

MCASF LOCAL 725 PENSION PLAN

Dear Applicant:

Enclosed you will find an application for Retirement benefits from MCASF Local 725 Pension Trust Fund as well as a calculation of your pension benefit. You will need to provide all the information requested and sign and notarize your application. **Incomplete or unsigned forms could delay your request for benefits.** An application checklist is included to assist you in completing your application.

Also enclosed for your completion and signature are the following forms: Direct Deposit Authorization and Federal Tax Withholding Form W-4P. These forms should accompany your returned application along with the requested documents listed on the checklist.

As noted on the checklist, for Proof-of-Age, you may submit one (1) of the following acceptable documents: Birth Certificate, Passport, Baptismal Certificate, Naturalization papers, or Military records/ID. Please include Proof-of-Age for your Spouse along with the other required documents as noted on the checklist for your spouse.

For a Disability Retirement, you will also need to provide your entire Disability Determination Award letter from the Social Security Administration.

For an Early Retirement, you may need to provide additional documentation such as federal tax returns and W2 forms if you are not actively working for a contributing employer.

Please realize that the process to establish a pension benefit takes approximately 45 – 90 days. In order to hasten this process, it is imperative that you return complete and properly signed application package, plus the applicable copies of your supporting documents to:

MCASF Local 725 Pension Plan
c/o Benefit Services
15800 Pines Boulevard, Suite 201
Pembroke Pines, FL 33027

Should you have any questions or concerns regarding your application, please contact Benefit Services at (754) 777-7735.

Sincerely,
Retirement Services
MCASF Local 725 Pension Trust Fund

CHECK LIST OF ITEMS/DOCUMENTATION to SUBMIT WITH YOUR MCASF LOCAL 725 PENSION TRUST FUND APPLICATION

Please utilize the check list below to ensure that you have all necessary documents to complete your application for benefits from the Pension Fund. Please make sure your application is complete and accurately signed prior to submission. Missing documents and an incomplete application will delay the processing of receiving your benefit.

Please Note!! Items that are in **bold MUST** be signed & dated in front a valid Notary Public (both the signatures & dates must match for you/your spouse and Notary Public)

- Application For Benefit Form
- Statement & Communication of Application
- Certificate of Marital Status**
- Waiver of 30-Day Notice Requirement**
- Benefit Option Election Form & Spousal Consent to Optional Benefit**
- 5 or 10 Year Certain & Life Election Beneficiary Designation Form** *(if applicable)*
- Retirement Declaration & Affidavit of Disqualified Employment**
- Direct Deposit Form
- W-4P Tax Withholding Notice & Election
- Copy of your birth certificate
- Copy of your spouse's birth certificate
- Copy of your marriage certificate
- Copy of your photo ID
- Copy of your spouse's photo ID
- Copy of your Social Security card
- Copy of your spouse's Social Security card
- Copy of any previous divorce decrees, Qualified Domestic Relations Orders, Separation Agreements, Martial Assets/Property Agreements, etc. *(if applicable)*
- Copy of your entire Disability Determination Award Letter *(if applicable)*
- Copy of your Report of Separation from the Armed Forces or Form DD 214 *(if applicable)*

Please review the forms you are submitting to make sure that you have completed all blanks, signed where necessary, including the signature of a Notary Public where applicable and answered the questions accurately and completely.

Should you have any questions regarding the forms or necessary documents, please contact the Benefit Office at (754) 777-7735.



**MCASF LOCAL 725 PENSION TRUST FUND
APPLICATION FOR RETIREMENT BENEFITS**

NAME (Last, First, Middle)	
ADDRESS	
CITY, STATE, ZIP	
TELEPHONE	EMAIL ADDRESS
SOCIAL SECURITY NUMBER	DATE OF BIRTH
LOCAL UNION NUMBER	UNITED ASSOCIATION MEMBERSHIP NUMBER
MARITAL STATUS <input type="checkbox"/> Married <input type="checkbox"/> Married with Previous Marriages	DATE OF MARRIAGE

SPOUSE'S NAME (Last, First, Middle)	
SPOUSE'S SOCIAL SECURITY NUMBER	SPOUSE'S DATE OF BIRTH

TYPE OF RETIREMENT FOR WHICH YOU ARE APPLYING?	
<input type="checkbox"/> NORMAL ~ Age 65	<input type="checkbox"/> EARLY ~ Age 55- 64 with 10 vesting credits
<input type="checkbox"/> LATE ~ Age 66 +	<input type="checkbox"/> DISABILITY ~ with 10 vesting credits & hours requirement
EFFECTIVE DATE OF RETIREMENT Month _____, 20_____	

Please note, this application will only be valid if returned to the Fund Office within the 180-day period before your requested effective date. This application will be effective on the first day of the month following receipt of the application with the Fund Office, unless a later date is specified above.

HAVE YOU APPLIED FOR BENEFITS FROM SOCIAL SECURITY ADMIN? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, EFFECTIVE DATE:	DATE FIRST EMPLOYED IN JURISDICTION (Month, Day, Year)
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<u>Credit for Uniformed Service for the United States</u> (If you were in the Uniformed Services of the United States, please complete the following and submit your Form DD214)	
DATE OF ENTRY:	DATE OF DISCHARGE:

I hereby certify that the above statements are true and correct to the best of my knowledge. I also certify that I will adhere to the retirement requirements of the Plan. I understand a false statement may disqualify me for benefits. This application revokes any prior applications and designation of beneficiaries.

Participant's Signature _____

Date _____



STATEMENT OF APPLICATION RECEIPT
(Married Participants Only)

In order to comply with Federal Regulations related to the 30-day waiver form (enclosed with this application), The Fund Office must have a statement from you indicating the date you received an explanation of your benefit options from MCASF Local 725 Pension Trust Fund.

