ **Date:** _____

SUBMIT COPIES OF YOUR MARRIAGE CERTIFICATE AND SPOUSE'S BIRTH CERTIFICATE WITH THIS ELECTION.

RETURN TO: Central States Pension Fund, PO Box 5109, Des Plaines IL 60017-5109
Or Fax to: 847-518-9752

EXPLANATION OF JOINT AND SURVIVING SPOUSE OPTION

Central States, Southeast and Southwest Areas Pension Fund ("Central States") provides you, as a Participant eligible to receive a lifetime monthly retirement pension, with an optional form of payment, called the Joint and Surviving Spouse Option ("JSO Pension"). If you elect the JSO Pension, your benefit amount will be **less** than the full retirement pension you have earned. This is because under the JSO Pension form of payment, benefits are paid for the longer of two lives (your and your spouse's), and therefore your full benefit (which would otherwise be paid out for your lifetime only) must be actuarially reduced. This **reduced** JSO Pension amount (described below) is paid for your lifetime and upon your death, if that same spouse survives you, he or she will receive a monthly survivor pension (equal to 50% or 75% of your reduced JSO Pension amount) for the rest of his or her life - even if he or she later remarries. The difference between your full retirement pension benefit (which is the amount payable to you if you waive the JSO Pension form of payment and your spouse consents to that waiver) and your JSO Pension amount is determined by (1) your choice of either the 50% or 75% surviving spouse benefit, and (2) your age and your spouse's age on your retirement date. The accompanying charts outline the various adjustment factors.

Federal law requires that **if** you are married when your retirement pension begins to be paid (your "Initial Payment Date"), to the same person you were married to on the first day for which your retirement pension is payable (your "Effective Date"), your monthly pension must be distributed in the JSO Pension form of payment **unless** both you and your spouse sign and file with Central States a valid and timely waiver of that option, witnessed and confirmed by a notary public.

Description of the JSO Pension

Reduced JSO Pension Amount. Central States will inform you, upon request, of the amount of your full retirement pension payable at your selected Retirement Date. This full pension is the unreduced lifetime amount payable to you if you waive the JSO Pension and your spouse consents to that waiver.

In addition, Central States will, upon request, provide written confirmation of your reduced 50% or 75% JSO Pension amount.

Effect on Your Spouse of a Waiver of the JSO Pension. If you and your spouse file with Central States a valid, timely and jointly signed JSO Pension waiver and, while receiving your full retirement pension, you die and are survived by your spouse, your spouse will **not** receive **any** further benefits from Central States unless (1) you earned at least 20 years of Service Credit (of which at least 10 years is based on Contributions), **and** you attained age 50 before leaving active participation in Central States Pension Fund, or (2) you qualified for a 25-And-Out or 30-And-Out Pension. If you meet the above criteria, your spouse will receive (a) the remainder (if any) of the first 60 months of payments of your full retirement pension if you retired at Benefit Class 4 or higher, or (b) a single \$1,000 payment if you retired at Benefit Class 3A or lower.

Identification of Your Spouse. For all JSO Pension purposes, your "spouse" is the person to whom you are married both on the date on which your retirement pension actually begins to be paid to you ("Initial Payment Date") and on the first day for which your retirement pension is payable ("Effective Date"). Thus, if you elect a **retroactive** Retirement Date and as a result you receive a single **retroactive** payment of all monthly benefits due from your Effective Date to your Initial Payment Date, only the person who is your spouse, both on your Initial Payment Date **and** on your retroactive Effective Date, is (1) eligible to receive the survivor share of your JSO Pension (if the JSO Pension is elected), or (2) authorized to consent to your waiver of your JSO Pension (if the JSO Pension is waived), unless a qualified domestic relations order requires otherwise.

