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

SUPPLEMENTAL APPLICATION FOR RETIREMENT BENEFITS

To determine whether you are eligible for benefits earned under the Sound Variable Annuity Pension Trust ("SVAPT"), Hours of Service and Years of Vesting Service that are counted under the Sound Retirement Trust ("SRT") are generally added to any Hours of Service and Years of Vesting Service that you earn under the SVAPT. By signing this form, you consent to the sharing of information between the SVAPT and the SRT.

1. Print or type all information and answer all questions to avoid delay in processing your application.
2. Sign and date this application on the reverse side. Mail the completed application to the above address.
3. The application must be received at the Trust Office by the end of the month in which retirement benefits are to be effective.
4. You should receive an acknowledgment letter within 14 business days from the date you mail your application. If you do not receive the letter, please call the Trust Office at (800)225-7620, option 2, then option 3.

Complete the following and sign/date if you have completed an application for retirement benefits from the SRT.

1. Name _____
   Last First Middle
2. Previous Name (if applicable) _____ Date Changed _____
3. Social Security # _____
4. Home Phone # _____ Cell Phone # _____
5. Mailing Address _____
   Street Number City State Zip Code
6. E-Mail _____ Local Union # _____
7. Gender: ☐ Male ☐ Female Birthdate _____
8. 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/DIVORCE ORDER in effect awarding a portion of your pension benefits to your former spouse? ☐Yes ☐No

9. Current Spouse's Name _____
   Last First Middle
10. Spouse's Social Security # _____ Spouse's Birthdate _____
11. Spouse's Gender: ☐ Male ☐ Female
12. 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 the Disability Retirement application form.

13. Have you ever worked as a sole proprietor, partner or corporate owner of a participating employer? ☐YES ☐NO

14. 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.

15. 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? _____

16. I hereby request that my retirement be effective on the first day of _____
Month Year

PLEASE READ THIS SECTION CAREFULLY THEN SIGN AND DATE

- I authorize the SRT and the SVAPT to share any information in their possession, including my application for retirement benefits with SRT and SVAPT and all documents provided, in order to determine my Hours of Service, Years of Vesting Service and eligibility to receive a benefit under the SVAPT.

- I understand and agree that it is my responsibility to submit any and all information needed to establish my eligibility for retirement under the SVAPT.

- I understand that this application can be canceled by written request submitted to the Trust Office prior to the retirement effective date.

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

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

- I certify that the information on this form is true and accurate to the best of my knowledge.

_____ _____
Applicant's Signature Date