


The National Elevator Industry Pension Plan

Please follow the instructions listed below:

- Read the “Pension Instructions” procedures booklet found on the Plan’s website:
<https://www.neibenefits.org/resources/forms/>
 - Print out the Pension Application only. You do not need to print the Procedures booklet.
 - To run a pension calculation, use the NEI Member Portal at:
<https://memberportal.neibenefits.org/nei>
- 
- A rectangular button with a dark blue background and rounded corners. The text "MEMBER LOGIN" is written in white, uppercase letters in the center.
- Sign in if you already have an account. If you do not have an account, select “Create Account”, and follow the prompts. It takes about two minutes.
 - Once logged in to the Member Portal, go to the Pension Projections screen. Enter the appropriate Retirement Date and click on “Calculate” to view your estimate and calculation options.
 - Review your pension calculation carefully. Please note that the pension calculation will not take into account a Qualified Domestic Relation Orders (“QDRO”) or disability that you may have.
 - If you make a mistake cross out the mistake and initial your correction.
 - **You may complete and return the pension application with appropriate documents to pension@neibenefits.org, fax to 610-325-9028, or via US mail to the Benefits Office.** Please note that communications via email over the internet are not secure. Although unlikely, there is a possibility that information you include in an email can be intercepted and read by other parties besides the person to whom it is addressed.
 - Return the original of page 11 of your pension application if notarization is required by US Mail.
 - Upon receipt, the Benefits Office will review your application for completeness and send you a confirmation with an updated pension calculation via US mail to the address provided in your application.
 - Note that your pension application can become effective no earlier than the first of the month following receipt of your pension application.
 - The pension type and benefit election **cannot** be changed after you retire.
 - If you decline health coverage under the NEI Health Benefit Plan it **cannot** be reinstated at a later date.
 - The Benefits Office **cannot assist** with completing IRS Form W-4P (income tax withholding). If you have questions please contact your accountant and/or tax preparer.
STATE TAXES CANNOT BE DEDUCTED.

THIS APPLICATION MUST BE RECEIVED IN THE FUND
OFFICE NO LATER THAN 180 DAYS FROM DATE PRINTED
OR THE APPLICATION IS VOID.

Date Received: _____
(For Fund Office Use Only)

NATIONAL ELEVATOR INDUSTRY PENSION PLAN

19 Campus Blvd., Ste. 200
Newtown Square, PA 19073-3288
Phone No.: 800-523-4702, follow prompts #2, #5 & #4

PENSION APPLICATION

(PLEASE RETURN ALL PAGES OF THE APPLICATION OR THE APPLICATION WILL BE VOID)

PART I – GENERAL INFORMATION

1. Name (Last, First, Middle): _____
2. Address: _____
Number and Street

City State Zip Code
3. Telephone Number: () _____ | Cell Number: () _____
4. Email Address: _____
5. Social Security Number (last 4 digits only): _____ XXX-XX-
6. Local Union Number: _____
7. Date of Birth: _____
8. Date You Retired or Plan to Retire: _____ (Must be the 1st of a month. Your pension can become effective no earlier than the month following receipt of your application in the Benefits Office.)
9. Did you serve in the Armed Forces of the United States after you began your employment in the Elevator Industry? YES or NO (circle one)
If Yes, from _____ (Mo./Yr.) to _____ (Mo./Yr.)
(Enclose copy of Military discharge and service record – copy of Form DD214)
10. Were you ever out of work from the Elevator Industry due to Sickness or Accident? YES or NO (circle one)
If Yes, from _____ (Mo./Yr.) to _____ (Mo./Yr.)
OR CURRENTLY DISABLED (circle)
11. Are you now receiving or have you received Weekly Income Benefits under the National Elevator Industry Health Benefit Plan? YES or NO (circle one)
If Yes, from _____ (Mo./Yr.) to _____ (Mo./Yr.)
12. Are you now receiving or have you received Workers' Compensation benefits from any State or the Federal Government? YES or NO (circle one)
If Yes, from _____ (Mo./Yr.) to _____ (Mo./Yr.)
13. (a) Date you first worked with the tools in the Elevator Industry: _____
(b) Date you last worked with the tools in the Elevator Industry: _____