Election Period: Waiver of JSO Pension. To be valid and effective, your and your spouse's jointly signed waiver of the JSO Pension, duly notarized, must be filed with Central States within an *election period* that begins 180 days before your Effective Date and ends 90 days after your Initial Payment Date. Mail your jointly signed (and notarized) waiver of the JSO Pension to: Central States, Southeast and Southwest Areas Pension Fund, PO Box 5109, Des Plaines IL 60017-5109. You may also later send to Central States (PO Box 5109, Des Plaines IL 60017-5109), within the same *election period*, your signed **revocation** of a previously submitted JSO Pension waiver. **No changes** to your pension payment form and amount can be made after that *election period* expires (except as noted in the next paragraph).

Increase of JSO Pension Amount After Subsequent Death or Divorce of Your Spouse. If you are receiving a JSO Pension and your spouse (for JSO Pension purposes) dies first, your reduced JSO Pension will be increased to your full retirement pension the month after your spouse's death. Or, if you are receiving a JSO Pension and your spouse (for JSO Pension purposes) executes a specific written waiver of all rights to and interest in your JSO Pension, and if that waiver is incorporated in a court-approved property settlement agreement that is part of a judgment or order entered by a court of competent jurisdiction in a divorce, marriage dissolution or marital separation proceeding, your reduced JSO Pension will be increased to your full retirement pension the month after that judgment or order is entered.

WAIVER OF JOINT AND SURVIVING SPOUSE OPTION ("JSO PENSION")

Participant: Name: _____ Birth Date: _____ SS#: _____

Spouse: Name: _____ Birth Date: _____ SS#: _____

I **DO NOT** WISH TO RECEIVE MY RETIREMENT PENSION IN THE FORM OF THE JOINT AND SURVIVING SPOUSE OPTION ("JSO PENSION").

I HAVE READ THE JSO PENSION EXPLANATION ON PAGE 9A, AND I UNDERSTAND THE FINANCIAL EFFECTS, TO MYSELF AND MY SPOUSE, OF NOT ELECTING TO RECEIVE THE JSO PENSION, INCLUDING (BUT NOT LIMITED TO) THE FOLLOWING:

1. No benefits will be paid to my spouse from the Pension Plan after my death unless (1) I earned at least 20 years of Service Credit (of which at least 10 years was based on Contributions), **and** I attained age 50 before leaving active participation in Central States Pension Fund, or (2) I qualified for a 25-And-Out or 30-And-Out Pension. If I meet the above criteria, my spouse would receive (a) the remainder (if any) of the first 60 months of payments of my full retirement pension if I retired at Benefit Class 4 or higher, **or** (b) a single \$1,000 payment if I retired at Benefit Class 3A or lower. However, if I have lost my adjustable benefits under the terms of the Rehabilitation Plan (or lose such adjustable benefits in the future), the remainder of 60 months is not payable to my spouse.
2. For purposes of this waiver, my "spouse" is the person to whom I am married on my "Effective Date" (the first day of the month following my retirement date), **and** in the event that I designated a retroactive retirement date, the person to whom I am still married on my "Initial Payment Date" (the date on which the Pension Fund first begins paying my retirement pension). Only the person who is my spouse on both my Effective Date **and** my Initial Payment Date is eligible to consent to my waiver of the JSO Pension, unless a qualified domestic relations order requires otherwise.
3. This waiver is revocable by me up until 90 days after my Initial Payment Date (the date on which the Pension Fund first begins paying my retirement pension) **but cannot be later revoked or changed under any circumstances.**

Participant's Signature: _____ **Date:** _____

Consent to Waiver by Participant's Spouse

I, _____ (insert your name), am the spouse of _____ (insert name of Participant). I understand that I have the right to require the Central States Pension Fund to pay my spouse's (the Participant's) retirement benefits in the form of a Joint and 50% Surviving Spouse Option ("JSO Pension"), which would be a monthly lifetime benefit to my spouse in a reduced percentage (as explained on the back of this form), and, upon his/her death, a monthly lifetime benefit to me equal to 50% of my spouse's JSO Pension amount. **However, my spouse has elected to waive this option and I, by signing below, am consenting to this decision. As a result, I agree that I will never be eligible to receive any survivor, death or other benefits from the Central States Pension Fund except as described in paragraph (1) above.** I am signing this waiver document voluntarily.

