



# SOUTHERN ILLINOIS LABORERS' & EMPLOYERS' ANNUITY FUND

5100 ED SMITH WAY, SUITE A MARION, IL 62959

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## APPLICATION FOR BENEFITS

### ORIGINAL APPLICATION MUST BE RETURNED BY MAIL

FAXED OR EMAILED COPIES OF THIS DOCUMENT WILL NOT BE ACCEPTED.  
WE MUST RECEIVE THE ORIGINAL APPLICATION FOR YOUR REQUEST TO BE CONSIDERED.

PLEASE READ THIS FORM CAREFULLY BEFORE FILLING OUT

1. IDENTIFICATION **MUST** BE PROVIDED FOR BOTH **MEMBER & SPOUSE.**
2. ALL SIGNATURES **MUST** BE NOTARIZED.
3. **DEADLINE:** MUST BE **RECEIVED BY 25TH** OF THE MONTH, CHECKS ARE **MAILED THE 10TH** OF THE NEXT MONTH.
4. APPLICATION MUST BE FILLED OUT IN ITS **ENTIRETY** TO BE PRESENTED TO THE TRUSTEES FOR APPROVAL.

#### MEMBER'S

INFORMATION LAST FIRST MIDDLE

#### ADDRESS:

# AND STREET CITY STATE ZIP CODE

SOC SEC # PHONE # EMAIL ADDRESS

#### ID MUST BE INCLUDED FOR MEMBER & SPOUSE

DRIVER'S LICENSE ☐ PASSPORT ☐

BIRTH CERTIFICATE ☐ STATE ISSUED ID ☐

DATE OF BIRTH:

LOCAL #

Month Day Year

#### MARITAL STATUS: MUST DISCLOSE CURRENT AND PREVIOUS MARITAL STATUS

MUST PROVIDE A COMPLETE COPY OF THE ORDER, AGREEMENT, AND/OR DIVORCE DECREE(S) INCLUDING ANY ORDER(S) WHICH MAY AFFECT DISTRIBUTION OF YOUR ANNUITY

HAVE YOU EVER BEEN DIVORCED? ☐ MUST CHECK ONE YES ☐ NO ☐ SINGLE ☐ MARRIED ☐

#### SPOUSE'S INFORMATION

NAME SOC SEC # PHONE #

DATE OF BIRTH: DATE OF MARRIAGE EMAIL ADDRESS

Month Day Year Month Day Year

WIDOWED ☐ MUST PROVIDE A CERTIFIED COPY OF THE DEATH CERTIFICATE

#### TYPE OF BENEFIT FOR WHICH YOU ARE APPLYING: (CHECK ONE)

- ☐ SEPARATION - BREAK IN SERVICE OF 12 MONTHS
- ☐ EARLY RETIREMENT - AGE 55 THRU 64 (MUST SEND PROOF OF RETIREMENT)
- ☐ NORMAL RETIREMENT - AGE 65 (MUST SEND PROOF OF RETIREMENT)  
DATE OF RETIREMENT \_\_\_\_\_ (ONLY IF RETIRING)
- ☐ 30 CREDIT RETIREMENT (MUST SEND APPROVAL LETTER FROM CENTRAL LABORERS' PENSION FUND)
- ☐ QDRO DISTRIBUTION (MUST HAVE QDRO ON FILE WITH OFFICE)

#### COMPLETE ONLY IF YOU ARE APPLYING FOR A DISABILITY BENEFIT

- ☐ PERMANENT & TOTAL DISABILITY (MUST SEND PROOF OF DISABILITY SUPPLIED BY PHYSICIAN)  
WHEN DID YOU BECOME DISABLED? \_\_\_\_\_ NATURE OF DISABILITY? \_\_\_\_\_  
HAVE YOU APPLIED FOR SOCIAL SECURITY BENEFITS? YES ☐ NO ☐  
IF YOU HAVE BEEN AWARDED SOCIAL SECURITY DISABILITY BENEFITS, ATTACH A COPY OF THE SOCIAL SECURITY AWARD CERTIFICATE

#### PAYMENT METHODS

- ☐ TOTAL DISTRIBUTION
- ☐ TRANSFER TO EXISTING RETIREMENT PLAN
- ☐ INSTALLMENTS OVER A PERIOD OF  
☐ 60 MONTHS ☐ 120 MONTHS
- ☐ PARTIAL DISTRIBUTION  
\$ \_\_\_\_\_ (MINIMUM \$7,000)

**NOTARY MUST WITNESS SIGNATURES FOR APPLICATION  
TO BE ACCEPTED AND PROCESSED**

**SPOUSE'S CONSENT**

- ☐ NOT MARRIED
- ☐ MARRIED- I UNDERSTAND THIS ELECTION REPLACES ANY OTHER BENEFITS WHICH MAY HAVE BEEN PAYABLE TO ME.

**SPOUSE'S NOTARIZED SIGNATURE** \_\_\_\_\_

\_\_\_\_\_  
DATE

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

SIGNED BEFORE ME ON THE \_\_\_\_\_ DAY OF \_\_\_\_\_ 20 \_\_\_\_\_

BY \_\_\_\_\_

(Print Spouse's Name)

\_\_\_\_\_  
OFFICIAL NOTARY SEAL

**SIGNATURE OF NOTARY PUBLIC** \_\_\_\_\_

**MEMBER'S CONSENT**

**MEMBER'S NOTARIZED SIGNATURE** \_\_\_\_\_

\_\_\_\_\_  
DATE

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

SIGNED BEFORE ME ON THE \_\_\_\_\_ DAY OF \_\_\_\_\_ 20 \_\_\_\_\_

BY \_\_\_\_\_

(Print Member's Name)

\_\_\_\_\_  
OFFICIAL NOTARY SEAL

**SIGNATURE OF NOTARY PUBLIC** \_\_\_\_\_

**TRANSFER TO EXISTING RETIREMENT PLAN INFORMATION**

**ACCEPTANCE LETTER FROM FINANCIAL INSTITUTION NEEDS ATTACHED**

RETIREMENT COMPANY NAME:

ADDRESS

CITY

STATE

ZIP CODE

ACCOUNT #

**IF YOU HAVE ELECTED A TRANSFER OF YOUR ANNUITY BENEFIT,  
PLEASE READ & SIGN THE FOLLOWING STATEMENT**

**CERTIFICATION**

*I VERIFY THAT THE RECIPIENT OF THE DIRECT ROLLOVER THAT IS NAMED ABOVE HAS AN INDIVIDUAL RETIREMENT ACCOUNT OR NEW EMPLOYER PLAN THAT ACCEPTS ROLLOVERS. I UNDERSTAND THAT PAYMENT OF MY BENEFITS TO THE TRUSTEES OF THE IRA OR QUALIFIED EMPLOYER PLAN WILL RELEASE THE TRUSTEES OF THE SOUTHERN ILLINOIS LABORERS' & EMPLOYERS' ANNUITY FUND FROM ANY FURTHER OBLIGATIONS OR RESPONSIBILITIES WITH RESPECT TO THE BENEFITS SO PAID.*

**MEMBER'S NOTARIZED SIGNATURE**

DATE

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

SIGNED BEFORE ME ON THE \_\_\_\_\_ DAY OF \_\_\_\_\_ 20 \_\_\_\_\_

BY

(Print Member's Name)

OFFICIAL NOTARY SEAL

**SIGNATURE OF NOTARY PUBLIC**