



# Airconditioning and Refrigeration Industry Joint Trust Funds

3500 W. ORANGEWOOD AVE., ORANGE, CA 92868 • PHONE: (714) 917-6100 • FAX: (714) 917-6065

## Instructions for Application for Retirement Benefits

You must contact the Trust Office to obtain a current pension calculation prior to finalizing the Application for Retirement Benefits. After completion, the application must be signed/initialed and dated wherever indicated. We suggest that you file your application about three (3) months prior to your requested retirement date to allow sufficient time for processing.

*Remember, the effective date of your pension will be determined by the date you file your application with the Trust Office, so don't delay.*

### Page 1 – Section 1

- You must include a copy of your birth certificate.
- If you are married, you must include a copy of your spouse's birth certificate and marriage certificate.
- If you are divorced, you must include a full copy (all pages) of your divorce judgment.

*Note: If you have previously submitted any of these items to the Trust Office, you may not be required to include items.*

### Page 1 – Section 2

Please refer to Article III – “Types of Pension Benefits” of the Airconditioning and Refrigeration Industry Retirement Trust Rules for a full description of each benefit. Below is a brief summary of each benefit type:

- Normal Pension – Participant has attained Normal Retirement Age (generally age 65) and has at least 5 but less than 25 pension credits.
- Service Pension – Participant has at least 25 pension credits.
- Early Pension – Participant is at least 55 years of age, but not yet 65. Participant has at least 15 years of pension credit. **(This benefit is reduced by ¼ of 1% for each month the Participant is younger than age 65. You have a right to defer this benefit until age 65 if you do not wish to incur this reduction.)**
- Disability Pension – Participant is permanently and totally disabled, and has at least 10 years of pension credit. Participant must have at least ¼ pension credit in the year of retirement or the calendar year prior to retirement.
  - If you qualify for a Disability Pension by means of medical examination ONLY (but not a Social Security Disability Award), this benefit is reduced by ¼ of 1% for each month the Participant is younger than age 65, up to a maximum reduction of 50%.
  - If you are awaiting determination from the Social Security Administration, you may apply for an Early Pension or Service Pension, and later convert it to a Disability Pension by answering “YES” to question 1 in this section.

### **Page 2 – Section 3**

- You may request your dispatch history from Local 250 in lieu of completing the Air Conditioning and Refrigeration Covered Employment History.

### **Page 3 – Applicant’s Certification**

- Please initial on each line provided, indicating that you have read each paragraph, and sign and date the bottom of the form.

### **Page 4 – Forms of Payment**

- **The benefit amounts must be provided by the Trust Office.** Please do not complete the Joint and Survivor Annuity Election Form on Page 5 if the Table of Benefit Amounts is not completed.
- You and your spouse (if applicable) must initial on the lines provided in the middle of the page indicating you have read the rules regarding a single life annuity.

### **Page 5 – Joint and Survivor Annuity Election Form**

- This form must be completed and signed by you and your spouse (if applicable).
- **Both signatures must be witnessed by an employee of the Trust Office or be notarized.**
- **Do not complete this form if the Table of Benefit Amounts on Page 4 has not been completed by the Trust Office.**

### **Additional Forms Available at [www.acrtrust.org](http://www.acrtrust.org):**

- If you wish to have Federal and/or State taxes withheld, please download and complete Form W4-P (Federal) and/or Form DE-4P (State).
- If you wish to elect direct deposit for your pension payment, please download and complete Form PEN02 – Electronic Deposit Authorization.
- If you wish to update your beneficiaries at this time, please download and complete Form BEN01 – Beneficiary Form.

Please contact the Trust Office to determine if you are eligible for Retiree Health & Welfare coverage. If you are eligible for coverage, the Trust Office will provide you with the required Self-Pay amounts.

Please refer to the current Retirement Summary Plan Description, or the Retirement Trust Rules for a complete description of your Plan and benefits. These documents may be found at [www.acrtrust.org](http://www.acrtrust.org). You may call the Trust Office for assistance in completing the application or to obtain information about your pension credits. You may also make an appointment to with a Pension Specialist to review your pension matters in person.