SOUND VARIABLE ANNUITY PENSION TRUST
11724 NE 195th Street, Suite 300
Bothell, Washington 98011-3145
(206) 282-4500 -or- 1-800-225-7620, option 2 then option 3

APPLICATION FOR RETIREMENT BENEFITS

1. Please read each question carefully.
2. Print or type all information.
3. Be sure to answer all applicable questions to avoid delay in processing your application.
4. Attach additional sheets if you need more space to answer any questions.
5. BE SURE TO SIGN AND DATE THIS APPLICATION.
6. The application must be received at the Trust Office by the end of the month in which retirement benefits are to be effective.
7. Mail the completed application and proof of age to the above address.
8. You should receive an acknowledgment letter within 14 business days from the date you mail your application. If you do not receive your acknowledgment letter, please call the Trust Office at (800)225-7620, option 2 then option 3.

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1. Name _____
   Last First Middle
2. Previous Name _____ Date Changed _____
3. Social Security # _____ Phone # _____
4. Mailing Address _____
   Street Number City State Zip Code
5. E-Mail _____ Local Union # _____
6. Gender: ☐Male ☐Female Birthdate _____
7. Marital Status: ☐Married ☐Legally Separated ☐Divorced ☐Widowed ☐Single

   Have you ever been divorced? ☐Yes ☐No

   If yes, is there a DOMESTIC RELATIONS ORDER/PROPERTY SETTLEMENT in effect awarding a portion of your possible pension benefits to your former spouse? ☐Yes ☐No

   If yes, please provide a copy of the ORDER.
8. Current Spouse's Name _____
   Last First Middle
9. Spouse's Social Security # _____ Spouse's Birthdate _____
10. Spouse's Gender: ☐Male ☐Female
11. In accordance with the terms of the Sound Variable Annuity Pension Trust, I hereby apply for (Check one):

    ☐Normal Retirement Benefit ☐Early Retirement Benefit

    If you are applying for Disability Benefits, you must use a Disability Retirement application form.
12. Have you ever worked as a sole proprietor, partner or corporate owner of a participating employer?
    ☐YES ☐NO If YES, please explain in **Employment History Section** on Page 4.
13. Date my employment ended or will end _____ _____ _____
    Month Day Year

    Note: If you are under age 62, you must experience a separation from employment for a period of at least 30 consecutive days, including the effective date of your pension benefits, from employment in the industry, in the same trade or craft in which you were employed at any time while you were a Participant and in the same geographic area covered by the Plan.
14. I will be eligible for payment of additional accrued vacation or work hours earned prior to my last date of employment. ☐YES ☐NO If YES:

    How much time will you be eligible for? _____ When will it be paid? _____
15. I hereby request that my retirement be effective on the first day of _____ _____
    Month Year

All sections must be completed.

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PLEASE READ THIS SECTION CAREFULLY

I understand and agree that it is my responsibility to submit any and all information needed to establish my eligibility for retirement under this Trust and that this application can be canceled by written request submitted to the Trust Office prior to its Effective Date. I certify that the information on this form is true and accurate to the best of my knowledge.

I understand the conditions of my retirement are governed by the Plan rules and regulations.

I understand that in the case of an overpayment of my pension benefits, the Trustees are entitled to recover any amounts overpaid to me.

If no information appears under the Spouse's Section above, I certify that I am not married.

_____ _____

Applicant's Signature Date

AGE AND MARRIAGE VERIFICATION

A copy of your and your spouse's birth certificate, and proof of your marriage, is required to process your request.

If you are unable to obtain a copy of either of your birth certificates, you must submit **TWO** of the following documents for each person who does not have a birth certificate.

The following documents, if submitted, **MUST** show your birthdate:

Driver's License with Photograph

State Identification Card with Photograph

Passport

Marriage Records Showing Birthdate

Citizenship or Naturalization Papers

Baptismal Certificate (regardless of when it was recorded)

Records or information obtained from the U.S. Census Department

Life Insurance policies taken out at least 10 years prior to your date of retirement

Social Security Information including birthdate

U.S. Armed Forces Records

School records established prior to 21st birthday and showing birthdate

Affidavit of Birth (provided by Trust Office, if needed)

Important: If the name on either your or your spouse's birth certificate is different from your present names, you must also submit a copy of the court order, marriage certificate, affidavit or other document to show the name change(s).

Please make sure all sections of this application are completed.

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UNION MEMBERSHIP HISTORY

Please list all of the Local Unions of which you have been a member and the periods of your membership. Begin with your current or most recent membership and work backwards.

Local Number	Trust Name City State	Initiation Mo. / Yr.	Withdrawal Mo. / Yr.

Please make sure all sections of this application are completed.

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EMPLOYMENT HISTORY

Please list all your employers and periods of employment. Begin with your current or most recent employer and work backward to your first employment in the Industry. Be sure to include any time spent in the military, as an owner, or out of the Industry. **You do not need to list employment prior to 1945.**

EMPLOYER	EMPLOYER'S ADDRESS	Hours Worked Per Week	Employment FROM Mo. / Yr.	Employment TO Mo. / Yr.	JOB CLASSIFICATION Example: Cashier, Baker, Clerk, Pharmacist, Manager, Owner, Partner, Corporate Officer, etc.

Please make sure all sections of this application form are completed.