THE NATIONAL ASBESTOS WORKERS SUPPLEMENTAL PENSION PLAN
BENEFIT APPLICATION

For Distributions $5,000 and Under

INSTRUCTIONS: Please read this application carefully and completely before answering any questions. Print your answers clearly. If any section of the application is not clear to you, please contact the Fund Office. Do not skip any questions or leave out any of the information requested. If a section does not apply, write "n/a" in the blank. When you have completed your application, mail it to the Fund Office with proof of age and, if applicable, proof of disability, marriage or divorce and/or property settlements, and military service.

I. PERSONAL DATA
Include proof of age (i.e., a copy of your birth certificate) with your application.

Name_____
Last First Middle

Social Security Number_____

Address_____
Street

_____
City State Zip

Date of Birth_____ Telephone(____)_____

Marital Status_____

What date do you wish to be your Annuity Starting Date?_____

II. ELIGIBILITY
Check the **one** box at the right which applies to you.

☐ You are at least age 55 and have retired or are soon to retire. If you have checked this box, complete Sections IV and V of this application.

☐ You have separated from covered employment and have not worked any hours for which contributions are required to be made to the Plan on your behalf for a period of at least six consecutive months, and are not working in the same industry, trade or craft and in the same geographic area covered by the Plan. If you have checked this box, complete Sections IV and V of this application.

☐ Your employer is no longer contributing to the Plan due to a change in the terms of the Collective Bargaining Agreement, the cessation does not constitute a termination of the Plan, the employer has not contributed for a period of at least six (6) months, and you are no longer employed in the same industry trade or craft and in the same geographic area covered by the Plan. If you have checked this box, complete Sections IV and V of this application.

☐ You are totally and permanently disabled. If you have checked this box, complete Sections III, IV and V of this application.

☐ You are under age 55 and eligible for an immediate pension from the National Asbestos Workers Pension Fund or another pension plan maintained pursuant to a Collective Bargaining Agreement between your employer and the International Association of Heat & Frost Insulators or an Asbestos Workers Local Union. If you have checked this box, complete Sections IV and V of this application.

III. DISABILITY You must attach medical evidence of your total and permanent disability to this application including a copy of any disability award you may have received.	1. Date you became totally and permanently disabled_____ 2. Condition causing your total and permanent disability_____ _____ 3. Have you been granted a disability award from the Social Security Administration? ☐Yes ☐No 4. I hereby certify that as a result of an injury, disease, or mental disorder I am completely unable to engage in Covered Employment, and it is reasonably certain that my condition will continue during my remaining lifetime. _____ Signature of Applicant Date
IV. SEPARATION FROM COVERED EMPLOYMENT	1. Are you working now? ☐Yes ☐No 2. When did you retire/last work in any employment for which contributions were required to be made to the Fund on your behalf? _____ 3. Name and address of last contributing employer_____ _____ 4. Name and address of present employer, if any_____ _____ 5. Position with present employer, if any_____ _____
V. BENEFIT ELECTION **1. Payment Option** (check one)	☐ I elect to receive my lump sum distribution immediately. I understand that by receiving my distribution at this time, such distribution will not include any interest paid since the last valuation (last fiscal year), and that I will be forfeiting any interest that would be payable for the current fiscal year. I also understand that this payment is final, and I cannot change my election at any time once this application is received by the Fund Office. ☐ I elect to receive 80% of my payout immediately and the remaining portion after the gain/loss/expenses for the Plan is allocated at the end of the fiscal year.

Your application will be submitted to the Trustees and you will be notified in writing of their decision.	I HEREBY apply for and consent to payment of benefits, to which I believe I am entitled, from the National Asbestos Workers Supplemental Pension Plan. I certify that the information I have supplied herein is true to the best of my knowledge and I understand that any willfully false statement made by me in this application or any fraudulent information or proof I furnish will impede and/or delay my claim. I further understand that my eligibility for benefits is contingent upon my withdrawal from employment covered by this Plan.
You **must** include your notarized signature. Do not leave any Section blank.	_____ Signature of Applicant Date State of _____) County of _____) On this _____ day of _____, 20___, before me, a notary public, came _____, known to me who executed the foregoing in my presence. Notary Public: _____ SEAL Expiration Date: _____

NATIONAL ASBESTOS WORKERS SUPPLEMENTAL PENSION PLAN

Rollover Election Form

Election or Rejection of Direct Rollover to an IRA or Retirement Plan

ATTENTION: BEFORE COMPLETING THIS FORM, YOU SHOULD READ THE SPECIAL TAX NOTICE REGARDING PLAN PAYMENTS CAREFULLY. YOU ALSO MAY WISH TO CONSULT YOUR TAX ADVISOR BEFORE MAKING THIS ELECTION.