I received my application packet with explanation of benefit options on _____

Signature of Applicant

Date Signed

Please return this statement with your completed application

COMMUNICATION OF APPLICATION STATUS

I _____ request all communication regarding my application for pension benefits from MCASF Local 725 Pension Trust Fund in the following manner:

- U.S. Mail
 - My mailing address is: _____
- Electronic Mail
 - My email address is: _____
- Phone
 - My phone number is: _____
 - This is a land-line _____ This is a cell phone _____

Signature of Applicant

Date Signed



CERTIFICATE OF MARITAL STATUS

Federal law requires the Trustees to confirm whether a previous spouse is entitled to any portion of your benefits. As such, it is necessary that we request the following certification and supporting documentation. **Failure to complete this form fully, including signing it in front of a notary public, and providing ALL documentation requested, will result in a delay of the processing of your application.**

Participant Name: _____ S.S.# _____

Current Marital Status:

- SINGLE, NEVER MARRIED
- SINGLE, PREVIOUSLY MARRIED*
- MARRIED, NO PREVIOUS MARRIAGES
- MARRIED, WITH PREVIOUS MARRIAGES*
- LEGALLY SEPARATED

***If you had a previous marriage(s), please list the name(s) of your former spouse(s, the date(s) of marriage and date(s) of divorce or Legal Separation (if any of your previous marriages ended due to death of your spouse at the time, please list the date of death):**

<u>Former Spouse's Name</u>	<u>Date of Marriage</u>	<u>Date of Divorce/Death</u>
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You will need to provide COMPLETE copies of ALL marriage certificates, divorce decrees, judgments, separation agreements, qualified domestic relations orders and any other accompanying documents related to the termination of your previous marriage(s). If any previous spouse(s) has passed away, please provide a copy of the death certificate(s). If you do not have these documents, you should contact the appropriate court through which the proceedings occurred in order to obtain certified copies.

I hereby certify, subject to the penalty of perjury, that the above information is, to the best of my belief and knowledge, true and complete. ANY PERSON WHO SUPPLIES A FALSE CERTIFICATION IN CLAIMING A BENEFIT FORFEITS ANY RIGHT HE OR SHE MAY HAVE TO THE BENEFIT AND, UPON DISCOVERY, BECOMES LIABLE FOR FULL REPAYMENT OF ANY MONEY RECEIVED AS A CONSEQUENCE.

Signature of Applicant

Date Signed

Place Notary Stamp/Seal Here

Subscribed to and sworn to before me,
This _____ day of _____, 20__

Notary Public, _____, County
State of _____
My Commission expires _____

Signature

NOTICE to NOTARIES: Federal Law (i.e., the Retirement Equity Act of 1984) requires that the above Waiver must be executed in the presence of an authorized Plan representative or a Notary Public. Accordingly, it is most important that you not only witness the actual signatures identified above, but also examine their credentials to satisfy yourself that they are, in fact, the same persons as the ones identified



WAIVER OF 30-DAY NOTICE REQUIREMENT
(Married Participants Only)

I, _____, hereby acknowledge that I have been informed that federal law prohibits the Fund from paying benefits to me until at least 30 days after my spouse and I have received a written explanation of the 100% Joint & Survivor form, including my right to waive that form with written consent of my spouse, the effect of such a waiver and the right my spouse and I each have to revoke that waiver and consent. I have also been informed that I may waive that 30 day notice period and instead elect a 7 day notice period, which will permit the Fund to commence payment of benefits to me no less than 7 days after my spouse and I received the written explanation, provided my spouse also consents in writing to waiver of the 30-day notice period.

I elect to waive the 30-day notice period

Signature of Applicant

Date Signed

SPOUSAL CONSENT TO WAIVER OF 30-DAY NOTICE REQUIREMENT

I am the legal spouse of _____. I acknowledge that I have been informed that my spouse wishes to waive the requirement that we receive, at least 30 days before the Fund pays benefits to my spouse, a written of the 100% Joint & Survivor form, including my spouse's right to waive the 100% Joint & Survivor form with my written consent, the effect of such a waiver and the right my spouse and I each have to revoke that waiver and consent, and to elect instead a 7 day notice period as permitted by federal law. I hereby consent to the election of my spouse to waive the 30-day notice period

Signature of Spouse

Date Signed

>> BOTH SIGNATURE MUST BE SIGNED IN FRONT OF NOTARY PUBLIC <<

Place Notary Stamp/Seal Here

Subscribed to and sworn to before me,
This _____ day of _____, 20____

(Print Name of Notary)
Notary Public, _____ County
State of _____
My Commission expires _____
Signature _____

*NOTICE to NOTARIES: Federal Law (i.e., the Retirement Equity Act of 1984) requires that the above Waiver must be executed in the presence of an authorized Plan representative or a Notary Public. Accordingly, it is most important that you not only witness the actual signatures identified above, but also examine their credentials to satisfy yourself that they are, in fact, the same persons as the ones identified.



**MCASF LOCAL 725 PENSION TRUST FUND
BENEFIT ELECTION FORM**

I, _____ have been provided information on the forms of benefit available and have mark in the space provided below the benefit I choose to elect;

Single Life Only

Monthly benefit payments will only be paid to me for the remainder of my lifetime. There will be no payments to anyone after my death.

5 Year Certain and Life

My primary beneficiary, who is designated on my pension application, is to receive, in the event I die within the first five years of the date my pension begins, monthly payments for the remainder of the five-year period following such date, in the same amount as the benefit I was receiving prior to death. In the event my primary beneficiary does not survive said five-year period, the benefits remaining should be paid to the contingent beneficiary as designated on the applicable form.

10 Year Certain and Life

My primary beneficiary, who is designated on my pension application, is to receive, in the event I die within the first ten years of the date my pension begins, monthly payments for the remainder of the ten-year period following such date, in the same amount as the benefit I was receiving prior to death. In the event my primary beneficiary does not survive said ten-year period, the benefits remaining should be paid to the contingent beneficiary as designated on the applicable form.