Signature of Participant's Spouse

The above **Consent to Waiver by Participant's Spouse** was signed in my presence on _____, 20__.

My commission expires _____

Notary Public

This form must be signed and notarized no earlier than 180 days prior to your pension effective date.

RETURN TO: Central States Pension Fund, PO Box 5109, Des Plaines IL 60017-5109
Or Fax to: 847-518-9752

EXPLANATION OF JOINT AND SURVIVING SPOUSE OPTION

Central States, Southeast and Southwest Areas Pension Fund ("Central States") provides you, as a Participant eligible to receive a lifetime monthly retirement pension, with an optional form of payment, called the Joint and Surviving Spouse Option ("JSO Pension"). If you elect the JSO Pension, your benefit amount will be **less** than the full retirement pension you have earned. This is because under the JSO Pension form of payment, benefits are paid for the longer of two lives (your and your spouse's), and therefore your full benefit (which would otherwise be paid out for your lifetime only) must be actuarially reduced. This **reduced** JSO Pension amount (described below) is paid for your lifetime and upon your death, if that same spouse survives you, he or she will receive a monthly survivor pension (equal to 50% or 75% of your reduced JSO Pension amount) for the rest of his or her life - even if he or she later remarries. The difference between your full retirement pension benefit (which is the amount payable to you if you waive the JSO Pension form of payment and your spouse consents to that waiver) and your JSO Pension amount is determined by (1) your choice of either the 50% or 75% surviving spouse benefit, and (2) your age and your spouse's age on your retirement date. The accompanying charts outline the various adjustment factors.

Federal law requires that **if** you are married when your retirement pension begins to be paid (your "Initial Payment Date"), to the same person you were married to on the first day for which your retirement pension is payable (your "Effective Date"), your monthly pension must be distributed in the JSO Pension form of payment **unless** both you and your spouse sign and file with Central States a valid and timely waiver of that option, witnessed and confirmed by a notary public.

Description of the JSO Pension

Reduced JSO Pension Amount. Central States will inform you, upon request, of the amount of your full retirement pension payable at your selected Retirement Date. This full pension is the unreduced lifetime amount payable to you if you waive the JSO Pension and your spouse consents to that waiver.

In addition, Central States will, upon request, provide written confirmation of your reduced 50% or 75% JSO Pension amount.

Effect on Your Spouse of a Waiver of the JSO Pension. If you and your spouse file with Central States a valid, timely and jointly signed JSO Pension waiver and, while receiving your full retirement pension, you die and are survived by your spouse, your spouse will **not** receive **any** further benefits from Central States unless (1) you earned at least 20 years of Service Credit (of which at least 10 years is based on Contributions), **and** you attained age 50 before leaving active participation in Central States Pension Fund, or (2) you qualified for a 25-And-Out or 30-And-Out Pension. If you meet the above criteria, your spouse will receive (a) the remainder (if any) of the first 60 months of payments of your full retirement pension if you retired at Benefit Class 4 or higher, or (b) a single \$1,000 payment if you retired at Benefit Class 3A or lower.

Identification of Your Spouse. For all JSO Pension purposes, your "spouse" is the person to whom you are married both on the date on which your retirement pension actually begins to be paid to you ("Initial Payment Date") and on the first day for which your retirement pension is payable ("Effective Date"). Thus, if you elect a **retroactive** Retirement Date and as a result you receive a single **retroactive** payment of all monthly benefits due from your Effective Date to your Initial Payment Date, only the person who is your spouse, both on your Initial Payment Date **and** on your retroactive Effective Date, is (1) eligible to receive the survivor share of your JSO Pension (if the JSO Pension is elected), or (2) authorized to consent to your waiver of your JSO Pension (if the JSO Pension is waived), unless a qualified domestic relations order requires otherwise.