14. Reason for leaving the Elevator Industry: LAID-OFF DISABLED RETIRED OTHER (circle one)

If other, please state reason: _____

15. Type of Pension for which you are applying: (check one)

- ☐ **Normal** Retirement Pension (Age 65-1 or greater)
- ☐ **Early** Immediate Retirement Pension (Ages 55-65)
- ☐ **Disability** Pension (Complete Question 16*)
- ☐ **Vested** Pension (To be used if you left the trade prior to age 55)

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

(a) Nature of your disability _____

(b) Date you last actually worked with the tools in the Elevator Industry _____

(c) Have you applied for Social Security Disability Benefits? YES or NO (circle one)
if yes, date applied _____
and what is the status? APPROVED REJECTED PENDING (circle one)

If approved, enter the Effective Date payments were or will be made: _____
Month Day Year

If you have received a Notice of Award for Social Security Disability Benefits, please send a complete copy with this application; otherwise, mail a copy of the Notice to the Benefits Office when received. **DO NOT DELAY MAILING THIS APPLICATION. MAIL IT WHEN COMPLETED.**

Furthermore, regardless of the type of pension you are applying for, you cannot receive Weekly Indemnity (Short Term Disability/Weekly Income) payments within in the same month as a pension payment.

17a. Starting with your most recent employment, list the names and addresses of all employers for whom you worked in the Elevator Industry. **Complete to the best of your knowledge.** Attach additional sheets if you need more space.

Name of Employer

From

Mo./Yr.

To

Mo./Yr.

('To' date cannot be 'present' or after your Pension Effective Date in Question #8)

- 17b. If you have at any time been employed by a general contractor as a Temporary Car Operator, please list such employment below starting with your most recent employment.

<u>Name of Employer</u>	<u>Address</u>	<u>From</u> <u>Mo./Yr.</u>	<u>To</u> <u>Mo./Yr.</u>
_____	_____		
_____	_____		
_____	_____		

18. Did you ever work as a management/salaried employee in the Elevator Industry?
YES or NO (circle one) If yes, list company and date(s).

<u>Company Name</u>	<u>Address</u>
From _____ To _____	

19. Did you ever work in the Elevator Industry for a company that did not participate in the NEI Benefit Plans ("non-contributory"), including an institution of higher learning?
YES or NO (circle one) If yes, list company and date(s).

<u>Company Name</u>	<u>Address</u>
From _____ To _____	

20. Are you currently or have you ever worked as an Elevator Inspector? YES or NO (circle one)

<u>Company Name</u>	<u>Address</u>
From _____ To _____	

21. Do you intend to terminate your employment in the Elevator Industry? YES or NO (circle one)

If yes, termination date: _____
(Must be prior to retirement date in Question#8)

*In order to receive a pension from the Plan you must withdraw completely from any further employment in work of the type covered by the trade or craft jurisdiction of the Union except as otherwise provided by the Plan. If you return to such employment after retirement, you must notify the Benefits Office in writing within 30 days. **Under such employment, your pension benefits will be suspended and you risk permanent loss of health coverage, if you are eligible and elect such coverage as a retiree.***

*If you receive a Disability Pension from the Plan you may not engage in any regular gainful occupation or employment for compensation or profit except such employment which is found by the Trustees to be for the purpose of rehabilitation and not incompatible with the definition of Total and Permanent Disability. **Also, you must inform the Plan if you lose entitlement to Social Security Disability benefits.***

APPLICANT'S SIGNATURE _____ DATE _____

THE NATIONAL ELEVATOR INDUSTRY PENSION PLAN

VOLUNTARY AUTHORIZATION OF DIRECT PAYMENT FROM MY MONTHLY PENSION TO THE NATIONAL ELEVATOR CONSTRUCTORS POLITICAL ACTION COMMITTEE ("NECPAC")

I hereby authorize and direct the National Elevator Industry Pension Plan to deduct from my monthly pension benefit the amount set forth below and to remit that amount on a continuing basis to the National Elevator Constructors Political Action Committee ("NECPAC").

I understand that I can contribute more or less than the amount set forth below through other methods such as direct contributions to NECPAC. I further understand that this is a voluntary contribution and that whether or not I make any contributions to NECPAC shall in no way affect my rights under the National Elevator Industry Pension Plan or impact my rights under the Constitution and By-Laws of the International Union of Elevator Constructors.

I understand that the money I contribute will be used for political purposes and I understand that all or some of the amount I contribute may be used to influence the election or defeat of candidates in elections for federal, state or local office or to address political issues and referendums of public importance.

