



GRAPHIC COMMUNICATIONS CONFERENCE OF THE INTERNATIONAL BROTHERHOOD OF TEAMSTERS SUPPLEMENTAL RETIREMENT AND DISABILITY FUND

FOR OFFICIAL USE ONLY

455 KEHOE BOULEVARD, SUITE 101, CAROL STREAM, ILLINOIS 60188 – Voice: 630-871-7733 – Fax: 630-871-0666

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 “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 “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 “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 receipt of your Application “Part A”, you will then receive an acknowledgement from the Fund Office consisting of your Application For Retirement – “Part B.” 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 50% Joint and Survivor Annuity Benefit and the 50% Joint and Survivor Annuity Benefit with the “Pop-Up” option. Married participants selecting any Benefit other than the 50% 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 “Part B” will contain a Participant Election Form that cannot be signed, notarized or submitted to the Fund Office more than 90 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 Rehabilitation Plan set forth in a Notice mailed to all Plan Participants on September 12, 2007. This Notice and other forms are available for download on the Fund’s website at www.gccibt-srdf.org or by calling the Fund Office.

Be advised that pursuant to the Fund’s Rehabilitation Plan, the Long-Term Disability Benefit will be terminated 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-SRDF

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

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

Effective Date is: _____. Have you ever applied for a Social Security Disability Benefit – YES NO

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)

**THIS SECTION TO BE COMPLETED ONLY IF APPLICANT IS APPLYING FOR LONG-TERM
DISABILITY BENEFITS**

(Be advised that pursuant to the Fund's Rehabilitation Plan, the Long-Term Disability Benefit will be terminated 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.)

- 1. I, _____ became totally and permanently disabled on _____ (insert date).
- 2. A copy of my Social Security Disability Benefits Award Notification is attached. Yes No – If No, a copy of the notification or denial should be forwarded to the Fund Office as soon as it is available.

NOTICE:
Pursuant to the Retirement Plan rules, the Trustees are entitled to have retirees receiving Long-Term Disability Benefits examined from time to time to determine whether he/she continues to be eligible for Long Term Disability Benefits under the Plan rules. If the Trustees request a Participant to submit to such an examination and he/she fails or unreasonably refuses to do so, his/her Long-Term Disability Benefits shall be suspended until he/she submits to such re-examination and the Trustees determine that he/she continues to be eligible for Long-Term Disability Benefits hereunder.

THIS PERSONAL DATA SECTION TO BE COMPLETED BY ALL APPLICANTS

Applicant's Name _____ Gender -- Male Female

FIRST MIDDLE LAST

Address _____

STREET CITY STATE ZIP CODE

Social Security No. _____ Date of Birth _____ Home Phone No. _____

Work Phone No. _____ Cell Phone No. _____ E-mail address _____

GCC/IBT Local No. _____ Journeyman
Classification _____

Lithographer Photoengraver Bindery General Worker Pressman Other _____

Marital Status Single Married Divorced Widowed – Date of Marriage _____

If you are divorced, date of divorce _____ Does a Q.D.R.O. exist - Yes No
(A Q.D.R.O. is a Qualified Domestic Relations Order and if one exists, it must be filed with the Fund Office)

Name of Spouse _____ Spouse's Date of Birth _____

First Middle Last

Spouse's Social Security No. _____

Employment History: start with your most recent employer.

<u>Name of Company</u>	<u>Address</u>	<u>From Month/Year</u>	<u>To Month/Year</u>	<u>Local Number</u>
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RECIPROCITY

The GCC/IBT-SRDF 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-SRDF:

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-SRDF 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)
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