Election Period: Waiver of JSO Pension. To be valid and effective, your and your spouse's jointly signed waiver of the JSO Pension, duly notarized, must be filed with Central States within an *election period* that begins 180 days before your Effective Date and ends 90 days after your Initial Payment Date. Mail your jointly signed (and notarized) waiver of the JSO Pension to: Central States, Southeast and Southwest Areas Pension Fund, PO Box 5109, Des Plaines IL 60017-5109. You may also later send to Central States (PO Box 5109, Des Plaines IL 60017-5109), within the same *election period*, your signed **revocation** of a previously submitted JSO Pension waiver. **No changes** to your pension payment form and amount can be made after that *election period* expires (except as noted in the next paragraph).

Increase of JSO Pension Amount After Subsequent Death or Divorce of Your Spouse. If you are receiving a JSO Pension and your spouse (for JSO Pension purposes) dies first, your reduced JSO Pension will be increased to your full retirement pension the month after your spouse's death. Or, if you are receiving a JSO Pension and your spouse (for JSO Pension purposes) executes a specific written waiver of all rights to and interest in your JSO Pension, and if that waiver is incorporated in a court-approved property settlement agreement that is part of a judgment or order entered by a court of competent jurisdiction in a divorce, marriage dissolution or marital separation proceeding, your reduced JSO Pension will be increased to your full retirement pension the month after that judgment or order is entered.

Adjustment Factors for Joint and 50% Surviving Spouse Option (50% JSO Pension)

Calculating the reduced 50% JSO Pension amount:

- Using the chart below, find the reduction factor corresponding to the age of the Participant and the age of the Participant's spouse (in complete years) on the Retirement Date. For example, a Participant who is age 60 and whose spouse is age 57 at retirement – the reduction factor would be .9010.
- Multiply the Participant's full (unreduced) retirement pension by this factor to determine the Participant's monthly pension benefit with the 50% JSO Pension.
- In the event of the Participant's death, the spouse will be entitled to 50% of the reduced monthly pension benefit.
- In the event of the spouse's death, the Participant's pension will be restored to the full (unreduced) pension amount on a prospective basis the month following the spouse's death.

