



UNITED SCENIC ARTISTS, LOCAL USA 829 PENSION FUND

140 SYLVAN AVENUE – SUITE 303, ENGLEWOOD CLIFFS, NJ 07632
PHONE 866-798-5733 or 201-947-8000 ♦ FAX 201-947-9192

Dear Participant:

Enclosed is the application you requested for a pension from the United Scenic Artists, Local USA 829 Pension Fund, together with instructions on the type of document you must submit with the completed application as proof of your age and your spouse's age, if married. If you are married, you must also submit a copy of your marriage certificate.

Please note that if you are married your benefit must be paid in the form of a Spousal Pension unless you and your spouse reject this form of payment in writing. When we receive your application, we will send you information about the forms of payment available to married participants.

If you are not married, your benefit will be paid in the form of a Single Life Annuity. If you are eligible for a Regular, Early Retirement or Disability Pension, your Single Life Annuity will be guaranteed for 60 months, that is, if you pass away before receiving 60 monthly payments, your beneficiary will receive the remaining payments. The Vested Pension does not have a 60-month guarantee.

Financial Effects of Deferring Commencement of Benefit Payments

If you retire on an Early Pension, the benefit amount will be **reduced** by $\frac{1}{2}$ of 1% for each month that you are younger than age 65. You may receive a larger monthly pension if you retire later, but the trade-off is that you will receive fewer monthly payments during your lifetime. If you decide to delay receiving a pension until you are older than age 65, your monthly benefit will be actuarially increased for each month by which you are older than age 65, provided you are not working in disqualifying employment. The actuarial increase is equal to 1% for the first 60 months by which you are older than age 65, and 1.5% for each month thereafter. However, you must begin receiving your pension no later than April 1 of the year following the year you reach age 70½. Please refer to page 17 of your summary plan description for a further explanation of this required date to begin receiving your pension.

Divorced Participants.

If you were divorced and a court divorce decree has been issued to you, your ex-spouse may be entitled to benefits under this Plan. If the divorce decree meets the criteria of a Qualified Domestic Relations Order under applicable federal law, the Pension Fund will be obligated to pay a portion of your benefits to your ex-spouse according to the terms of the order.

If you have received a divorce decree which requires payment of benefits to your ex-spouse, you must attach it to this application. The Fund Office will establish whether or not such a decree is a Qualified Domestic Relations Order and will advise the parties concerned of their determination. If a Qualified Domestic Relations Order requires payment of benefits to an ex-spouse, the Fund Office will advise you of the Order's impact on your benefits and of any benefit payment options you may be entitled to elect.

Please mail the completed application form along with proof of your age and (if married) proof of your spouse's age and a copy of your marriage certificate to the Fund Office at the address at the top of this letter. We will write or phone you if we require any further information after receiving your application.

If you have any questions, please do not hesitate to contact me at the above telephone number.

Very truly yours,

Marylou Gartland
Senior Fund Manager

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140 Sylvan Avenue, Suite 303
Englewood Cliffs, NJ 07632
Tel: 201-947-8000 Fax: 201-947-9192

PENSION APPLICATION – PART 1

(To be completed by all participants applying for Pension.)

Please print the answers to all questions.

1. Name: _____ 2. Social Security #: _____
 (Last) (First) (Middle Initial)

3. Address: _____
 (No.) (Street) (City) (State) (Zip Code)

4. Telephone #: (_____) _____ 5. Date of Birth: _____ *(Attach proof of age)*
Is your birth certificate or proof of age attached? _____ Yes _____ No

6. Last date you worked/will work: _____ 7. Planned Retirement Date: _____

8. Marital Status:

- I am currently married. *(Attach proof of your marriage and proof of your spouse's date of birth.)*
(Complete Part A on page 4 of this application.)
- I am widowed, *(Attach a copy of your spouse's death certificate.)*
- I am divorced. *(Attach a copy of your divorce papers.)*
(Complete Part B on page 4 of this application.)
- I have never married.

