

MO-KAN IRON WORKERS TRUST FUNDS

PO Box 909500
Kansas City, MO 64190-9500
(816) 756-3313 OR Toll Free (866) 756-3313

Notice Regarding Application for Retirement Benefits Mo-Kan Iron Workers Pension Fund

Dear Participant:

Following please find an application for pension benefits payable through the Mo-Kan Iron Workers Pension Fund (the “Fund”) and instruction on how to prove your age. You must provide proof of your age to the Fund Office when you file your application.

Please make certain that you answer all questions and sign your application personally. When completed, please return the application to us with your proof of age. If your proof of age is a valuable document which you do not wish to send through the mail, you may submit a photocopy. In addition, if you are married you will need to submit proof of age for your spouse along with a copy of your marriage certificate.

Once your application is received, additional information will be furnished to you regarding benefit payment options and amounts. Please note that one of the payment options the Fund offers is a Social Security Adjusted Benefit. This form of payment provides a larger monthly payment amount prior to age 62 or age 65. Upon reaching age 62 or 65, your monthly payment from the Fund will be reduced for the remainder of your life. If you would like to receive an estimate for this payment type, you must secure from the Social Security Administration the amount of retirement benefit, which Social Security expects to pay to you at the age between 62 and 65. To obtain this information, please contact the Social Security Administration at www.ssa.gov.

If you have any questions, please feel free to contact our office.

Sincerely,

Wilson-McShane Corporation
Fund Administrators

MO-KAN IRON WORKERS PENSION FUND
PO Box 909500
Kansas City, MO 64190-9500
(816) 756-3313 OR Toll Free (866) 756-3313

APPLICATION FOR RETIREMENT BENEFITS

I HEREBY APPLY FOR THE FOLLOWING BENEFIT:

Regular Pension Disability Pension Early Pension Pro-Rata Pension

Date you stopped working or plan to stop working in the Iron Working Industry ____/____/____

Proposed Effective Date of Retirement ____/____/____

Name _____

Address _____

Street or Box Number

City/ State/ Zip Code

Social Security Number _____ Phone Number _____

Date of Birth _____ (include copy of birth certificate)

Are you: Married Single Widowed

If Married, Complete the Following:

(a) Spouse's Name _____

(b) Spouse's Social Security No. _____ Date of Birth _____

(c) Date of Marriage _____

You must include a copy of your spouse's birth certificate and a copy of your marriage certificate.

Were you ever divorced? No Yes – If yes, please list date(s) of divorce(s): _____

Please include original divorce decree(s) including property settlement agreement.

Date you joined Local Union #10 _____

Have there been any periods when you left covered employment in the industry, withdrew from membership, or transferred out of the jurisdiction of Local Union #10? No Yes
If yes state when:

From _____ to _____ Reason _____

From: _____ to _____ Reason _____

List all the local unions other than Local #10 that are covered by this Fund under whose jurisdiction you worked since January 1, 1955.

Union No.	City	State	Dates Worked
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Have you ever been unable to work because of a total disability? _____ No _____ Yes If yes:

Cause of Disability	From	To:
_____	_____	_____
_____	_____	_____

If you are applying for a Disability Pension, complete the following:

Have you applied for Social Security Disability? _____

If you were granted Social Security Disability Benefits please attach a copy of the Social Security Award letter.

Nature of disability _____

Date you became disabled _____

Name and address of your physician _____

Date of your most recent examination _____

Have you worked at all at any occupation since you became disabled? _____ No _____ Yes If yes:

From	To	Employer	Earnings	Type of Work
_____	_____	_____	_____	_____

Please have your physician complete the enclosed Statement of Attending Physician and return to the Mo-Kan Iron Workers Pension Fund Office, 3100 Broadway Suite 805, Kansas City, MO 64111.

Have you ever served in the Military?

Branch _____ Date Entered _____ Separation Date _____

I hereby apply for a pension from the Mo-Kan Iron Workers Pension Fund.

The foregoing statements are true to the best of my knowledge and belief. I understand that a false statement may disqualify me for pension benefits, and that the Trustees shall have the right to recover any payments made to me because of a false statement

Signature of Applicant

Date

Application must be submitted at least two months before the date on which payments, if approved, are to begin.

When you submit your application, you will be advised if any other information is needed. You will be notified in writing of the decision made by the Board of Trustees.

INSTRUCTIONS TO PENSION APPLICANTS

PROOF OF AGE

In order to be eligible for retirement benefits, you must furnish proof of your age. You must also provide proof of your spouse's age.

The following list shows the type of documents, which may serve as proof of your age. Some of the documents are better proof than others. This list is arranged starting with the best type of proof and continues down to the less desirable types of documents. **You are required to furnish the best type of proof that is available, ideally a Birth Certificate.** It is recognized that, in certain instances, a birth certificate may not be available, particularly for those who were born outside of the United States. In such cases, you should secure the best type of proof. Photostat copies of the document may be submitted. Additional proof may be requested, if the document submitted is not convincing proof.

You may supply any one (1) of the following documents as proof of age

1. A Birth Certificate
2. Current (unexpired) Passport
3. Naturalization records
4. Military record
5. Marriage records showing date of birth (application for marriage license or church record, certified by custodian of such record; or marriage certificate)
6. Immigration papers
7. A baptismal certificate or a statement as to the date of birth shown by a church record, certified by the custodian of such record