SPOUSE'S AGE AT RETIREMENT

| | 46 | 47 | 48 | 49 | 50 | 51 | 52 | 53 | 54 | 55 | 56 | 57 | 58 | 59 | 60 | 61 | 62 | 63 | 64 | 65 | 66 | 67 | 68 | 69 | 70 |
|----|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|
| 57 | .8939 | .8964 | .8990 | .9017 | .9044 | .9072 | .9100 | .9128 | .9156 | .9185 | .9213 | .9242 | .9270 | .9298 | .9326 | .9354 | .9381 | .9408 | .9434 | .9460 | .9485 | .9510 | .9534 | .9557 | .9580 |
| 58 | .8853 | .8879 | .8907 | .8934 | .8962 | .8991 | .9020 | .9050 | .9079 | .9109 | .9140 | .9170 | .9200 | .9230 | .9259 | .9289 | .9318 | .9347 | .9375 | .9403 | .9430 | .9457 | .9482 | .9508 | .9532 |
| 59 | .8763 | .8790 | .8818 | .8847 | .8876 | .8906 | .8936 | .8967 | .8998 | .9029 | .9061 | .9093 | .9124 | .9156 | .9188 | .9219 | .9250 | .9281 | .9311 | .9341 | .9370 | .9399 | .9427 | .9454 | .9481 |
| 60 | .8667 | .8695 | .8724 | .8754 | .8784 | .8815 | .8846 | .8878 | .8911 | .8944 | .8977 | .9010 | .9044 | .9077 | .9111 | .9144 | .9177 | .9210 | .9242 | .9274 | .9305 | .9336 | .9366 | .9396 | .9425 |
| 61 | .8567 | .8596 | .8625 | .8656 | .8687 | .8719 | .8752 | .8785 | .8819 | .8853 | .8888 | .8922 | .8958 | .8993 | .9028 | .9063 | .9098 | .9133 | .9168 | .9202 | .9235 | .9268 | .9301 | .9333 | .9364 |
| 62 | .8462 | .8491 | .8522 | .8553 | .8585 | .8618 | .8652 | .8687 | .8722 | .8757 | .8793 | .8830 | .8867 | .8904 | .8941 | .8978 | .9015 | .9052 | .9088 | .9125 | .9160 | .9196 | .9231 | .9265 | .9299 |
| 63 | .8352 | .8382 | .8414 | .8446 | .8479 | .8513 | .8548 | .8583 | .8620 | .8657 | .8694 | .8732 | .8771 | .8809 | .8848 | .8887 | .8926 | .8965 | .9004 | .9043 | .9081 | .9119 | .9156 | .9193 | .9229 |
| 64 | .8239 | .8269 | .8301 | .8334 | .8368 | .8403 | .8439 | .8476 | .8513 | .8552 | .8591 | .8630 | .8670 | .8711 | .8751 | .8792 | .8833 | .8874 | .8915 | .8956 | .8997 | .9037 | .9077 | .9116 | .9155 |
| 65 | .8120 | .8151 | .8184 | .8218 | .8252 | .8288 | .8325 | .8363 | .8402 | .8440 | .8480 | .8522 | .8564 | .8606 | .8649 | .8692 | .8735 | .8778 | .8821 | .8864 | .8907 | .8950 | .8992 | .9034 | .9075 |
| 66 | .7997 | .8029 | .8062 | .8096 | .8131 | .8168 | .8206 | .8245 | .8300 | .8400 | .8500 | .8500 | .8500 | .8500 | .8541 | .8585 | .8630 | .8676 | .8721 | .8766 | .8812 | .8857 | .8902 | .8946 | .8991 |
| 67 | .7870 | .7902 | .7936 | .7971 | .8007 | .8044 | .8083 | .8123 | .8200 | .8300 | .8400 | .8500 | .8500 | .8500 | .8500 | .8500 | .8522 | .8569 | .8617 | .8664 | .8712 | .8760 | .8807 | .8855 | .8901 |
| 68 | .7738 | .7770 | .7805 | .7840 | .7877 | .7915 | .7955 | .8000 | .8100 | .8200 | .8300 | .8400 | .8500 | .8500 | .8500 | .8500 | .8500 | .8500 | .8506 | .8556 | .8606 | .8657 | .8707 | .8757 | .8807 |
| 69 | .7599 | .7633 | .7667 | .7703 | .7741 | .7780 | .7820 | .7900 | .8000 | .8100 | .8200 | .8300 | .8400 | .8500 | .8500 | .8500 | .8500 | .8500 | .8500 | .8500 | .8500 | .8546 | .8599 | .8652 | .8704 |
| 70 | .7500 | .7500 | .7524 | .7560 | .7598 | .7638 | .7700 | .7800 | .7900 | .8000 | .8100 | .8200 | .8300 | .8400 | .8500 | .8500 | .8500 | .8500 | .8500 | .8500 | .8500 | .8500 | .8500 | .8539 | .8595 |
| 71 | .7500 | .7500 | .7500 | .7500 | .7500 | .7500 | .7600 | .7700 | .7800 | .7900 | .8000 | .8100 | .8200 | .8300 | .8400 | .8500 | .8500 | .8500 | .8500 | .8500 | .8500 | .8500 | .8500 | .8500 | .8500 |

PARTICIPANT'S AGE AT RETIREMENT

Adjustment Factors for Joint and 75% Surviving Spouse Option (75% JSO Pension)

Calculating the reduced 75% JSO Pension amount:

- Using the chart below, find the reduction factor corresponding to the age of the Participant and the age of the Participant's spouse (in complete years) on the Retirement Date. For example, a Participant who is age 60 and whose spouse is age 57 at retirement – the reduction factor would be .8585.
- Multiply the Participant's full (unreduced) retirement pension by this factor to determine the Participant's monthly pension benefit with the 75% JSO Pension.
- In the event of the Participant's death, the spouse will be entitled to 75% of the reduced monthly pension benefit.
- In the event of the spouse's death, the Participant's pension will be restored to the full (unreduced) pension amount on a prospective basis the month following the spouse's death.