9. Are you applying for a Disability Pension? Yes No *(If yes, please answer the questions below)*

Have you applied for a Social Security Disability Determination Award? Yes No Not yet

Have you received a Social Security Disability Determination Award? Yes No Not yet
 If you have received a Social Security Award of Disability, please attach a copy to your application.

Participant's Statement

I hereby apply for a pension from the United Scenic Artists, Local USA 829 Pension Fund. The above statements are true to the best of my knowledge and belief. I understand that a false statement may disqualify me for pension benefits, and the Trustees shall have the right to recover any payments made to me because of a false statement.

Participant's Signature

Date

PLEASE RETURN THIS APPLICATION, YOUR PROOF OF AGE, YOUR SPOUSE'S PROOF OF AGE (IF MARRIED) AND THE DOCUMENTS LISTED ABOVE THAT ARE RELATED TO YOUR MARITAL STATUS TO THE FUND OFFICE AT THE ABOVE ADDRESS.



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PART A

If you are currently married, please provide the information below:

SPOUSE INFORMATION

1. Name: _____ 2. Soc. Sec. No.: _____
(Last) (First) (Middle Initial)
3. Address: _____
(No.) (Street) (City) (State) (Zip Code)
4. Telephone No.: (____) _____ 5. Date of Birth: _____
6. Is proof of marriage attached? Yes No
7. Is birth certificate or proof of age attached? Yes No

PART B

If you are divorced, please provide the information below:

DIVORCED SPOUSE INFORMATION

1. Name: _____ 2. Soc. Sec. No.: _____
(Last) (First) (Middle Initial)
3. Address: _____
(No.) (Street) (City) (State) (Zip Code)
4. Telephone No. (____) _____ 5. Date of Birth: _____
6. Is divorce decree, Qualified Domestic Relations Order, etc. attached? Yes No
7. Is birth certificate or proof of age attached? Yes No



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PROOF OF AGE INSTRUCTIONS

In order to be eligible for retirement benefits, you are required to produce proof of your age. If your benefit is being paid in the form of a Spousal Pension, you must also submit proof of your spouse's age. The following is list of documents that may serve as acceptable proof of your age. This list is arranged so that the best proof of age is listed first, the next best is second, and so on. If a birth certificate is not available because birth records were not kept at your place of birth, please obtain the next best available proof of your age.

If you have used any other name, including a maiden name, additional proof should be included (such as a marriage certificate) to document the change. Additional proof may be requested if the document you submit is not convincing proof.

Photocopies of the document may be submitted. **Please Note:** Naturalization papers, United States passports and immigration papers may not be photocopied. If any of these is the only proof of your age, you have to submit the original and it will be returned to you.

YOU ARE REQUIRED TO FURNISH THE BEST TYPE OF PROOF WHICH IS AVAILABLE

1. A birth certificate
2. A baptismal certificate or a church record which shows the date of birth and is certified by the custodian of such record
3. Notification of registration of birth in a public registry of vital statistics
4. Hospital birth record certified by the custodian of such record
5. Copy of Certificate of Social Security Insurance Award, if date of birth or age is indicated
6. Medicare identification card
7. Birth record of a foreign church or government
8. A signed statement by a physician or midwife, who was in attendance at birth showing the date of birth as it is taken from their records
9. Naturalization record
10. Immigration papers
11. Military record
12. Passport
13. School records certified by the custodian of such records
14. Vaccination record certified by the custodian of such record
15. An insurance policy which shows the age or date of birth
16. Marriage records showing date of birth or age (e.g., application for marriage license, church record certified by the custodian of such record, or marriage certificate.)
17. Other evidence such as: signed statements from persons who have knowledge of the date of birth, voting records, poll tax receipts, driver's license.

Please try to obtain one of the documents at the beginning of the list. If you have any questions about the suitability of a document as proof, please contact the Fund Office.