50% Joint and Survivor Annuity

My spouse, as designated on my application, is hereby designated as my Joint annuitant, and is to receive a Monthly Survivor Pension for life after my death in the amount equal to 50% of my Monthly Retirement Pension. I understand that my Retirement Pension for life will be reduced as a result of this election. In the event my spouse pre-deceases me, my monthly benefit will automatically be converted and increased to the Single Life Benefit.

66 2/3% Joint and Survivor Annuity

My spouse, as designated on my application, is hereby designated as my Joint annuitant, and is to receive a Monthly Survivor Pension for life after my death in the amount equal to 66 2/3% of my Monthly Retirement Pension. I understand that my Retirement Pension for life will be reduced as a result of this election. In the event my spouse pre-deceases me, my monthly benefit will automatically be converted and increased to the Single Life Benefit.

100% Joint and Survivor Annuity

My spouse, as designated on my application, is hereby designated as my Joint annuitant, and is to receive a Monthly Survivor Pension for life after my death in the amount equal to 100% of my Monthly Retirement Pension. I understand that my Retirement Pension for life will be reduced as a result of this election. In the event my spouse pre-deceases me, my monthly benefit will automatically be converted and increased to the Single Life Benefit.

YOUR ELECTION IS NOT VALID UNTIL YOU COMPLETE AND RETURN THIS FORM.

IF YOU ELECTED A SINGLE LIFE ONLY BENEFIT OR A PERIOD CERTAIN ONLY BENEFIT, BY SIGNING THIS FORM, YOU AND YOUR SPOUSE ACKNOWLEDGE THAT YOUR SPOUSE WILL HAVE NO RIGHT TO A MONTHLY LIFETIME PENSION AFTER YOUR DEATH.

YOU AND YOUR SPOUSE MUST SIGN THIS FORM IN THE PRESENCE OF A NOTARY PUBLIC.

THIS ELECTION REVOKES ANY OTHER PREVIOUS ELECTION I HAVE MADE.

Signature of Applicant

Date Signed

Place Notary Stamp/Seal Here

Subscribed to and sworn to before me,
This _____ day of _____, 20__

Notary Public, _____

State of _____

My Commission expires _____

Signature _____

Spousal Consent to Participant's Election of Optional Benefit

(Required for married participants who elect any form of benefit other than the 100% J&S)

I, _____, the spouse of _____,
(the "Spouse") (the "Participant")

do hereby acknowledge that I have read the Notice of Normal Forms of Benefits and Limited Right to Change Elections. I further understand that by providing my consent to the Participant's election to waive the Joint and Survivor Annuity with a 100% spouse's survivor benefit, in order for my spouse to receive pension benefits in an optional form of payment and/or to name a beneficiary other than myself, as applicable, I may receive a reduced percentage survivor's benefit, or no benefit under the Plan upon the death of the Participant. I also understand that I do not have to consent to this waiver, however, if I do provide my consent, I may not revoke my consent.

The Joint and Survivor Annuity with a 100% spouse's survivor benefit is a monthly benefit which, in the absence of this election, would become payable for the life of the Participant and, upon the death of the Participant, payable to me for life, with the amount of each monthly benefit payable to me equaling 100% of each monthly benefit that is payable to the Participant.

I hereby consent to the Participant's election (1) not to receive pension benefits in the form of a Joint and Survivor Annuity with a 100% spouse's survivor benefit, and (2) to have pension and survivor benefits paid in the optional _____ form of payment, and if applicable (3) with _____, as the Participant's beneficiary to receive applicable survivor benefits, if any.

This consent shall become null and void if the Participant revokes his/her election not to receive the Joint and Survivor Annuity with a 100% spouse's survivor benefit, or if he/she changes the optional form of benefit payment election or beneficiary designation.

Signature of Spouse

Date Signed

Place Notary Stamp/Seal Here

Subscribed to and sworn to before me,
This _____ day of _____, 20__

Notary Public, _____

State of _____

My Commission expires _____

Signature _____



MCASF LOCAL 725 PENSION TRUST FUND
5 Year or 10 Year Certain & Life Election Beneficiary Designation

I _____, have elected a 5 year or 10 year Certain and Life benefit and do hereby designate the following Beneficiary and if in the event that my primary beneficiary does not survive the elected period, I do hereby designate the follow Contingent Beneficiary.

BENEFICIARY NAME (Last, First, Middle)	BENEFICIARY SOCIAL SECURITY NUMBER
BENEFICIARY ADDRESS	BENEFICIARY DATE OF BIRTH
CITY, STATE, ZIP	RELATIONSHIP

CONTINGENT BENEFICIARY NAME (Last, First, Middle)	CONTINGENT SOCIAL SECURITY NUMBER
CONTINGENT ADDRESS	CONTINGENT DATE OF BIRTH
CITY, STATE, ZIP	RELATIONSHIP

Participant's Signature

Date

REQUIRED WAIVER OF BENEFICIARY STATUS
(to be completed only if spouse is not named as beneficiary above)

I am the legal spouse of _____, With my consent, my spouse has elected to receive
(Participant's Name)
benefits in either the Life-Five Year or 10 Year Certain form and to designate the person noted above as beneficiary. I hereby consent to that designation of beneficiary.

Signature of Participant's Spouse

Date

Place Notary Stamp/Seal Here

Subscribed to and sworn to before me,
This _____ day of _____, 20____

Print Name of Notary
Notary Public, _____ County
State of _____
My Commission expires _____

Signature of Notary

NOTICE to NOTARIES: Federal Law (i.e., the Retirement Equity Act of 1984) requires that the above Waiver must be executed in the presence of an authorized Plan representative or a Notary Public. Accordingly, it is most important that you not only witness the actual signatures identified above, but also examine their credentials to satisfy yourself that they are, in fact, the same persons as the ones identified



MCASF Local 725 Pension Trust Fund

RETIREMENT DECLARATION

Name _____ Social Security No. _____

I am retiring on a pension from the MCASF Local 725 Pension Trust Fund. I declare that I will be bound by all of the rules and regulations of the Pension Plan.