This authorization has been voluntarily made, and I understand that I may revoke this authorization at any time by notifying the National Elevator Industry Pension Plan in writing of my revocation.

☐ **YES**, please deduct from my monthly pension benefit the amount of: \$_____, and remit that amount on a continuing basis to the National Elevator Constructors Political Action Committee ("NECPAC"). I make this contribution voluntarily and understand that it may be revoked at any time. By this authorization, I am not assigning my monthly pension benefit, or any portion thereof, to NECPAC. I understand that NECPAC has no enforceable right against the National Elevator Industry Pension Plan or to any part of my pension benefit.

☐ **NO**, I do not wish to participate.

Date

Signature

Print Name

Contributions or gifts to NECPAC are not tax deductible for federal income tax purposes.

THE NATIONAL ELEVATOR INDUSTRY PENSION PLAN

PART A LIFE INSURANCE CONVERSION PRIVILEGE

The \$40,000 Group Life insurance terminates upon retirement (except for eligible Disability Retirees under age 65). You may convert all or any part of your \$40,000.00 Group Life Insurance with no medical examination or other evidence of insurability to an individual self policy:

- By applying to the Plan's life insurance vendor within 31 days after such termination
- In any amount up to the amount for which you were insured under the Group Life Policy of the Health Benefit Plan as an active employee/participant.
- To an individual life insurance policy then customarily issued by the life insurance vendor (except Term Insurance)

☐ Check box if you would like to receive an application (cost of coverage supplied by Insurer)

PART B BASIC HEALTH BENEFITS FOR PARTICIPANTS AND ELIGIBLE DEPENDENTS PROVIDED BY HEALTH BENEFIT PLAN (also see Part D)

IMPORTANT: The applicant is reminded that Health Benefits are available only to those members who have had coverage under the Health Benefit Plan immediately prior to retirement. Disability Retirees should complete only Part "C" and, if elected, Part "D". The cost of the insurance coverage elected is subject to change at the discretion of the Trustees, at any time. IF THE COVERAGE IS REJECTED, IT CANNOT BE REINSTATED.

Basic Health Benefits (that is, all benefits except Life Insurance, Weekly Indemnity Insurance, Dental and Vision Coverage) are extended to you, your spouse and eligible children, provided you authorize a monthly deduction from your pension. See Part D for Dental and Vision coverage. These benefits will be modified when you and/or your spouse become Medicare eligible. **You must elect Medicare Parts A & B when eligible.** In this regard, see your Health Benefit Plan Summary under "Co-ordination with Medicare." You must elect the Health Insurance coverage for yourself in order for your spouse to qualify for such coverage. Divorce terminates coverage for your spouse, though your spouse may be offered a temporary extension of coverage under the Consolidated Omnibus Budget Reconciliation Act ("COBRA").

CHECK
ONE
ONLY

- ☐ **YES**, deduct from my pension the cost of health benefit coverage under the National Elevator Industry Health Benefit Plan. I make this authorization voluntarily and understand that it may be revoked at any time. By this authorization, I am not assigning my monthly benefit, or any portion thereof, to the National Elevator Industry Health Benefit Plan. I understand that the National Elevator Industry Health Benefit Plan has no enforceable right against the National Elevator Industry Pension Plan or to any part of my pension benefit.

Provide names and dates of birth of ALL eligible dependents to be covered:

Spouse: _____ Date of Birth: _____
name month day year

Children: _____ Date of Birth: _____
name month day year

_____ Date of Birth: _____
name month day year

_____ Date of Birth: _____
name month day year

- ☐ **NO**, I do not want basic Health Benefits and understand that I will also not be entitled to Dental and Vision coverage nor be entitled to elect these coverages at a later date

APPLICANT'S SIGNATURE _____ **DATE** _____

SPOUSE'S SIGNATURE _____ **DATE** _____

(Spouse must be listed as a dependent above or spouse will not be covered)

THE NATIONAL ELEVATOR INDUSTRY PENSION PLAN

PART C

HEALTH COVERAGE AND LIFE INSURANCE BENEFITS FOR DISABILITY RETIREES ONLY AND HEALTH COVERAGE BENEFITS FOR THEIR ELIGIBLE DEPENDENTS PROVIDED BY THE HEALTH BENEFIT PLAN (also see Part D)

