

# Automotive Machinists Pension Trust

Mailing Address 15 82nd Drive, Suite 110, Gladstone, OR 97027  
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Administered by  
**Welfare & Pension Administration Service, Inc.**

## APPLICATION FOR RETIREMENT

*Print or type the following information*

Name: \_\_\_\_\_ Social Security No.: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Union Local No.: \_\_\_\_\_ Birth Date\* \_\_\_\_\_ \*Attach a copy of your state issued Birth Certificate

Home Phone No.: \_\_\_\_\_ Cell Phone No.: \_\_\_\_\_ Email: \_\_\_\_\_

Normal  Early  Disability  Never Married  Married  Widowed  Divorced\*

Type of Retirement for which you are applying (*check one*) Marital Status (*check one*)

Date of Separation or Divorce\*: \_\_\_\_\_

\*If your marriage was dissolved after December 31, 1984, your election of benefits may be subject to the rights of a prior spouse and you are required to attach a complete FILED copy of your dissolution decree and property settlement agreement and/or Qualified Domestic Relations Order(s). The copies must show the document was FILED with the court and signed by the judge.

If currently married, please enter spouse's information:

Spouse Name: \_\_\_\_\_ Spouse Birth Date: \_\_\_\_\_ Spouse SSN: \_\_\_\_\_

If not married, Name of Beneficiary: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address of Beneficiary: \_\_\_\_\_ City & State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Name and address of your most recent employer in the industry:

Employer Name: \_\_\_\_\_ Last day worked: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City & State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Name and address of your **current** employer (if different from above):

Employer Name: \_\_\_\_\_ My last date of employment was/or will be: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City & State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

List all local unions in which you have held membership or under whose jurisdiction you have worked in the industry:

Local Union	City and State	Dates of Membership	
		From (month/year)	To (month/year)

In accordance with the terms of the Plan, I hereby request that my \_\_\_\_\_ retirement be effective,

*(Normal, Early, Disability)*

\_\_\_\_\_. I agree to furnish any information which the Trustees may require for the determination of my eligibility for a benefit or the amount thereof.

I understand that this application can be canceled by my written request at any time prior to the retirement date indicated above.

\_\_\_\_\_  
 Member Signature

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Witness Signature

\_\_\_\_\_  
 Witness Name and Date

Witness Mailing Address: \_\_\_\_\_ City & State \_\_\_\_\_ Zip Code: \_\_\_\_\_

## Ownership or Management

This is to certify that I was at **NO** time an owner, partner, corporate officer or otherwise involved in the management of any business and that I at all times was covered by an Automotive Machinists Union contract and was performing work in the Automotive Repair Industry (Show positions of ownership or management below.).

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Signature

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Date

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## Certification of Retirement

To be considered retired, a participant must have a Bona Fide Termination which is defined as termination of all employment with a contributing or formerly contributing plan employer and from any work in which the Re-employment Rules (as stated below) of the Trust apply for at least 30 days, regardless of whether the employment is covered by a Collective Bargaining Agreement.

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Signature

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Date

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## Re-Employment After Retirement Rules

If a retired Employee becomes reemployed, he shall report his Reemployment to the Plan Administration Office. After he has worked 501 hours in a Plan Year, a retired Employee will not be entitled to retirement payments for the remainder of the Plan Year in any month in which he is Reemployed 40 hours or more. Retirement payments will remain suspended until the earlier of the first month of the next Plan Year, or the Employee notifies the Plan Administration Office in writing that he has ceased to be Reemployed, provided that an Employee's retirement payments shall not be suspended during any period of Reemployment after the attainment of age 65.

The term "Reemployment" shall mean all employment with a Participating, Formerly Participating or Reciprocal Plan Employer:

- a) within the geographic area covered by the Plan
- b) in an Industry in which employees are employed and earning Credited Future Service under the Plan and
- c) in a Trade or Craft in which the employee was employed at any time under the Plan

Disability Retirees who return to work will immediately permanently forfeit their benefits and will no longer be considered eligible for Disability Retirement income payments.

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## Documents Acceptable as Proof of Age

- A) A copy of any one of the following documents will be acceptable as proof of age:
1. Birth Certificate
  2. Baptismal Certificate
  3. Z Card
- B) If neither of the preceding is available, copies of any **TWO** of the following may be submitted:
1. U.S. Census Report (at least 20 years old)
  2. Passport (may not be photocopied)
  3. Naturalization or Immigration Papers (may not be photocopied)
  4. Family Bible Entries
  5. Life Insurance Policies (at least 10 years old)
  6. Marriage License or Application
  7. Early School Records
  8. Military Records
  9. Civil Service Records
  10. Children's Birth Certificates
  11. Written Certification from Social Security
  12. Written Certification from Union Local

**NOTE:** All documentation submitted as proof of age must clearly show your age in order to be acceptable. Also, if the name shown on the document differs from the present name, a copy of the court order or other document recording the name change should be submitted for identification purposes.