I attest that

My Employer immediately preceding my retirement date:

Employer _____

Employer's Address _____

Type of Work _____

Is this a Contributing Employer with UA Local 725 Yes No

I intend to continue to work for this employer Yes No

I intend to stop working on this date _____

YOU MUST LIST ALL OTHER EMPLOYERS YOU HAVE WORKED FOR REGARDLESS OF IF IN THE TRADE

Former Employer	
Period of Work	
Type of Work Performed	
Is this a Contributing Employer with UA Local 725	<input type="checkbox"/> Yes <input type="checkbox"/> No

Former Employer	
Period of Work	
Type of Work Performed	
Is this a Contributing Employer with UA Local 725	<input type="checkbox"/> Yes <input type="checkbox"/> No

Former Employer	
Period of Work	
Type of Work Performed	
Is this a Contributing Employer with UA Local 725	<input type="checkbox"/> Yes <input type="checkbox"/> No

<<<CONTINUES ON NEXT PAGE>>>

NOTICE to NOTARIES: Federal Law (i.e., the Retirement Equity Act of 1984) requires that the above Affidavit must be executed in the presence of a Notary Public. Accordingly, it is most important that you not only witness the actual signatures identified above, but also examine their credentials to satisfy yourself that they are, in fact, the same persons as the ones identified.



Former Employer	
Period of Work	
Type of Work Performed	
Is this a Contributing Employer with UA Local 725	<input type="checkbox"/> Yes <input type="checkbox"/> No

Former Employer	
Period of Work	
Type of Work Performed	
Is this a Contributing Employer with UA Local 725	<input type="checkbox"/> Yes <input type="checkbox"/> No

Former Employer	
Period of Work	
Type of Work Performed	
Is this a Contributing Employer with UA Local 725	<input type="checkbox"/> Yes <input type="checkbox"/> No

Former Employer	
Period of Work	
Type of Work Performed	
Is this a Contributing Employer with UA Local 725	<input type="checkbox"/> Yes <input type="checkbox"/> No

<<<PLEASE USE ADDITIONAL SHEETS IF NECESSARY>>>

By signing below, I declare that I will be bound by all of the rules and regulations of the MCASF Local 725 Pension Plan and that if I violate any rules and regulations, my benefit may be suspended and any benefit that I received that I was not eligible for would have to be reimbursed to the Fund. I understand a false statement may disqualify me for benefits.

Signature

Date

Place Notary Stamp/Seal Here

Subscribed to and sworn to before me,

This _____ day of _____, 20____

Notary Public, _____ County

State of _____

My Commission expires _____

Signature _____

NOTICE to NOTARIES: Federal Law (i.e., the Retirement Equity Act of 1984) requires that the above Affidavit must be executed in the presence of a Notary Public. Accordingly, it is most important that you not only witness the actual signatures identified above, but also examine their credentials to satisfy yourself that they are, in fact, the same persons as the ones identified.



MCASF Local 725 Pension Trust Fund
AFFIDAVIT OF DISQUALIFYING EMPLOYMENT

I do hereby acknowledge that I understand that Disqualifying Employment means employment that is all of the below:

- Any employment, including self-employment, consulting, or any other arrangement in the industry, trade or craft covered by the MCASF Local 725 Pension Plan: and
- Is anywhere in the State of Florida or anywhere else where contributions to the MCASF Local 725 Pension Plan are submitted through a reciprocal agreement: and
- That is non-union, meaning the employer, including myself if self-employed, is not signed to a Collective Bargaining Agreement that requires contributions to the MCASF Local 725 Pension Trust Fund.

Initial the circumstance that applies to you:

_____ I certify that I have not performed any employment (including self-employment) at any time on or after July 1, 1999, that is Disqualifying Employment as defined above.

_____ I am not certain if I have performed employment in the jurisdiction of the MCASF Local 725 Pension Plan that is for a non-union employer (including self-employment) on or after July 1, 1999, that may be Disqualifying Employment. Since July 1, 1999, I worked for the following companies in the position noted below (please use an additional sheet if necessary)

Company Name, Address, Phone	Position/Duties with Company

NOTE: If you have checked that you are uncertain if your employment was possibly Disqualifying, please noted that the Fund Office may contact for additional information regarding this employment.

ARE YOU NOW OR WERE YOUR EVER A SOLE PROPRIETOR OR A PARTNER OF A COMPANY IN THIS INDUSTRY? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, PLEASE COMPLETE BELOW:	LIST BELOW ANY INTERRUPTION IN YOUR EMPLOYMENT IN THE INDUSTRY DUE TO DISABILITY, MATERNITY OR PATERNITY LEAVE OR WORK FOR A SIGNATORY EMPLOYER IN NON-COVERED EMPLOYMENT:
NAME & TYPE OF BUSINESS FROM (Month, Year)	NAME & TYPE OF BUSINESS FROM (Month, Year)
_____ FROM _____	_____ FROM _____
_____ FROM _____	_____ FROM _____

Signature _____

Date _____

Place Notary Stamp/Seal Here

Subscribed to and sworn to before me,

This _____ day of _____, 20____

Notary Public, _____ County

State of _____

My Commission expires _____

Signature _____

NOTICE to NOTARIES: Federal Law (i.e., the Retirement Equity Act of 1984) requires that the above Affidavit must be executed in the presence of a Notary Public. Accordingly, it is most important that you not only witness the actual signatures identified above, but also examine their credentials to satisfy yourself that they are, in fact, the same persons as the ones identified.