Under the terms of the National Elevator Industry Health Benefit Plan, you may continue your life insurance coverage and basic Health Benefits for yourself and your spouse and eligible children (with the exception of Weekly Indemnity Insurance, Dental and Vision coverage) until you reach age 65 by authorizing a monthly deduction from your pension benefit. After you attain age 65, Health Benefits (that is, all benefits except Life Insurance and Weekly Indemnity Insurance) are available to you, your spouse and eligible children, as well as Dental and Vision coverage if you were covered by it prior to age 65. See Part D for Dental and Vision coverage. **You must elect Medicare Parts A & B when eligible.** In this regard, see your Health Benefit Plan Summary under "Co-ordination with Medicare."

CHECK
ONE
ONLY

- ☐ **YES**, deduct from my pension the cost of basic Health Benefit coverage under the National Elevator Industry Health Benefit Plan. I make this authorization voluntarily and understand that it may be revoked at any time. By this authorization, I am not assigning my monthly benefit, or any portion thereof, to the National Elevator Industry Health Benefit Plan. I understand that the National Elevator Industry Health Benefit Plan has no enforceable right against the National Elevator Industry Pension Plan or to any part of my pension benefit.

Provide names and dates of birth of ALL eligible dependents to be covered:

Spouse: _____	Date of Birth: _____
name	month day year
Children: _____	Date of Birth: _____
name	month day year
_____	Date of Birth: _____
name	month day year
_____	Date of Birth: _____
name	month day year

- ☐ **NO**, I do not want the basic Health Benefits and understand that I will also not be entitled to Dental and Vision coverage or life insurance coverage nor be entitled to elect these coverages at a later date.

APPLICANT'S SIGNATURE _____ DATE _____

SPOUSE'S SIGNATURE _____ DATE _____

(Spouse must be listed as a dependent above or spouse will not be covered)

THE NATIONAL ELEVATOR INDUSTRY PENSION PLAN

PART D DENTAL AND VISION COVERAGE ELECTION (AVAILABLE ONLY IF PART B OR C IS ELECTED)

If you are eligible and have elected the basic Health Benefits coverage under Part B or C, you are eligible to elect the Dental and Vision benefits provided by the National Elevator Industry Health Benefit Plan. To be eligible you must have been insured for these coverages immediately before your retirement. If you are eligible and do not elect this coverage, you may not elect it in the future.

The cost for you, your spouse and eligible dependent children is in ADDITION to the cost of basic Health Benefit coverage and will be deducted from your monthly pension payment. This coverage may be discontinued independently of the Health Benefit coverage at any time, at your written direction, but ONCE DISCONTINUED IT MAY NEVER AGAIN BE REINSTATED.

CHECK
ONE
ONLY

- ☐ **YES**, deduct from my pension the cost of Dental and Vision coverage under the National Elevator Industry Health Benefit Plan. I make this authorization voluntarily and understand that it may be revoked at any time. By this authorization, I am not assigning my monthly benefit, or any portion thereof, to the National Elevator Industry Health Benefit Plan. I understand that the National Elevator Industry Health Benefit Plan has no enforceable right against the National Elevator Industry Pension Plan or to any part of my pension benefit.

Provide names and dates of birth of ALL eligible dependents to be covered:

Spouse: _____ Date of Birth: _____
name month day year

Children: _____ Date of Birth: _____
name month day year

_____ Date of Birth: _____
name month day year

_____ Date of Birth: _____
name month day year

- ☐ **NO**, I do not want Dental and Vision coverage and I understand that I will not be entitled to elect these coverages at a later date.

APPLICANT'S SIGNATURE _____ DATE _____

SPOUSE'S SIGNATURE _____ DATE _____

(Spouse must be listed as a dependent above or spouse will not be covered)

PART II - BENEFIT ELECTION

Section A. Election of Benefit Form- Please review the attached estimated pension calculation sheet and read the attached explanations of the benefit options carefully before you make your selection. If you would like additional information, please contact The Benefits Office. **ALL APPLICANTS MUST SIGN AND DATE THIS PAGE.**

MARRIED APPLICANTS SELECT ONE OF THE FOLLOWING BENEFIT FORMS (Initial One):

I hereby select the following benefit payment form (initial one):

