



**Pension Fund  
of  
Stage Employees  
Local No.4, IATSE  
Application**

**INSTRUCTIONS**

1. Carefully read this application in its entirety before answering any questions. You may want to consult your tax advisor before completing the W-4P form. If after reading the application you find any part to be unclear, do not hesitate to contact the Fund Office.
2. **Do not** remove any pages from this application. The application must be returned to the Fund office in its entirety for it to be valid.
3. You **must** submit the following documents along with this application for it to be valid:
  - a) Proof Of Age (*birth certificate, drivers license, passport, etc*)
  - b) Marriage Certificate (*if applicable*)
  - c) Spouse's Proof Of Age (*if applicable*)
  - d) Divorce or Separation Papers (*if applicable*)
  - e) Proof of Disability (*if applicable*)
4. Please neatly print the answers in the spaces provided to all questions that apply to you.
5. The Retirement Declaration Statement **must** be completed.
6. Section A. (*Participant Information*) You **must** complete this section regardless of the type of Pension application being made.
7. Section B. (*Spouse Information*) You **must** complete this section if you are married regardless of the type of pension application being made.
8. Section C. (*Beneficiary Information*) You **must** complete this section **only** if you will be selecting the "60 month guarantee" calculation method in Section G.
9. Section D. (*Pension Type*) You **must** select **one** pension type from this section. Note: if a Disability Pension is selected, you **must** also complete Section E.
10. Section E. (*Disability Pension*) You **must** complete this section **only** if you are applying for a Disability Pension.
11. Section F. (*Payment Option*) You **must** select **one** payment option from this section. Note: If you select the direct deposit option, you **must** complete the attached "Direct Deposit Authorization" form.
12. Section G. (*Calculation Method*) You **must** select **one** calculation method from this section. See the attached definitions for an explanation of each method.
13. Section H. (*Statement of Facts*) You **must** select **one** statement of fact from this section which indicates you fully understand the beneficiary and survivor benefit consequences of your selections.
14. The W-4P and IT-2104P both **must** be completed and signed regardless of whether you have chosen to have taxes withheld.
15. The last page of this application **must** be signed, dated, and notarized in order for the application to be valid.

**PENSION FUND OF STAGE EMPLOYEES LOCAL FOUR, I.A.T.S.E.**  
**2917 GLENWOOD ROAD, BROOKLYN, NY 11210**

PHONE:(718) 252-8777

**APPLICATION FOR BENEFITS**

FAX:(718) 421-5605

**DEFINITIONS:**

**Normal Pension:**

A “*Normal*” Pension will be awarded to a participant with 35 or more service credits regardless of age, or where a participant’s age plus their service credits equals 90 or more.

**Reduced Pension:**

A “*Reduced*” Pension will be awarded to a participant who has attained age 65 or more and has accumulated 15 or more service credits, but fewer than 25 service credits.

**Early Retirement Pension:**

An “*Early Retirement*” Pension will be awarded to a participant who has attained age 55 or more and has accumulated 15 or more service credits

**Note:** if the age plus service credits equals 90 or more then a “*Normal*” Pension will be awarded.

**Disability Pension:**

A “*Disability*” Pension will be awarded to a participant who prior to attaining age 65 has become “*totally and permanently disabled*” and has accumulated 15 or more service credits.

**Note:** proof of the disability, which needs to be approved by the trustees, must be submitted with this application.

**Vested Pension:**

A “*Vested*” Pension will be awarded to a participant who has attained Normal Retirement age or more and has accumulated 5 or more vesting credits, but fewer than 15 service credits.

**55% Joint and Survivor:**

This calculation method reduces the amount of the monthly benefit paid to the pensioner during their lifetime by approximately 10% , but allows for the pensioner’s spouse to continue to receive 55% of this monthly benefit for the remainder of their life.

**75% Joint and Survivor:**

This calculation method reduces the amount of the monthly benefit paid to the pensioner during their lifetime by approximately 14% , but allows for the pensioner’s spouse to continue to receive 75% of this monthly benefit for the remainder of their life.

**60 Month Guarantee:**

This calculation method pays the full amount of the monthly benefit to the pensioner during their lifetime, however if the pensioner should **die before having received 60 monthly payments**, their designated beneficiary will receive the remaining payments. **Note:** if the designated beneficiary is the surviving spouse they will receive no less than 18 payments, even if this would exceed 60 payments.

**Disqualifying Employment:**

- (a) Employment with any contributing employer.
- (b) Self-employment or otherwise in the same or related business as any contributing employer.
- (c) Employment in the Theatrical, Television, Motion Picture, or Video Industry within the geographical jurisdiction of Local No.4, IATSE.