SPOUSE'S AGE AT RETIREMENT

| | 46 | 47 | 48 | 49 | 50 | 51 | 52 | 53 | 54 | 55 | 56 | 57 | 58 | 59 | 60 | 61 | 62 | 63 | 64 | 65 | 66 | 67 | 68 | 69 | 70 |
|----|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|
| 57 | .8488 | .8523 | .8558 | .8595 | .8632 | .8669 | .8708 | .8746 | .8786 | .8825 | .8865 | .8904 | .8944 | .8983 | .9022 | .9061 | .9100 | .9138 | .9175 | .9211 | .9247 | .9282 | .9317 | .9350 | .9383 |
| 58 | .8373 | .8408 | .8445 | .8482 | .8520 | .8559 | .8599 | .8639 | .8680 | .8721 | .8763 | .8804 | .8846 | .8887 | .8929 | .8970 | .9011 | .9051 | .9091 | .9130 | .9169 | .9206 | .9243 | .9279 | .9315 |
| 59 | .8252 | .8288 | .8326 | .8364 | .8403 | .8444 | .8485 | .8526 | .8568 | .8611 | .8654 | .8698 | .8742 | .8785 | .8829 | .8873 | .8916 | .8959 | .9001 | .9043 | .9084 | .9124 | .9164 | .9203 | .9241 |
| 60 | .8126 | .8163 | .8201 | .8240 | .8281 | .8322 | .8364 | .8407 | .8451 | .8495 | .8540 | .8585 | .8631 | .8677 | .8723 | .8768 | .8814 | .8859 | .8904 | .8949 | .8993 | .9036 | .9079 | .9120 | .9161 |
| 61 | .7994 | .8032 | .8071 | .8111 | .8152 | .8194 | .8237 | .8282 | .8327 | .8373 | .8419 | .8466 | .8514 | .8562 | .8610 | .8658 | .8706 | .8754 | .8801 | .8848 | .8895 | .8941 | .8987 | .9031 | .9075 |
| 62 | .7857 | .7896 | .7935 | .7976 | .8018 | .8061 | .8106 | .8151 | .8198 | .8245 | .8293 | .8342 | .8391 | .8441 | .8491 | .8541 | .8592 | .8642 | .8692 | .8742 | .8791 | .8840 | .8889 | .8937 | .8984 |
| 63 | .7716 | .7755 | .7795 | .7837 | .7879 | .7924 | .7969 | .8015 | .8063 | .8112 | .8161 | .8212 | .8263 | .8314 | .8367 | .8419 | .8472 | .8524 | .8577 | .8630 | .8682 | .8734 | .8785 | .8836 | .8886 |
| 64 | .7572 | .7611 | .7652 | .7694 | .7737 | .7782 | .7828 | .7876 | .7924 | .7974 | .8025 | .8077 | .8130 | .8183 | .8237 | .8292 | .8347 | .8402 | .8457 | .8512 | .8567 | .8622 | .8676 | .8730 | .8784 |
| 65 | .7422 | .7462 | .7503 | .7545 | .7589 | .7635 | .7682 | .7730 | .7780 | .7831 | .7883 | .7936 | .7990 | .8046 | .8101 | .8158 | .8215 | .8272 | .8330 | .8388 | .8446 | .8503 | .8561 | .8618 | .8674 |
| 66 | .7269 | .7308 | .7349 | .7392 | .7437 | .7483 | .7530 | .7580 | .7630 | .7682 | .7735 | .7790 | .7846 | .7902 | .7960 | .8018 | .8077 | .8137 | .8197 | .8257 | .8318 | .8378 | .8439 | .8499 | .8559 |
| 67 | .7112 | .7152 | .7193 | .7236 | .7281 | .7328 | .7376 | .7426 | .7477 | .7530 | .7584 | .7640 | .7697 | .7755 | .7814 | .7874 | .7935 | .7997 | .8059 | .8122 | .8185 | .8248 | .8312 | .8375 | .8438 |
| 68 | .6951 | .6991 | .7033 | .7076 | .7121 | .7168 | .7217 | .7267 | .7319 | .7373 | .7428 | .7485 | .7543 | .7602 | .7663 | .7724 | .7787 | .7851 | .7915 | .7980 | .8046 | .8112 | .8178 | .8244 | .8311 |
| 69 | .6785 | .6825 | .6866 | .6910 | .6955 | .7002 | .7051 | .7102 | .7154 | .7209 | .7265 | .7322 | .7381 | .7442 | .7504 | .7567 | .7631 | .7697 | .7763 | .7830 | .7898 | .7967 | .8036 | .8105 | .8175 |
| 70 | .6614 | .6654 | .6695 | .6739 | .6784 | .6831 | .6880 | .6931 | .6984 | .7039 | .7095 | .7154 | .7214 | .7275 | .7339 | .7403 | .7469 | .7536 | .7604 | .7673 | .7743 | .7814 | .7886 | .7958 | .8031 |
| 71 | .6439 | .6478 | .6519 | .6563 | .6608 | .6655 | .6704 | .6755 | .6809 | .6864 | .6921 | .6980 | .7040 | .7103 | .7167 | .7232 | .7299 | .7368 | .7438 | .7509 | .7581 | .7654 | .7728 | .7803 | .7879 |