MCASF Local 725 Pension Trust Fund

15800 Pines Blvd., Suite 201 Pembroke Pines, FL 33027
Phone (754) 777-7735 Fax (754) 999-2205

Dear Pensioners and Beneficiaries,

The Board of Trustees of MCASF Local 725 Pension Trust Fund in an effort to ensure that all pensioners and beneficiaries receive their monthly pension benefit timely and securely, have determined that all pension benefit must be received via electronic deposit effective July 1, 2019.

Direct deposit is **safe** because your benefit payment is automatically deposited into your bank account. Direct deposit is **fast and easy** because your benefit payment is deposited directly into your checking or savings account on time, correctly and confidentially.

Enclosed is a Direct Deposit Form. Please take a few minutes and complete the form on the back. It will take the Fund Office about 30 days after it receives your authorization to set up the procedure with your bank.

Please notify the Fund Office *immediately* whenever you change your address so that our records will be updated and you will continue to receive your monthly direct deposit.

Should you need assistance in completing the enclosed Direct Deposit Form or if you have questions regarding your monthly pension benefit, please contact the Fund Office at the number above.

Sincerely,

Board of Trustees
MCASF Local 725 Pension Trust Fund

DIRECT DEPOSIT AGREEMENT

Name of Payee _____ Social Security No _____

Address _____

City _____ State _____ Zip _____

Telephone No () _____

Bank Account Information – Attach a voided check from your account and/or complete the information below. See sample check at the bottom of the page for help completing this section.

Routing No. _____ Account No. _____

Type of Account: Checking Savings

Financial Institution

Name _____

Address _____

City _____ State _____ Zip _____

Telephone Number _____

ATTENTION Surviving Spouses, Beneficiaries and Alternate Payees: You are receiving this pension benefit as a beneficiary of a Participant in the Pension Fund, therefore, please write the name and social security number of that participant below:

Participant _____ Social Security No. _____

Please allow up to 30 days for the direct deposit set-up process to be completed.

I, the undersigned, hereby authorize the Board of Trustees of the Pension Trust Fund (“the Pension Fund”) to deposit all amounts due to me under the Pension Plan in my account at the Financial Institution named above. This authorization shall remain in force until I revoke it in writing or until my death, whichever occurs first. If at any time the Pension Fund should credit my account for a benefit to which I am not entitled, I authorize and direct the Financial Institution to refund the Pension Fund.

Payee Signature _____

Date _____

The image shows a sample check from ANYPLACE BANK, Anyplace, LA 70000. The payee is RUFUS MAPLE and MARY MAPLE, 123 Main Street, Anyplace, LA 70000. The check is payable to the order of the payee for \$1234.00. The routing number is 250250025 and the account number is 1186. A note indicates that the routing and account numbers may be in different places on a check. A warning says 'Do not include the check number'.

Note: The routing and account numbers may be in different places on your check.

Withholding Certificate for Periodic Pension or Annuity Payments

2024

Give Form W-4P to the payer of your pension or annuity payments.

Step 1: Enter Personal Information	(a) First name and middle initial	Last name	(b) Social security number
	Address		
	City or town, state, and ZIP code		
	(c) <input type="checkbox"/> Single or Married filing separately <input type="checkbox"/> Married filing jointly or Qualifying surviving spouse <input type="checkbox"/> Head of household (Check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual.)		

Complete Steps 2–4 ONLY if they apply to you; otherwise, skip to Step 5. See pages 2 and 3 for more information on each step, when to use the estimator at www.irs.gov/W4App, and how to elect to have no federal income tax withheld (if permitted).

**Step 2:
Income
From a Job
and/or
Multiple
Pensions/
Annuities
(Including a
Spouse's
Job/
Pension/
Annuity)**

Complete this step if you (1) have income from a job or more than one pension/annuity, or (2) are married filing jointly and your spouse receives income from a job or a pension/annuity. **See page 2 for examples on how to complete Step 2.**

Do **only one** of the following.

(a) Use the estimator at www.irs.gov/W4App for most accurate withholding for this step (and Steps 3–4). If you or your spouse have self-employment income, use this option; **or**

(b) Complete the items below.

(i) If you (and/or your spouse) have one or more jobs, then enter the total taxable annual pay from all jobs, plus any income entered on Form W-4, Step 4(a), for the jobs less the deductions entered on Form W-4, Step 4(b), for the jobs. Otherwise, enter “-0-” . . . \$ _____

(ii) If you (and/or your spouse) have any other pensions/annuities that pay less annually than this one, then enter the total annual taxable payments from all lower-paying pensions/annuities. Otherwise, enter “-0-” \$ _____

(iii) Add the amounts from items (i) and (ii) and enter the **total** here \$ _____

TIP: To be accurate, submit a new Form W-4P for all other pensions/annuities if you haven't updated your withholding since 2021 or this is a new pension/annuity that pays less than the other(s). Submit a new Form W-4 for your job(s) if you have not updated your withholding since 2019.

Complete Steps 3–4(b) on this form only if (b)(i) is blank **and** this pension/annuity pays the most annually. Otherwise, do not complete Steps 3–4(b) on this form.

Step 3: Claim Dependent and Other Credits	If your total income will be \$200,000 or less (\$400,000 or less if married filing jointly): Multiply the number of qualifying children under age 17 by \$2,000 \$ _____ Multiply the number of other dependents by \$500 \$ _____ Add other credits, such as foreign tax credit and education tax credits \$ _____ Add the amounts for qualifying children, other dependents, and other credits and enter the total here	3	\$
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Step 4 (optional): Other Adjustments	(a) Other income (not from jobs or pension/annuity payments). If you want tax withheld on other income you expect this year that won't have withholding, enter the amount of other income here. This may include interest, taxable social security, and dividends	4(a)	\$
	(b) Deductions. If you expect to claim deductions other than the basic standard deduction and want to reduce your withholding, use the Deductions Worksheet on page 3 and enter the result here	4(b)	\$
	(c) Extra withholding. Enter any additional tax you want withheld from each payment	4(c)	\$

**Step 5:
Sign
Here**

Your signature (This form is not valid unless you sign it.)	Date
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General Instructions

Section references are to the Internal Revenue Code.