COMPLETE THIS FORM ONLY IF YOU WILL RECEIVE A PAYOUT IN A LUMP SUM, OR MONTHLY PAYMENTS SCHEDULED TO CEASE IN LESS THAN 10 YEARS FROM DATE PAYMENT BEGINS.

_____ _____

Participant's Name Social Security Number

_____ _____

Spouse-Beneficiary's Name Social Security Number

_____

Street Address

_____

City State Zip Code

If you will receive part or all of your benefits as a lump sum (or monthly payments scheduled to cease in less than 10 years), that payment will be an "eligible rollover distribution". You may elect to have part or all of that distribution transferred directly to an Individual Retirement Account (IRA) or to another qualified retirement plan (if it accepts rollovers). If you choose not to have an eligible rollover distribution transferred directly to an IRA or other retirement plan, the Plan is required to withhold 20 percent of the payment for federal income taxes. This withholding does not increase your taxes, but will be credited against any income tax you owe. (For further information on direct rollovers and withholding, please read the Special Notice Regarding Plan Payments that the Plan has given you.)

If your benefit is more than $500, you may choose to have only part of the payment directly rolled over, and to have the rest paid to you. Withholding will be taken out of any part that is not directly rolled over. If you want to have only part of your payment directly rolled over, please tell us the amount (at least $500) that you would like to roll over.

If You Are An Employee Participant, Check A, B or C Below To Indicate Whether Or Not You Elect A Direct Rollover Of Your Pension Payment:

A. ____ I do not want to roll over any of my payment to an IRA or other qualified retirement plan. Pay me the full amount of my benefits, after withholding 20 percent for federal income taxes as required by law.

_____ _____

Participant's (or Spouse-Beneficiary) Signature Date

B. _____ I want to roll over my payment directly to an IRA or other qualified retirement plan that accepts rollovers. The IRA or other retirement plan is named below.

C. _____ I would like to have only part of my payment directly rolled over. Please roll over $_____ to the IRA or qualified retirement plan named below, and pay the remainder of my benefit to me, after withholding 20 percent for federal income taxes as required by law.

(OVER)

If You Are A Spouse-Beneficiary, Check D, E or F Below To Indicate Whether Or Not You Elect A Direct Rollover Of Your Pension Payment:

D. _____ I do not want to roll over any of my payment to an IRA. Pay me the full amount of my benefits, after withholding 20 percent for federal income taxes as required by law.

_____
Participant's (or Spouse-Beneficiary) Signature Date

E. _____ I want to roll over my payment directly to an IRA. The IRA or other retirement plan is named below.

F. _____ I would like to have only part of my payment directly rolled over. Please roll over $_____ to the IRA named below, and pay the remainder of my benefit to me, after withholding 20 percent for federal income taxes as required by law.

CERTIFICATION
(COMPLETE *ONLY* IF ELECTING A DIRECT ROLLOVER)

If you have elected a direct rollover of all or part of your benefit, please read and sign the following statement:

I certify that the recipient of a direct rollover that I have named above is an Individual Retirement Account, an Individual Retirement Annuity, or a Qualified Retirement Plan that accepts rollovers. I understand that payment of my benefits to the trustee of the IRA or qualified retirement plan will release the Trustees of this Plan from any further obligations or responsibilities with respect to the benefits so paid.

Please make payment of my benefits on my behalf to:

_____ _____
Name of IRA Trustee or Qualified Retirement Plan Account Number

_____
Mailing Address

_____

_____

_____ _____
Participant's (or Spouse-Beneficiary Signature) Date

_____
Print Name

If we do not receive this information within 45 days, the Plan will make the payments to you, after deducting the legally required withholding.