



**GRAPHIC COMMUNICATIONS CONFERENCE OF THE  
INTERNATIONAL BROTHERHOOD OF TEAMSTERS  
NATIONAL PENSION FUND**



FOR OFFICIAL USE ONLY

455 KEHOE BOULEVARD, SUITE 101, CAROL STREAM, ILLINOIS 60188 – Voice: 630-871-7733

**APPLICATION FOR RETIREMENT – PART A**

**IMPORTANT INSTRUCTIONS TO APPLICANT**

Please read this Application For Retirement – “Part A” carefully before answering any questions. Print or type except where your signature is required. Please note that your Application “Part A” should be submitted to the Fund Office at least 60 days in advance of your Retirement Effective Date. **Submitting your Application For Retirement – “Part A” less than 60 days prior to your retirement date could delay your Retirement Effective Date.**

If you have any questions about the Application For Retirement – “Part A” or the retirement application process, request clarification by writing or calling the Fund Office at the location stated above.

**This document must be completed by you.** After completing the Application For Retirement – “Part A”, it should be sent to the Fund Office along with proof of your age and your Spouse’s age if applicable. Please note that sending your Application “Part A” to your Local Union is not a formal submission of the Application. **Applications will be considered submitted only when they are received in the Fund Office.** Upon the Fund Office’s receipt of your completed Application “Part A”, you will then receive an acknowledgement from the Fund Office in the form of either an acknowledgement letter or an Application For Retirement – “Part B” depending on your Retirement Effective Date. The Application “Part B” will contain your estimated amount of Benefits, the effective date of your Benefits and, if applicable, the relative value of the amount of Benefits available under certain options with respect to the Joint and Survivor Annuity Benefit and the Joint and Survivor Annuity Benefit with the “Pop-Up” option. **Married participants selecting any Benefit other than the Joint and Survivor Annuity Benefit must complete their Application For Retirement – “Part B” before a Notary prior to submitting it to the Fund Office.**

**The Application For Retirement – “Part B” will contain a Participant Election Form that cannot be signed, notarized or submitted to the Fund Office more than 180 days in advance of the Participant’s Retirement Effective Date.**

**Your application for retirement is subject to the terms and conditions of the Fund’s original and amended Rehabilitation Plans.** Information regarding the Fund’s original and amended Rehabilitation Plans can be found by visiting the Fund’s website at [www.gccibt-npf.org](http://www.gccibt-npf.org) or by calling the Fund Office.

Be advised that pursuant to the Fund’s original Rehabilitation Plan, the Long-Term Disability Benefit was eliminated effective May 1, 2008 for anyone whose disability commenced after September 12, 2007. To be eligible for the Long-Term Disability Benefit, you must have become totally and permanently disabled as defined under the Retirement Plan rules on or before September 12, 2007. If you believe you may be eligible for the Long-Term Disability Benefit, please contact the Fund Office.

**APPLICATION FOR RETIREMENT BENEFITS FROM THE GCC/IBT-NPF**

**To the Board of Trustees of the GCC/IBT-NPF:**

I, \_\_\_\_\_ hereby apply for Retirement Benefits from the Fund.  
(PRINT FULL NAME)

My Retirement Effective Date is: \_\_\_\_\_.

**LUMP SUM ELECTION**

If eligible, I elect to have my Basic or Vested Retirement Benefit paid as a one-time lump sum distribution or rolled over into an Individual Retirement Account (IRA). (Note: Lump sums are not generally available since only very small benefits are payable in a lump sum.)

**EARLY RETIREMENT REDUCTION ELECTION**

I elect to receive my Retirement Benefits in a reduced amount prior to age 65.

By execution of this Application, I certify that I will cease (or have ceased) all work in the industry on \_\_\_\_\_  
(Insert date you stopped working).

All information in this four page Application For Retirement – Part “A” is true to the best of my knowledge and belief. I understand that I may be disqualified for Retirement Benefits if I provide any false information and that the Trustees will have the right to recover any payments made to me because of false information. Also, once I have elected the Form of Benefit(s), and Benefits commence, I may not change the Form of Benefit provided I have been afforded at least 30 days to consider my election.

DATE

(SIGNATURE – DO NOT PRINT)



### RECIPROCITY

The GCC/IBT-NPF has over time entered into reciprocal arrangements with other retirement plans in the printing and graphic arts industry and may enter into reciprocal arrangements with other retirement plans from time to time. It is important that you advise us whether you have ever participated in another GCIU or GCC/IBT affiliated retirement plan so that it may be established whether you are vested in one or more of the retirement plans.

Therefore, please indicate whether you have participated in any of the following retirement plans and also state the dates you began and ended participation in that retirement plan.