Future developments. For the latest information about any future developments related to Form W-4P, such as legislation enacted after it was published, go to www.irs.gov/FormW4P.

Purpose of form. Complete Form W-4P to have payers withhold the correct amount of federal income tax from your periodic pension, annuity (including commercial annuities), profit-sharing and stock bonus plan, or IRA payments. Federal income tax withholding applies to the taxable part of these payments. Periodic payments are made in installments at regular intervals (for example, annually, quarterly, or monthly) over a period of more than 1 year. Don't use Form W-4P for a nonperiodic payment (note that distributions from an IRA that are payable on demand are treated as nonperiodic payments) or an eligible rollover distribution (including a lump-sum pension payment). Instead, use Form W-4R, Withholding Certificate for Nonperiodic Payments and Eligible Rollover Distributions, for these payments/distributions. For more information on withholding, see Pub. 505, Tax Withholding and Estimated Tax.

Choosing not to have income tax withheld. You can choose not to have federal income tax withheld from your payments by writing "No Withholding" on Form W-4P in the space below Step 4(c). Then, complete Steps 1a, 1b, and 5. Generally, if you are a U.S. citizen or a resident alien, you are not permitted to elect not to have federal income tax withheld on payments to be delivered outside the United States and its territories.

Caution: If you have too little tax withheld, you will generally owe tax when you file your tax return and may owe a penalty unless you make timely payments of estimated tax. If too much tax is withheld, you will generally be due a refund when you file your tax return. If your tax situation changes, or you chose not to have federal income tax withheld and you now want withholding, you should submit a new Form W-4P.

When to use the estimator. Consider using the estimator at www.irs.gov/W4App if you:

1. Have social security, dividend, capital gain, or business income, or are subject to the Additional Medicare Tax or Net Investment Income Tax; or
2. Receive these payments or pension and annuity payments for only part of the year.

Self-employment. Generally, you will owe both income and self-employment taxes on any self-employment income you (or you and your spouse) receive. If you do not have a job and want to pay these taxes through withholding from your payments, use the estimator at www.irs.gov/W4App to figure the amount to have withheld.

Payments to nonresident aliens and foreign estates. Do not use Form W-4P. See Pub. 515, Withholding of Tax on Nonresident Aliens and Foreign Entities, and Pub. 519, U.S. Tax Guide for Aliens, for more information.

Tax relief for victims of terrorist attacks. If your disability payments for injuries incurred as a direct result of a terrorist attack are not taxable, write "No Withholding" in the space below Step 4(c). See Pub. 3920, Tax Relief for Victims of Terrorist Attacks, for more details.

Specific Instructions

Step 1(c). Check your anticipated filing status. This will determine the standard deduction and tax rates used to compute your withholding.

Step 2. Use this step if you have at least one of the following: income from a job, income from more than one pension/annuity, and/or a spouse (if married filing jointly) that receives income from a job/pension/annuity. The following examples will assist you in completing Step 2(b).

Example 1. Bob, a single filer, is completing Form W-4P for a pension that pays \$50,000 a year. Bob also has a job that pays \$25,000 a year. Bob has no other pensions or annuities. Bob will enter \$25,000 in Step 2(b)(i) and in Step 2(b)(iii).

If Bob also has \$1,000 of interest income, which he entered on Form W-4, Step 4(a), then he will instead enter \$26,000 in Step 2(b)(i) and in Step 2(b)(iii). He will make no entries in Step 4(a) on this Form W-4P.

Example 2. Carol, a single filer, is completing Form W-4P for a pension that pays \$50,000 a year. Carol does not have a job, but she also receives another pension for \$25,000 a year (which pays less annually than the \$50,000 pension). Carol will enter \$25,000 in Step 2(b)(ii) and in Step 2(b)(iii).

If Carol also has \$1,000 of interest income, then she will enter \$1,000 in Step 4(a) of this Form W-4P.

Example 3. Don, a single filer, is completing Form W-4P for a pension that pays \$50,000 a year. Don does not have a job, but he receives another pension for \$75,000 a year (which pays more annually than the \$50,000 pension). Don will not enter any amounts in Step 2.

If Don also has \$1,000 of interest income, he won't enter that amount on this Form W-4P because he entered the \$1,000 on the Form W-4P for the higher paying \$75,000 pension.

Example 4. Ann, a single filer, is completing Form W-4P for a pension that pays \$50,000 a year. Ann also has a job that pays \$25,000 a year and another pension that pays \$20,000 a year. Ann will enter \$25,000 in Step 2(b)(i), \$20,000 in Step 2(b)(ii), and \$45,000 in Step 2(b)(iii).

If Ann also has \$1,000 of interest income, which she entered on Form W-4, Step 4(a), she will instead enter \$26,000 in Step 2(b)(i), leave Step 2(b)(ii) unchanged, and enter \$46,000 in Step 2(b)(iii). She will make no entries in Step 4(a) of this Form W-4P.

If you are married filing jointly, the entries described above do not change if your spouse is the one who has the job or the other pension/annuity instead of you.



Multiple sources of pensions/annuities or jobs. If you (or if married filing jointly, you and/or your spouse) have a job(s), do NOT complete Steps 3 through 4(b) on Form W-4P. Instead, complete Steps 3 through 4(b) on the Form W-4 for the job. If you (or if married filing jointly, you and your spouse) do not have a job, complete Steps 3 through 4(b) on Form W-4P for **only** the pension/annuity that pays the most annually. Leave those steps blank for the other pensions/annuities.