- a. 1. _____ 50% Surviving Spouse Pension Only
2. _____ 50% Surviving Spouse Pension with 5 Year Certain and Life Option*
3. _____ 50% Surviving Spouse Pension with 10 Year Certain and Life Option*
- b. 1. _____ 75% Surviving Spouse Pension Only
2. _____ 75% Surviving Spouse Pension with 5 Year Certain and Life Option*
3. _____ 75% Surviving Spouse Pension with 10 Year Certain and Life Option*
- c. 1. _____ 100% Surviving Spouse Pension Only
2. _____ 100% Surviving Spouse Pension with 5 Year Certain and Life Option*
3. _____ 100% Surviving Spouse Pension with 10 Year Certain and Life Option*
- d. 1. _____ Straight Life Benefit Form

UNMARRIED APPLICANTS SELECT ONE OF THE FOLLOWING BENEFIT FORMS (initial)

I hereby select the following benefit payment form (initial one):

- a. _____ Straight Life Benefit Form Only.
- b. _____ Straight Life Benefit Form with 5 Year Certain and Life Option*
- c. _____ Straight Life Benefit Form with 10 Year Certain and Life Option*

ONLY COMPLETE THE INFORMATION IN THE BOX BELOW IF YOU SELECTED A 5 OR 10-YEAR CERTAIN AND LIFE OPTION ABOVE. (DENOTED WITH AN ASTERISK*)

*If any of the 5 or 10 Year Certain and Life Options are selected, then any benefits payable after my death should be made to:

(PRIMARY BENEFICIARY) - Must be spouse if married:

Name _____ SS# _____ Relation _____

Address _____

Date of Birth _____

(ALTERNATE BENEFICIARY) [only one]:

Name _____ SS# _____ Relation _____

Address _____

Date of Birth _____

APPLICANT'S SIGNATURE _____ DATE _____

Section B. Certification of Marital Status (TO BE COMPLETED BY ALL APPLICANTS)

I understand that the law provides that if I am married on the Effective Date of my pension, my spouse must be provided a pension for his or her life after I die unless my spouse and I elect to waive the spousal benefit within the 180-day period ending on my Pension Effective Date. I understand that this spousal benefit is automatically provided by the plan as a 50% Surviving Spouse Pension. Finally, I understand that I may change my election by writing the Benefits Office at any time before the Effective Date of my pension.

I certify that: (check one)

_____ I am married (Complete Section C below)

_____ I am married and the person signing Section G - Spouse's Consent to Waiver of Survivor Benefits - is my legal spouse. (Complete Section C below)

_____ I was never married.

_____ I was previously married but I am not legally married at this time. (Complete Section D below for each spouse)

_____ I am married but that I am unable to locate my spouse. (Complete Section C below. You will be required to complete an additional form which will be provided by the Benefits Office.)

I understand that the Benefits Office may make inquiries about my marital status with various organizations and individuals and I consent to such inquiries and the release of any information about my past or present marital status from my employers, my Local and International Union and any other organization or individual which may have such information.

Section C. Information About Your Spouse (TO BE COMPLETED BY ALL MARRIED APPLICANTS)

Spouse's Name _____
Give your spouse's full name, including maiden name. Example: Jane Doe Smith

Spouse's Date of Birth _____

Date of Marriage _____ Where Married: _____
(City and State)

Spouse's Social Security Number _____

Section D. Details of Prior Marriages (COMPLETE IF APPLICABLE – member only)

Name of Spouse (including maiden name) _____

Date of Marriage _____ Where Married _____
(City and State)

This marriage ended by: (check one)

_____ Death of Spouse on: _____ (Attach copy of death certificate)

_____ Divorce on: _____
(For member only: attach copy of divorce decree, property settlement agreement and any domestic relations order(s) dealing with your former spouse's rights to your pension benefit.)

Do you have a Qualified Domestic Relations Order, or have one in the process of being filed, assigning a portion of your pension benefit to an Alternate Payee? (If you answer yes, please attach a copy of the order.)

YES or NO (circle one)

NOTE: If you had more than one prior marriage you **must** supply the same information as in Section D above for each prior spouse. Attach additional sheets if you need to. All questions must be answered.