PARTICIPANT'S AGE AT RETIREMENT

RETIREMENT DECLARATION FORM

I am naming _____, _____ as my retirement date and wish to have my retirement
(month, day) (year)

benefits begin as of the first day of the following month. Retirement Date as defined in Section 1.29 of the Pension Plan is the date a Participant stops working in Covered Service and terminates his employment. By signing this document I am attesting that as of the above named Retirement Date, I have terminated my employment, been removed from the seniority list of my Contributing Employer and am not entitled to any further weekly compensation of any kind. In addition, I understand that if I received lump sum payment at termination for accrued but unused vacation, time off or sick pay and this payment was not the result of an employer bankruptcy, shutdown or severance payment, I can begin receiving pension payments from the Fund without being required to wait for the lapse of the period corresponding to the number of weeks of Lump Sum Payment I received. In exchange for being permitted to begin my pension payments in this fashion, I agree to waive any potential claim for pension credit from the Fund I may have in connection with the Lump Sum Payment.

I also certify that:

☐ **I have not been employed** in any capacity (including self-employment) at any time **after my retirement date**. I agree that if I do become employed after retirement, I will promptly notify the Fund.

OR

☐ **I have worked** and/or plan on working **beyond my retirement date** in the following capacity (including self-employment). Attach additional pages, if necessary:

Company Name: _____

Company Address: _____

Telephone Number: _____ Type of Industry: _____

Job Title: _____ Teamster Local Union, if any: _____

Exact Job Duties (be specific): _____

Start Date: _____ Termination Date: _____

Number of Hours Worked Per Month: _____ Still Working? ☐ Yes ☐ No

I certify that the information I have given above is true and correct to the best of my knowledge and I agree that I will promptly notify the Pension Fund if I return to work in any capacity, including self-employment, so that the Fund can determine if the employment is Restricted (see Restricted Reemployment Rules on page 11a of this form).

Applicant's Signature: _____ Date: _____

Applicant's Name: _____ SS#: _____

(Please print)

Please note that if you do not provide the Fund with timely notice of your retirement, any retroactive benefit payments that you would otherwise be eligible to receive are limited to the 12-month period prior to the date the Fund receives written notification of your Retirement Date.

| | | | | |
|--|-----------------------|--|--|-------------|
| <u>Employer Use Only</u> | | | | |
| Please confirm the following: | | Employer Name: _____ | | |
| Resignation Date: _____ | | Last Day Paid or Compensated: _____ | | |
| Is this resignation the result of a closing or other reduction in work force? <input type="checkbox"/> Yes <input type="checkbox"/> No | | Severance/retention bonus paid? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| Please complete the section below relative to any periods paid or compensated following the resignation date: | | | | |
| Type: | # of Days/Weeks Paid: | Date Paid: | If any compensation was paid following the resignation date, was it in a lump sum? <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain: | |
| Vacation | | | | |
| Sick/Personal | | | | |
| Severance | | | | |
| Other | | | | |
| Completed by: _____ | | Signature: _____ | Phone Number: _____ | Date: _____ |