Step 3. This step provides instructions for determining the amount of the child tax credit and the credit for other dependents that you may be able to claim when you file your tax return. To qualify for the child tax credit, the child must be under age 17 as of December 31, must be your dependent who generally lives with you for more than half the year, and must have the required social security number. You may be able to claim a credit for other dependents for whom a child tax credit can't be claimed, such as an older child or a qualifying relative. For additional eligibility requirements for these credits, see Pub. 501, Dependents, Standard Deduction, and Filing Information. You can also include **other tax credits** for which you are eligible in this step, such as the foreign tax credit and the education tax credits. Including these credits will increase your payments and reduce the amount of any refund you may receive when you file your tax return.

Step 4 (optional).

Step 4(a). Enter in this step the total of your other estimated income for the year, if any. You shouldn't include amounts from any job(s) or pension/annuity payments. If you complete Step 4(a), you likely won't have to make estimated tax payments for that income. If you prefer to pay estimated tax rather than

Specific Instructions (continued)

having tax on other income withheld from your pension, see Form 1040-ES, Estimated Tax for Individuals.

Step 4(b). Enter in this step the amount from the Deductions Worksheet, line 6, if you expect to claim deductions other than the basic standard deduction on your 2024 tax return and want to reduce your withholding to account for these deductions.

This includes itemized deductions, the additional standard deduction for those 65 and over, and other deductions such as for student loan interest and IRAs.

Step 4(c). Enter in this step any additional tax you want withheld from **each payment**. Entering an amount here will reduce your payments and will either increase your refund or reduce any amount of tax that you owe.

Note: If you don't give Form W-4P to your payer, you don't provide an SSN, or the IRS notifies the payer that you gave an incorrect SSN, then the payer will withhold tax from your payments as if your filing status is single with no adjustments in Steps 2 through 4. For payments that began before 2024, your current withholding election (or your default rate) remains in effect unless you submit a new Form W-4P.

Step 4(b)—Deductions Worksheet (Keep for your records.)



1	Enter an estimate of your 2024 itemized deductions (from Schedule A (Form 1040)). Such deductions may include qualifying home mortgage interest, charitable contributions, state and local taxes (up to \$10,000), and medical expenses in excess of 7.5% of your income	1	\$ _____
2	Enter: <ul style="list-style-type: none"> • \$21,900 if you're head of household, • \$29,200 if you're married filing jointly or a qualifying surviving spouse • \$14,600 if you're single or married filing separately 	2	\$ _____
3	If line 1 is greater than line 2, subtract line 2 from line 1 and enter the result here. If line 2 is greater than line 1, enter "-0-"	3	\$ _____
4	If line 3 equals zero, and you (or your spouse) are 65 or older, enter: <ul style="list-style-type: none"> • \$1,950 if you're single or head of household. • \$1,550 if you're married filing separately. • \$1,550 if you're a qualifying surviving spouse or you're married filing jointly and one of you is under age 65. • \$3,100 if you're married filing jointly and both of you are age 65 or older. Otherwise, enter "-0-". See Pub. 505 for more information	4	\$ _____
5	Enter an estimate of your student loan interest, deductible IRA contributions, and certain other adjustments (from Part II of Schedule 1 (Form 1040)). See Pub. 505 for more information	5	\$ _____
6	Add lines 3 through 5. Enter the result here and in Step 4(b) on Form W-4P	6	\$ _____

Privacy Act and Paperwork Reduction Act Notice. We ask for the information on this form to carry out the Internal Revenue laws of the United States. You are required to provide this information only if you want to (a) request federal income tax withholding from pension or annuity payments based on your filing status and adjustments; (b) request additional federal income tax withholding from your pension or annuity payments; (c) choose not to have federal income tax withheld, when permitted; or (d) change a previous Form W-4P. To do any of the aforementioned, you are required by sections 3405(e) and 6109 and their regulations to provide the information requested on this form. Failure to provide this information may result in inaccurate withholding on your payment(s). Failure to provide a properly completed form will result in your being treated as a single person with no other entries on the form; providing fraudulent information may subject you to penalties.

Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation, and to cities, states, the District of Columbia, and U.S. commonwealths and territories for use in administering their tax laws. We may

also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by section 6103.

The average time and expenses required to complete and file this form will vary depending on individual circumstances. For estimated averages, see the instructions for your income tax return.

If you have suggestions for making this form simpler, we would be happy to hear from you. See the instructions for your income tax return.



MCASF LOCAL 725 PENSION PLAN

Factors That May Affect Any Deferred Pension Benefits

Your decision to start receiving your pension benefits is a financial decision that can be affected by a variety of factors and personal reasons. Along with your tax and/or financial advisors, consider:

Taxes - You will be subject to federal income taxes on the amount of benefits you actually receive from the Plan. If you defer the commencement of your monthly pension benefit payments, you will also defer the taxation of your pension. If you do NOT defer your receipt of your monthly pension benefit payments, then you do not defer the taxation of your pension. In addition, you will lose any benefits that you might stand to receive from postponing the taxation of your pension.

You may wish to consider the benefit of deferring the commencement of your receipt of monthly pension benefit payments if you may be subject to a lower tax rate in the future. It is also important to consider whether federal taxes might undercut the financial effect of deferring receipt of pension benefit payments if you might be subject to a higher tax rate in the future when you elect to begin receiving your pension benefits.

Continued Years of Service – Deciding whether to receive monthly pension benefit payments at age fifty-five (55) or continuing to work in covered employment could significantly affect the amount of monthly pension benefit payments you will receive. The impact of your continued employment will affect your pension benefit payments based upon Plan rules regarding when and how you can accrue additional benefit credits.

Your Longevity - Whether you would actually realize a benefit from electing to defer the start of your pension may depend upon how long you live. If you die while your receipt of pension benefits is deferred, or die shortly after your payment of pension benefits starts, the amount of benefit payments you and your surviving spouse or beneficiary receive could be significantly affected.