APPLICANT'S SIGNATURE _____ **DATE** _____

Section E. Designation of Beneficiary for Death Benefits, Life Insurance Benefits, and Return of Personal Contributions

- You can designate more than one individual as your beneficiary. If only one individual is designated, he or she will receive the full amount. If you designate more than one beneficiary, be sure to indicate the percentage each beneficiary will receive, the total of which must equal 100%. If you do not indicate the percentage each beneficiary will receive, they will share equally.
- If you do not designate a beneficiary or if all of your beneficiaries predecease you, benefits will be paid to the individuals and in the order provided in the Pension Plan, or in the Health Benefit Plan, whichever is appropriate.

Lump Sum Death Benefit: The National Elevator Industry Pension Plan provides for the payment of a Lump Sum Death Benefit totaling \$5,000 to your named beneficiary or beneficiaries. However, under the Plan, the Lump Sum Death Benefit is not payable to the designated beneficiary of a retired employee receiving a Disability Pension who is under 65 and entitled to a life insurance benefit under the National Elevator Industry Health Benefit Plan. **THIS SECTION MUST BE COMPLETED BY ALL APPLICANTS.**

Name, Address and Phone Number of Beneficiary	Social Security Number	Relationship	Percentage
--	---------------------------	--------------	------------

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Life Insurance Benefits Payable to Disability Pensioners Under Age 65: In the case of a Disability Pensioner under age 65 who is eligible for health coverage, life insurance benefits are payable to your named beneficiary or beneficiaries in the amount of \$40,000 from the National Elevator Industry Health Benefit Plan. Accidental Death benefits are also payable if you die in a covered accident.

Name, Address and Phone Number of Beneficiary	Social Security Number	Relationship	Percentage
--	---------------------------	--------------	------------

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**THIS SECTION MUST BE COMPLETED BY ALL APPLICANTS WHO WORKED IN THE ELEVATOR INDUSTRY
PRIOR TO JAN 1, 1983 ONLY:**

Refund of Personal Contributions: In the event of your death and the death of your spouse, if applicable, prior to the time your total pension payments equal or exceed the value of your personal contributions and accrued interest, your beneficiary or beneficiaries are entitled to a refund of the excess. (Refer to Pension Plan Summary Plan Description for further explanation.) A statement of the amount of your personal contributions and the interest credited will be provided on the Calculation Sheet sent to you with your first pension payment.

Name, Address and Phone Number of Beneficiary	Social Security Number	Relationship	Percentage
--	---------------------------	--------------	------------

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

APPLICANT'S SIGNATURE _____ **DATE** _____

Section F. Employee's Statement

(PLEASE READ CAREFULLY BEFORE SIGNING. TO BE SIGNED BY ALL APPLICANTS)

I hereby consent to payment of my benefit from the National Elevator Industry Pension Plan in the form I have elected on page 8 of this application. The information I have provided on this application is true and correct to the best of my knowledge and belief. The Trustees shall have the right to recover payments made to me that are based on a false statement.

I have read the Explanation of Benefit Election form which was sent with this application.

I understand that if I am now married and if I have elected a Straight Life Benefit, it means that no monthly pension benefits will be paid to my spouse by the Plan after my death. My spouse may receive the Lump Sum Death Benefit and/or a Refund of Personal Contributions if I have designated my spouse as a beneficiary for such benefits and such benefits would be paid under the terms of the Plan following my death.

I further understand that I can change my election of a pension benefit form by writing to the Benefits Office BEFORE the Effective Date of my pension. I also understand that my election of a benefit form may not be changed on or after the Effective Date of my pension.

I hereby designate the individual(s) listed in Section E, as my beneficiary(ies) to receive the benefits, if any, payable at my death under the rules of the Plan.

SIGNATURE OF APPLICANT

DATE

Section G. Spouse's Consent to Applicant's Election of a Benefit Form other than the 50% Survivor Benefits. (TO BE COMPLETED BY SPOUSE ONLY IF MARRIED AND IF A BENEFIT OTHER THAN THE 50% SURVIVING SPOUSE PENSION (a.1 on pg. 8) HAS BEEN ELECTED BY THE EMPLOYEE.)

