



**GRAPHIC COMMUNICATIONS
NATIONAL PENSION FUND**



FOR OFFICIAL USE ONLY

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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.gc-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 GC-NPF

To the Board of Trustees of the GC-NPF:

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

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, (Disability Benefits excepted).

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)

APA03012024

RECIPROCITY

The GC-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 PPPWU, 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 Yes No – From _____ to _____
- GCIU Employer Retirement Fund Yes No – From _____ to _____
- GCIU Pressmen Local 72 Pension Fund Yes No – From _____ to _____
- Graphic Communications SRDF of Canada Yes No – From _____ to _____
- San Francisco Lithographer’s Retirement Fund Yes No – From _____ to _____
- Other _____ Yes 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 GC-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 PPPWU 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 PPPWU 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 _____

PPPWU 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 GC-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 GC-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