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RETIREMENT DECLARATION STATEMENT

I, \_\_\_\_\_ hereby declare that I am retiring on a pension from the Pension  
(Print Participant's Name)  
Fund of Stage Employees Local No.4, IATSE, and that I will be bound by **all** the rules and regulations of  
this Pension Plan, including but not limited to the following:

1. IF I RETIRE UNDER A DISABILITY PENSION BEFORE ATTAINING AGE 65:

- (a) As I have been deemed “*Totally and Permanently*” Disabled, I will not engage in any type of “*Disqualifying Employment*” as herein defined.
- (b) I understand that should I accept any such employment, I must notify the Trustees in writing, within thirty (30) days from the commencement of the employment. Further I understand that by accepting any such employment, my status as “*Totally and Permanently*” Disabled will cease, and my “Disability Pension” will discontinue.
- (c) I understand that when I attain age 65, only item (d) under the “*Disqualifying Employment*” definition will be used when determining the status of post-retirement employment.

2. IF I RETIRE UNDER ANY PENSION OTHER THAN A DISABILITY:

- (a) As I have “retired” from active employment, I understand that my pension benefit will be forfeited for each month in which I work forty (40) hours or more in any type of “*Disqualifying Employment*” as herein defined.
- (b) I understand that should I accept any such employment, I must notify the Trustees in writing, within thirty (30) days from the commencement of the employment, regardless of the number of hours I intend to work.
- (c) I understand that the aforementioned forty (40) hours includes actual hours worked as well as any benefit hours including but not limited to *holiday pay, sick pay, vacation pay, etc.*
- (d) I will continue to verify, at such times as the Plan may request, that I am not employed, or that my employment will not be a cause for suspension of my benefits.

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**RETIREMENT DECLARATION STATEMENT *continued***

- (e) I understand if I fail to give such notice, and/or the Trustees otherwise learn of my employment that my pension benefits will be suspended until such time that the Trustees determine the status of the employment. If the Trustees find the employment warrants a suspension of benefits, my benefits will be suspended for each month worked in such employment, as provided for in Article II, Section 20 of the Plan. Otherwise I will be paid all my benefits that were withheld pending the Trustees' determination.
- (f) I agree that I must furnish any information requested by the Trustees concerning employment and any income from such employment.
- (g) I agree that the Trustees have the right to suspend the payment of my pension benefits until such time the requested information is received by them.
- (h) I understand that I can request a ruling from the Trustees on whether a particular or contemplated employment would be deemed disqualifying.
- (i) I understand that the Trustees' rulings concerning post-retirement employment and suspension of benefits are appealable as provided for in Article IV Section 2 of the plan.

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(Participant's Signature)

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(Date)

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**A. PARTICIPANT INFORMATION: (required)**

Name: \_\_\_\_\_  
(Last) (First) (Middle)

Address: \_\_\_\_\_  
(Number and Street) (City) (State) (Zip)

Daytime Phone Number: \_\_\_\_\_ (Required)      Nighttime Phone Number: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ (Required)      Date of Birth: \_\_\_\_\_ (Required)

Single: G    Married : G    Divorced : G <sup>1</sup>    Widowed : G <sup>2</sup>    Cannot Locate Spouse : G <sup>3</sup>  
Date Married: \_\_\_\_\_ (If applicable)      Date Widowed: \_\_\_\_\_ (If applicable)

Date of Retirement: \_\_\_\_\_ (Required)      Date Last Worked: \_\_\_\_\_ (Required)

Most Recent Employer: \_\_\_\_\_ (Required)

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**B. SPOUSE INFORMATION: (required if the participant is married at the time of application)**

Name: \_\_\_\_\_  
(Last) (First) (Middle)

Address: \_\_\_\_\_  
(Number and Street) (City) (State) (Zip)

Daytime Phone Number: \_\_\_\_\_ (Required)      Nighttime Phone Number: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ (Required)      Date of Birth: \_\_\_\_\_ (Required)

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**C. BENEFICIARY INFORMATION: (required if the "60 Month Guarantee" option in Section G is selected)**

Name: \_\_\_\_\_  
(Last) (First) (Middle)

Address: \_\_\_\_\_  
(Number and Street) (City) (State) (Zip)

Daytime Phone Number: \_\_\_\_\_ (Required)      Nighttime Phone Number: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ (Required)      Date of Birth: \_\_\_\_\_ (Required)

Relationship to Participant: \_\_\_\_\_  
(Wife, Husband, Son, Daughter, etc)

<sup>1</sup> Submit a copy of the Divorce Decree

<sup>2</sup> Submit a copy of the Death Certificate

<sup>3</sup> Submit proof of Due Diligence

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**D. PENSION TYPE:** (Check only one)

Normal:     Reduced:     Early Retirement:     Vested:     Disability:

**E. DISABILITY PENSION:** (complete this section only if a Disability Pension was selected)

When did you first become disabled? \_\_\_\_\_  
(Month) (Day) (Year)

What is the nature of your disability? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name of your physician: \_\_\_\_\_

Address of your physician: \_\_\_\_\_  
(Street Address)

(City)

(State)

(Zip Code)

Have you applied for Social Security Disability benefits?    Yes     No

If yes, what was the date of the application? \_\_\_\_\_  
(Month) (Day) (Year)

Have you been awarded a Social Security Disability benefit?    Yes     No

If yes, please submit a photo-copy of the award with this application.