I, _____, am the spouse of the above-named Employee.
(SPOUSE'S NAME)

I have reviewed my spouse's election of a benefit other than the 50% Surviving Spouse Pension (a.1.) in Section A (pg. 8) of this application. I hereby consent to my spouse's selection of an optional benefit form. **I understand that if a Straight Life Benefit has been elected, I will not receive monthly pension benefits from the Plan after my spouse's death. Additionally, I will not be eligible for continued Health Benefit Plan benefits after my spouse's death unless I am now eligible, and I have been covered by the Health Benefit Plan for at least 5 years immediately prior to my spouse's death.** Regardless of the benefit form elected, I may receive a Lump Sum Death Benefit and/or Refund of Personal Contributions if I am the designated beneficiary at the time of my spouse's death and such benefits are payable under the terms of the Plan. I further understand that if my spouse has elected a Straight Life Benefit, the benefits paid to my spouse while he or she is living will be higher than they would be if I had the protection of the Surviving Spouse Pension. I have also reviewed my spouse's designation of a beneficiary in Section E (pg. 10) of this form. I consent to my spouse's designation of a beneficiary. I understand that such designation cannot be changed or revoked without my consent.

Date

Spouse's Signature

State of _____)

County of _____)

On the _____ day of _____, 20____, before me came _____ known to
(SPOUSE'S NAME)

me to be the person described in and who executed the foregoing statement, and (s)he duly acknowledged to me that (s)he executed the same.

(Seal)

Notary Public

My Commission Expires _____

DOCUMENTATION CHECKLIST

Please refer to your pension application instructions to determine what documentation you should submit to the Benefits Office. **Please send PHOTOCOPIES ONLY. Originals will not be returned to you.** If you are not able to enclose one or all of the documents with your pension application, please give your reasons below for each one. All documentation applicable to you must be forwarded to the Benefits Office. The process of your application may be delayed pending receipt of all documentation.

Please check if applicable documents enclosed:	YES	or	NO
IRS FORM W4-P (Federal Income Tax Withholding) [Enclosed]	<input type="checkbox"/>		<input type="checkbox"/>
MEMBER'S BIRTH CERTIFICATE	<input type="checkbox"/>		<input type="checkbox"/>
SPOUSE'S BIRTH CERTIFICATE	<input type="checkbox"/>		<input type="checkbox"/>
MARRIAGE CERTIFICATE	<input type="checkbox"/>		<input type="checkbox"/>
VOIDED CHECK FOR DIRECT DEPOSIT (or letter from your bank)	<input type="checkbox"/>		<input type="checkbox"/>
DIVORCE DECREE(S) – Members' divorce(s) only (THIS INCLUDES ANY MARITAL OR PROPERTY SETTLEMENT AGREEMENT(S) IN FULL)	<input type="checkbox"/>		<input type="checkbox"/>
SOCIAL SECURITY DISABILITY AWARD (Full Copy)	<input type="checkbox"/>		<input type="checkbox"/>
DD214 FORM (must have been in Covered Employment immediately prior to <u>and</u> after military service)	<input type="checkbox"/>		<input type="checkbox"/>
TERMINATION LETTER FROM EMPLOYER (If Salaried/Management Only)	<input type="checkbox"/>		<input type="checkbox"/>
QUALIFIED DOMESTIC RELATIONS ORDER	<input type="checkbox"/>		<input type="checkbox"/>
OWNER (need proof of termination of ownership)	<input type="checkbox"/>		<input type="checkbox"/>

REASONS FOR DELAY OF EACH DOCUMENT NOT ENCLOSED:

THE NATIONAL ELEVATOR INDUSTRY PENSION PLAN ENROLLMENT FORM FOR DIRECT DEPOSIT OF PENSION PAYMENTS

THIS FORM MUST BE COMPLETED IN ORDER FOR YOU TO RECEIVE YOUR PENSION PAYMENT BY DIRECT DEPOSIT.

COMPLETE THIS FORM, SIGN, DATE AND RETURN TO:

National Elevator Industry Pension Plan
19 Campus Blvd, Ste. 200
Newtown Square, PA 19073-3288

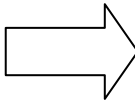
SOCIAL SECURITY NUMBER (last 4 digits only) or ALTID: _____

APPLICANT'S NAME: _____

ADDRESS: _____

PHONE NUMBER: () _____

ACKNOWLEDGEMENT: I am the payee under the above Social Security/Alt ID number and I hereby request that until further written notice from me is filed with Pension Plan Administrator, all payments be directly deposited in the account at the Bank designated below. I authorize the Bank designated to debit my account and to refund any overpayments to the National Elevator Industry Pension Plan.