- |  |  |
|--|--|
| Graphic Arts Industry Joint Pension Trust    | <input type="checkbox"/> Yes <input type="checkbox"/> No – From _____ to _____ |
| GCIU Employer Retirement Fund                | <input type="checkbox"/> Yes <input type="checkbox"/> No – From _____ to _____ |
| GCIU Pressmen Local 72 Pension Fund          | <input type="checkbox"/> Yes <input type="checkbox"/> No – From _____ to _____ |
| Graphic Communications SRDF of Canada        | <input type="checkbox"/> Yes <input type="checkbox"/> No – From _____ to _____ |
| San Francisco Lithographer’s Retirement Fund | <input type="checkbox"/> Yes <input type="checkbox"/> No – From _____ to _____ |
| Other _____                                  | <input type="checkbox"/> Yes <input type="checkbox"/> No – From _____ to _____ |
- (INSERT NAME OF RECIPROCAL RETIREMENT PLAN)

### LOCAL UNION CERTIFICATION (OPTIONAL)

The Fund attempts to collect as much information about your printing industry work history as possible in order to consider all aspects of your eligibility for Retirement Benefits. Therefore, while optional, you are encouraged to complete this section and obtain the signatures of your Local Union officials below.

To the Board of Trustees of the GCC/IBT-NPF:

We certify that the following is part of the official records of our Local with reference to the applicant named herein:

1. Name of Applicant \_\_\_\_\_
2. Participant held membership in GCC/IBT as follows: (Include membership in other Locals)  
 From \_\_\_\_\_ to \_\_\_\_\_ Local # \_\_\_\_\_ From \_\_\_\_\_ to \_\_\_\_\_ Local # \_\_\_\_\_  
 From \_\_\_\_\_ to \_\_\_\_\_ Local # \_\_\_\_\_ From \_\_\_\_\_ to \_\_\_\_\_ Local # \_\_\_\_\_
3. Local record of withdrawal, expulsion, transfer in or out, if any:  
 \_\_\_\_\_  
 \_\_\_\_\_
4. If not a union member, enter initial employment date and name of employer under GCC/IBT bargaining agreement:   Date \_\_\_\_\_ Name of Employer \_\_\_\_\_
5. Participant’s Birthdate according to our records is \_\_\_\_\_
6. Last day participant (will work/worked) in the industry: Date: \_\_\_\_\_
7. Effective Date of Retirement \_\_\_\_\_

GCC/IBT Local No. \_\_\_\_\_

President \_\_\_\_\_ Date \_\_\_\_\_ Secretary \_\_\_\_\_ Date \_\_\_\_\_  
Signature Signature

**INSTRUCTIONS FOR FURNISHING PROOF OF AGE**

Documents acceptable as proof of age are listed below. Proof as high on the list as possible should be submitted. For instance, if you have or can readily obtain a birth certificate, it should be submitted rather than a baptismal certificate or a statement of birth shown by a church record. If you do not have any of these proofs, or they are not readily obtainable, contact the Administrator of the GCC/IBT-NPF for assistance.

Applicants whose married name is different from the name appearing on the birth certificate or other proof of age should also submit a marriage certificate.

1. A birth certificate.
2. A baptismal certificate or statement as to the date of birth shown by a church record, certified by the custodian of such records.
3. Notification of registration of birth in a public registry of vital statistics.
4. Certification of record of age by the U.S. Census Bureau.
5. Hospital birth record, certified by the custodian of such record.
6. A foreign church or government record.
7. Naturalization record. (Photo copy not permitted; submit original)
8. Immigration papers. (Photo copy not permitted; submit original)

**DIRECT DEPOSIT AUTHORIZATION FORM**

In order to ensure timely delivery of your retirement benefit, the Fund has an Electronic Fund Transfer (EFT) direct deposit program. Under the program, your retirement benefit payment is deposited electronically 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 banking holiday). The information requested on this form must be provided for all individuals who have access to the account indicated below. **I understand that I must keep the Fund informed of any changes in my address even if I use this EFT direct deposit program. A current address on file is needed for delivery of year-end tax documents and Fund communications.**

I hereby authorize GCC/IBT-NPF, and the financial institution shown below to deposit my retirement benefit payments directly into my account each month. If funds to which I am not entitled are deposited into my account in error, I/We authorize the Fund to direct the financial institution to return those funds and to provide any and all information in their records which may assist the Fund in the recovery of the funds including but not limited to the identity of all account holders. The authorization will remain in effect until I file a new authorization form or cancel my participation.

Name \_\_\_\_\_  
First Middle Last

Address \_\_\_\_\_  
Street City State Zip Code

Social Security No. \_\_\_\_\_ Home Phone No. \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Financial Institution Information**

Bank Name \_\_\_\_\_

Bank Address \_\_\_\_\_  
Street City State Zip Code

Account Type  Checking  Savings  
Routing Number \_\_\_\_\_ Account Number \_\_\_\_\_  
(Verify 9-digit number with financial institution)

Joint Account Holder(s) (Required for joint accounts only)

Name \_\_\_\_\_ Name \_\_\_\_\_

SS# \_\_\_\_\_ SS# \_\_\_\_\_

Date \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_ Signature \_\_\_\_\_

**\*\*\* IMPORTANT \*\*\***

- 1) **YOU MUST ENCLOSE A VOIDED CHECK (if using a checking account) or PRE-PRINTED DEPOSIT SLIP (if using a savings account) WITH YOUR APPLICATION; and**
- 2) **SIGNATURES OF ALL ACCOUNT HOLDERS MUST BE INCLUDED ON THIS FORM**