**F. PAYMENT OPTIONS:** (Check only one)

**Note:** If you select the Direct Deposit option, you must also complete the attached "Direct Deposit Authorization" form.

Check

Direct Deposit

**G. CALCULATION METHOD:** (Check only one)

**Note:** If you select the "Joint and Survivor" method you **must** select **Item 1** in Section H.

If you select the "60 Month Guarantee" method you **must** select **either** Item 2 **or** Item 3 in Section H. If item 2 is selected **your spouse must** complete the "Spouse's Statement" portion of that item and have their signature notarized.

55% Joint & Survivor

75% Joint & Survivor

60 Month Guarantee

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H. STATEMENT OF FACTS: (Select only one)

1. G I am legally married and have selected the "55% Joint and Survivor" calculation method.

By making this statement my spouse and I understand, accept, and agree to the following:

- 1. The actual amount of my monthly benefit will be reduced from the full amount I am entitled to based on the difference in ages between my spouse and myself.
2. If I should pre-decease my spouse after my pension has become payable, my spouse will continue to receive 55% of this monthly benefit each month for the remainder of their life.
3. In the event that my spouse pre-deceases me after my pension has become payable, the amount of my monthly benefit will increase to the full amount that I would have received had I not elected the "Joint and Survivor" calculation method.
4. If my spouse and I should divorce after my pension has become payable, this election remains in effect. As such should my spouse survive me they will be entitled to my survivor benefits, unless our divorce decree states otherwise.
5. My spouse and I must have been legally married to one another for at least one (1) year at the time of my death for my spouse to be eligible to receive my survivor benefits.

(Participant's Signature)

(Date)

State of \_\_\_\_\_ )
)SS:
County of \_\_\_\_\_ )

On the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_ before me came \_\_\_\_\_ to me known and known to me to be the person described above who executed the foregoing statement before me under oath.

Notary Public





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3. G I am legally married and have selected the "60 Month Guarantee" calculation method.

- 1. The actual amount of my monthly benefit will be the full amount I am entitled to.
2. If I should pre-decease my spouse after my pension has become payable, my spouse will not be entitled to nor will they receive a pension from this plan for the remainder of their life.
3. If I should pre-decease my spouse after my pension has become payable, and I have received 60 or more monthly benefit payments, my spouse or named beneficiary are not entitled to nor will they receive any pension benefit from this plan whatsoever.
4. If I should pre-decease my spouse after my pension has become payable, but have received less than 60 monthly benefit payments, and my named beneficiary is not my spouse, then my named beneficiary will receive the remainder of the 60 monthly payments paid monthly.
5. If I should pre-decease my spouse after my pension has become payable, but have received less than 60 monthly benefit payments, and my named beneficiary is my spouse, then my spouse will receive the remainder of the 60 monthly payments paid monthly, with no less than 18 payments to be paid, even if this would exceed 60 payments.

Spouse's Statement

I, (Print Spouse's Name), being the legal spouse of the participant (Print Participant's Name), do hereby give consent to my spouse's rejection of the "Joint and Survivor" option. I have read, understand, agree, and accept the foregoing results of this rejection. Further, in recognition that the "60 Month Guarantee" will apply I consent to my spouse's naming as beneficiary for this 60 Month Guarantee benefit (Print Name of Beneficiary from Section C).

(Spouse's Signature)

(Date)

(Participant's Signature)

(Date)

State of )
)SS:
County of )

On the day of, before me came to me known and known to me to be the person described above who executed the foregoing statement before me under oath.

Notary Public

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H. STATEMENT OF FACTS: continued

4. G I am not legally married.

By making this statement I understand, accept, and agree to the following:

- 1. The only calculation method available to me is the "60 Month Guarantee".
2. If I should pre-decease my named beneficiary after my pension has become payable, and I have received 60 or more payments, my named beneficiary is not entitled to nor will they receive any pension benefit whatsoever.
3. If I should pre-decease my named beneficiary after my pension has become payable, and I have received less than 60 monthly benefit payments, my named beneficiary will receive the remainder of the 60 monthly payments paid monthly.

(Participant's Signature)

(Date)

I. TESTAMENT:

I, (Print Participant's Name) hereby state that the foregoing information is true and correct to the best of my knowledge and belief, and I understand, accept, and agree that any false information supplied may disqualify me for pension benefits from this plan should those benefits be approved based on that false information.

(Participant's Signature)

(Date)

State of )
)SS:
County of )

On the day of, before me came to me known and known to me to be the person described above who executed the foregoing statement before me under oath.

Notary Public