APPLICANT'S SIGNATURE: _____ **DATE:** _____

BANK INFO: CHOOSE ONE (1) OPTION BELOW AND FOLLOW THE INSTRUCTIONS TO ENROLL

CHECK THIS BOX TO DEPOSIT YOUR FUNDS TO A CHECKING ACCOUNT: ☐

****You MUST attach a copy of a blank check marked "VOID" in order for this request to be processed****
(OR A LETTER FROM THE BANK (ON LETTERHEAD) WITH YOUR ACCOUNT NUMBER AND ROUTING NUMBER)

ATTACH VOIDED CHECK HERE

CHECK THIS BOX TO DEPOSIT YOUR FUNDS TO A SAVINGS ACCOUNT: ☐

****You MUST complete the information below and send a letter from the bank for this request to be processed****

- **9-DIGIT ACH BANK ROUTING NUMBER:** _____
- **SAVINGS ACCOUNT NUMBER:** _____
- **NAME AND ADDRESS OF BANK TO WHICH PAYMENT IS TO BE MADE:**

Bank Name _____

Address _____

City _____ State _____ Zip Code _____

Bank Telephone Number () _____ Extension _____

DO NOT COMPLETE UNLESS
USING A SAVINGS ACCOUNT

****Pension Application - DO NOT SEPARATE****

THE NATIONAL ELEVATOR INDUSTRY PENSION PLAN ENROLLMENT FORM FOR DIRECT DEPOSIT OF PENSION PAYMENTS

THIS FORM MUST BE COMPLETED IN ORDER FOR YOU TO RECEIVE YOUR PENSION PAYMENT BY DIRECT DEPOSIT.

The Benefit Office recommends Direct Deposit for pension payments because it offers:

1. Immediate access to funds
2. Saves time by eliminating postal time and trips to the bank
3. More security without the risk of lost or stolen checks.

Step 1: Complete Enrollment form on previous page and return it to the Benefit Office

Step 2: Once enrolled, you will receive a monthly **Notice of Deposit**, a check stub showing the amount of pension monies deposited into your account, any deductions you have elected to have withheld from your pension, and year-to-date amounts. **It is recommended that these stubs be retained for tax planning purposes.**

Questions about Direct Deposit

If you have certain circumstances where direct deposit may not be feasible, including retiring outside the United States, residing in a nursing home, or other extenuating circumstances, please call the Benefits Office to discuss if direct deposit can be facilitated (800)- 523-4702 follow prompts #4, #5, #2.

For those who opt-out of direct deposit, checks are mailed two business days prior to the scheduled pay date. **Please be aware that once payments are sent to the Post Office, we have no control over the length of delivery time and your pension check may not be delivered on the first of the month. Please be patient as checks are frequently received late and a replacement check will only be issued after the 8th of the month.**

SEE REVERSE SIDE FOR DIRECT DEPOSIT APPLICATION

Withholding Certificate for Periodic Pension or Annuity Payments

OMB No. 1545-0074

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.
	<div style="border: 1px solid black; padding: 5px; margin-bottom: 10px;"> Note: Do not complete Steps 2-4 if you elected to have no tax withheld under Section 4(c) below. </div> <div> (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-" . . . \$ _____ </div> <div> (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-" \$ _____ </div> <div> (iii) Add the amounts from items (i) and (ii) and enter the total here \$ _____ </div>
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	\$ _____
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)	\$ _____
	<div style="border: 1px solid black; padding: 5px;"> OPTIONAL: Write "NO TAX" in the box to the right if you elect to have no tax withheld: </div>		

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: <table border="0" style="display: inline-table; vertical-align: middle;"> <tr> <td style="font-size: 3em; vertical-align: middle;">{</td> <td> <ul style="list-style-type: none"> • \$29,200 if you're married filing jointly or a qualifying surviving spouse • \$21,900 if you're head of household • \$14,600 if you're single or married filing separately </td> <td style="font-size: 3em; vertical-align: middle;">}</td> </tr> </table>	{	<ul style="list-style-type: none"> • \$29,200 if you're married filing jointly or a qualifying surviving spouse • \$21,900 if you're head of household • \$14,600 if you're single or married filing separately 	}	2 \$ _____
{	<ul style="list-style-type: none"> • \$29,200 if you're married filing jointly or a qualifying surviving spouse • \$21,900 if you're head of household • \$14,600 if you're single or married filing separately 	}			
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.