Review your Summary Plan Description - The Plan's minimum distribution and death benefit rules may affect your ability to postpone your receipt of benefits. The minimum distribution rules require you to begin receiving your benefit no later than January 1 of the calendar year following the year in which you attain age seventy-two (72). Additionally, it is important to consider whether the beneficiary of any death or survivor's benefit will have the right to leave his or her benefit(s) in the Plan. These rules are covered in the Summary Plan Description ("SPD").

MCASF LOCAL 725 PENSION PLAN

Notice of Normal Forms of Benefit and Limited Right to Change Elections

Please note that unless you elect an optional form of benefit, the Plan provides for the following normal forms of distribution, which will automatically be applied to your benefits:

Married Participants – As a married participant, your pension benefit will be paid as a joint and survivor annuity with a 100% spouse's survivor benefit. A monthly benefit will be paid to you for your lifetime, and in the event you die before your spouse, 100% of the monthly amount you were receiving will continue to be paid to your spouse, for his/her lifetime. If your spouse dies before you after you have begun receiving your benefit, then your monthly benefit will increase to the amount you would have been payable had you elected a single life annuity for the rest of your life.

Unmarried Participants – As an unmarried participant, your pension benefit will be paid as a single life annuity. This form of benefit will be paid to you for your lifetime.

You may elect during the one hundred eighty (180) day period ending on the date pension benefit payments commence to waive the normal forms and have your pension benefit paid in one of the optional forms of payment provided by the Plan. You may also revoke any election of optional forms of payment during the same period. However, any election that would deprive your spouse of his/her 100% survivor benefit shall have no effect, unless it is accompanied by his/her written consent to such election. A notary public or a plan representative must witness your spouse's consent.

If you are married, it is important that you and your spouse understand the terms and conditions of the 100% joint and survivor ("J&S") Benefit. You should consult with the plan administrator if you have any questions. You will be provided with an illustration showing your normal benefit and the adjusted benefit amounts which would be payable should you elect any other optional forms of benefit payments available under the Plan prior to the date that your pension benefits are scheduled to commence.

If you become married prior to the commencement of your pension benefits, you must immediately notify the plan administrator. Conversely, if you divorce or your spouse dies prior to the commencement of your pension benefits, you should notify the plan administrator of such changed circumstance.



MCASF LOCAL 725 PENSION PLAN

Notice of Your Right to Defer Receipt of a Plan Distribution

Federal law requires the Plan to inform you of the financial effects of a decision to defer the commencement of your pension benefit payments until a later date. In addition, the plan must provide you with the potential consequences of your failure to defer your pension benefit payments.

Each of the following examples in the table below are based upon the Plan’s “normal form” of payment for unmarried (single, divorced or widowed) participants, which is a Single Life Annuity. This is a monthly pension benefit payable for your lifetime.

The financial effect of deferring the commencement of payment of your pension benefits is based on the following Plan rules:

If you are at least fifty-five (55) years of age when you retire, your monthly pension benefit is reduced by five twelfths and one percent (5/12th of 1% or 0.4166 %) for each month that your elected retirement date precedes your attainment of age sixty-five (65).

If you are at least sixty-five (65) years of age when your pension benefit payments commence, then your monthly benefit is unreduced.

In general, the latest that you can start receipt of your pension benefits under the Plan, is January 1 of the calendar year following the year in which you attain age seventy-two (72).

The following examples assume that you have earned a monthly pension benefit of \$1,000.00 per month based on the Plan’s benefit formula, being paid as a Single Life Annuity, and that you will not earn any additional benefit credits for work performed in covered employment in the future.

Age at Commencement of Your Monthly Pension Payments	Amount of Monthly Pension Benefit Payments
55	\$500.00
56	\$550.00
56	\$600.00
58	\$650.00
59	\$700.00
60	\$750.00
61	\$800.00
62	\$850.00
63	\$900.00
64	\$950.00
65	\$1,000.00

Additionally, it is important for you to understand that should you defer receipt of your pension benefits, that neither you nor your spouse will be eligible for any retiree subsidy benefits provided for through the MCASF Local 725 Health and Welfare Trust Fund, unless and until such time as you actually retire, provided that you then satisfy all conditions for eligibility for any then available retiree subsidy benefits.

MCASF Local 725 Pension Plan

Relative Value of Optional Forms of Benefit

Federal law requires the Plan to provide you, and your spouse if married, a comparison of the “Relative Value” of the optional forms of benefits available under the Plan.

The Relative Value comparison is intended to help you (and your spouse, if married) understand and compare the total value of benefits that can be paid in different forms under the Plan. This is to help you make an informed decision about the form in which you receive your pension benefits. “Relative value” means the actuarial present value of each optional form of payment relative to the value of the Qualified Joint and Survivor Annuity (“QJSA”) that is the normal form of benefit for married participants. If the relative value of the optional form falls within the IRS-prescribed parameters, it may be described as “approximately equal” to the QJSA.

The Relative Value calculation is made by converting the value of the QJSA to a single common form, which in this instance, is the single life annuity using the Plan’s stated interest rate (seven percent – 7%) and life expectancy assumptions (UP-1984 Unisex Mortality Table), and comparing that result to the optional forms of benefits. All comparisons are based on the average life expectancies for persons of similar age to you and your spouse/beneficiary. The ultimate value of any optional form of benefit will depend upon how long you actually live. Note that every optional form of benefit under the Plan has an approximately equal value to the standard form of benefit.

It is important that you realize that the Relative Value of the optional form of benefits does not represent a guarantee or even a prediction of what you will actually receive after you commence retirement. The actual value of a stream of annuity payments for any participant, and its comparison to the values of different benefit options, will vary depending on the longevity of the participant, and his/her spouse or beneficiary, and their respective ages at the time when the payment of benefits commence.

Upon your written request, the Plan will provide you with an individualized relative values estimate.