

**ENROLLMENT FORMS TO BE MAILED TO:**

**Automotive Pension Trust  
15 – 82<sup>nd</sup> Dr., Suite 110  
Gladstone, OR 97027**

**Contacts in Portland, OR**

**1-866-374-9727**

**(503) 657-9727**

- 1. Heather – Extension 2729**
- 2. Cornelia – Extension 2701**

\*\*\*\*\*

**For information on your pension:**

**(206) 441-7574**

**Heidi – Extension 3206**

# Automotive Machinists Pension Trust

15 - 82nd Dr., Suite 110, Gladstone, OR 97027

Phone (206) 441-7574 or (800) 732-1121 • (503) 657- 9727, Heather Ext. 2729

Administered by  
Welfare and Pension Administration Service, Inc.

## APPLICATION FOR RETIREMENT

*Please print or type the following information:*

1. Name \_\_\_\_\_ 2. Social Security No. \_\_\_\_\_

3. Home Address \_\_\_\_\_ City & State \_\_\_\_\_ Zip Code \_\_\_\_\_

4. Union Local # \_\_\_\_\_ 5. Home Phone # \_\_\_\_\_ 6. Birth Date\* \_\_\_\_\_

Cell Phone # \_\_\_\_\_

**\*NOTE: Please attach a copy of your state issued Birth Certificate.**

7. Type of Retirement for which you are applying: (check one)

Normal  Early  Disability

8. Marital Status (past and present):

Never Married  Married  Widowed  Separated  Divorced - Date of Separation/Divorce\*\* \_\_\_\_\_

**\*\*If your marriage(s) was dissolved after December 31, 1984, your election of benefits may be subject to the rights of a prior spouse. You are required to attach a complete copy of each of your prior dissolution decree(s) and property settlement agreement(s) and/or Qualified Domestic Relations Order(s). The copies must show the document was filed with the court and signed by the judge.**

9. If currently married, please enter spouse's name, birth date and social security number:

Name \_\_\_\_\_ Birth Date \_\_\_\_\_ Social Security No. \_\_\_\_\_

10. Name of Beneficiary: \_\_\_\_\_ Relationship \_\_\_\_\_

11. Address of Beneficiary: \_\_\_\_\_

12. Name and address of most recent employer in the industry: \_\_\_\_\_

Last day worked: \_\_\_\_\_

Name and address of current employer (if different from above): \_\_\_\_\_

My last date of employment was/or will be: \_\_\_\_\_

13. List all local unions in which you have held membership or under whose jurisdiction you have worked in the industry.

Local Union No.	City and State	Dates of Membership			
		From		To	
		Month	Year	Month	Year

14. In accordance with the terms of the Plan, I hereby request that my \_\_\_\_\_ retirement  
(Normal, Early, Disability)

be effective \_\_\_\_\_. I agree to furnish any information which the Trustees may require for the determination of my eligibility for a benefit or the amount thereof.

15. I understand that this application can be cancelled by my written request any time prior to the retirement date indicated above. I have fully read and understand the information furnished in the Automotive Machinists Pension Trust Retirement Plan booklet.

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Member Signature

\_\_\_\_\_  
Address of Witness

\_\_\_\_\_  
Date

This is to certify that I was at **NO** time an owner, partner, corporate officer or otherwise involved in the management of any business and that I at all times was covered by an Automotive Machinists Union contract and was performing work in the Automotive Repair Industry. (Show positions of ownership or management below.)

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

---

### CERTIFICATION OF RETIREMENT

To be considered retired, a participant must have a Bona Fide Termination which is defined as termination of all employment with a contributing or formerly contributing plan employer and from any work in which the Re-employment Rules (as stated below) of the Trust apply for at least 30 days, regardless of whether the employment is covered by a Collective Bargaining Agreement.

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

---

### RE-EMPLOYMENT AFTER RETIREMENT RULES

If a retired Employee becomes reemployed, he shall report his Reemployment to the Plan Administration Office. After he has worked 501 hours in a Plan Year, a retired Employee will not be entitled to retirement payments for the remainder of the Plan Year in any month in which he is Reemployed 40 hours or more. Retirement payments will remain suspended until the earlier of the first month of the next Plan Year, or the Employee notifies the Plan Administration Office in writing that he has ceased to be Reemployed, provided that an Employee's retirement payments shall not be suspended during any period of Reemployment after the attainment of age 65.

The term "Reemployment" shall mean all employment with a Participating, Formerly Participating or Reciprocal Plan Employer:

- a) within the geographic area covered by the Plan
- b) in an industry in which employees are employed and earning Credited Future Service under the Plan and
- c) in a Trade or Craft in which the employee was employed at any time under the Plan

Disability Retirees who return to work will immediately permanently forfeit their benefits and will no longer be considered eligible for Disability Retirement income payments.

---

### DOCUMENTS ACCEPTABLE AS PROOF OF AGE

A) **A copy of one of the following documents will be acceptable as proof of age:**

1. Birth Certificate
2. Baptismal Certificate

B) **If neither of the preceding are available, copies of any TWO of the following may be submitted:**

1. U.S. Census Report (at least 20 years old)
2. Passport (may not be photocopied)
3. Naturalization or Immigration Papers (may not be photocopied)
4. Family Bible Entries
5. Life Insurance Policies (at least 10 years old)
6. Marriage License or Application
7. Early School Records
8. Military Records
9. Civil Service Records
10. Children's Birth Certificates
11. Written Certification from Social Security
12. Written Certification of Union Local

**NOTE:** All documentation submitted as proof of age must clearly show your age in order to be acceptable. Also, if the name shown on the document differs from the present name, a copy of the court order or other document recording the name change should be submitted for identification purposes.