RETURN TO: Central States Pension Fund, PO Box 5109, Des Plaines IL 60017-5109
Or Fax to: 847-518-9752

| RESTRICTED REEMPLOYMENT | | | | |
|--|--|-------------|-----------|----------------------------|
| Work <i>Inside</i> the Core Teamster Industries | Maximum Permissible Hours Per Month | | | |
| <i>Work in any position (or supervising any position) in the following Core Teamster Industries, either in a union or non-union capacity, is Restricted Reemployment:</i> | Under Age 57 | Age 57 - 59 | Age 60-64 | Age 65 and Over |
| Trucking and Freight, Small Package and Parcel Delivery, Car Haul, Tank Haul, Warehouse, Food Processing or Distribution (including Grocery, Dairy, Bakery, Brewery and Soft Drink), Building Material and Construction. | Not permissible unless reemployment meets one of the Exceptions below | | | 40 hours or * Unlimited |
| Work <i>Outside</i> the Core Teamster Industries | Maximum Permissible Hours Per Month | | | |
| <i>Work outside of Core Teamster Industries is Restricted Reemployment if the work falls into any of the following categories:</i> | Under Age 57 | Age 57 - 59 | Age 60-64 | Age 65 and Over |
| Work for a Contributing Employer or former Contributing Employer; | Not permissible unless reemployment meets one of the Exceptions below | | | 40 hours or * Unlimited |
| Work in any position (or supervising any position) that is covered by a Teamster Contract with the Employer; | | | | Unlimited hours |
| Work in any position in the same industry in which you earned Contributory Credit with the Pension Fund; or | | | | |
| Work in any position in the same job classification as other Plan Participants within a 100-mile radius. | | | | |
| | | 80 hours | | |
| | | | | Unlimited hours |
| Governmental Employment Exception | Maximum Permissible Hours Per Month | | | |
| Employed by a governmental agency provided the agency is not a Contributing Employer or a former Contributing Employer. | Unlimited hours | | | |
| Newly Organized Company Exception | Unlimited hours | | | |
| A retiree who is employed in what is not considered Restricted Reemployment, that subsequently becomes organized by the Teamsters (provided that the Employer does not become a Contributing Employer), will be allowed to continue employment without benefit suspension. | | | | |
| Previous Reemployment Rules Exception | Refer to pre-2004 Reemployment Rules which can be found in the Pension Plan | | | |
| These Restricted Reemployment Rules became effective on January 1, 2004. If the application of these rules results in a retiree being found to be in Restricted Reemployment based on employment that would not have been prohibited under the previous reemployment rules, the Fund will treat the position as not being Restricted Reemployment. | | | | |

* In August 2009, the Trustees approved a change to the reemployment rules which exempts **qualified retirees** age 65 or older from the Pension Fund's reemployment rules and allows them to work in any position for an unlimited number of hours.

To qualify for the post-age 65 exemption to the Reemployment Rules, a retiree must be age 65 or older, and been retired and receiving a pension benefit for at least 12 months, and:

- A. if the Retirement Date is before age 65, did not work in "Restricted Reemployment" for at least 12 consecutive months commencing at age 64 or later, or
- B. if the Retirement Date is at age 65 or older, did not work in "Restricted Reemployment" for any 12 consecutive month period that commences no earlier than 12 months preceding the Retirement Date.

Retirees who meet both conditions can work in any position for an unlimited number of hours and continue to receive their monthly pension benefit. If both of these conditions are not met, Reemployment is limited to 40 hours per month unless the Reemployment is not in the same trade or craft worked while covered by the Pension Fund or the Reemployment is outside the geographical area covered by the Pension Fund; if either is the case, an unlimited number of hours can be worked.

Please contact the Fund to secure approval for this exemption.