

TYPE OF PENSION AND START DATE REQUESTED

Before you select the type and form of your pension, please review the "Relative Value Benefit Options" section below, starting on page 8.

5. If eligible, I want to retire with a (check one type of pension), on the date below:
- NORMAL PENSION** – For employees who have attained age 62 with at least 15 years of Service Credit.
 - EARLY RETIREMENT PENSION** – For employees between the ages of 57 and 62 with at least 15 years of Service Credit.
 - VESTED PENSION** – For employees who have attained age 62 with at least 5 years of Vesting Credit.
 - DISABILITY PENSION** – For employees who have completed at least 10 years of Service Credit. (*Copy of Social Security Disability Award must be enclosed.*)

REQUESTED PENSION START DATE: _____

Remember that your Pension Start Date must be after (a) the Fund receives your completed application with required documentation (e.g., proof of date of birth), and (b) you meet all the requirements for the pension you are requesting.

6. **JOINT AND SURVIVING SPOUSE PENSION (To be completed by ALL Pension Applicants).**

Please check the appropriate box on the following pages and complete the corresponding section.

If you are not married, the Joint and Surviving Spouse Pension is not available and you must check Box A, complete the information requested and have your **signature notarized**.

If you are married, you must check Box B, C or D. **If you check Box B**, you and your spouse must complete the Employee's Statement and Spouse's Statement and have your **signatures notarized or witnessed by a Plan representative**.

The Plan will pay your benefit as a Joint and Surviving Spouse Pension if you are married as of your pension start date, unless you and your spouse reject that form of payment. The Joint and Surviving Spouse Pension provides for reduced pension to you during your lifetime, and, when you die, a life time pension to your surviving spouse equal to **50%, 75%, or 100%** (as elected) of your pension, provided you and your spouse were married for at least one year at the time of your death.

If you and your spouse reject the Joint and Surviving Spouse Pension, you will receive a higher amount, but no pension continues to your spouse after your death except under the 60-Month Benefit Guarantee.

Please check and complete only one of the appropriate four boxes on Page 3 (A), Page 4 (B) and Page 7 (C or D). If you are married and both you and your spouse do not reject the lifetime 50%, 75%, or 100% Joint and Surviving Spouse Pension (Box B), your pension must be paid as a 50% Joint and Surviving Spouse Pension.

- A. I am not legally married at the present time. I (please check one box below):
- Never married.
 - Am widowed. (*Attach a copy of the death certificate for your late spouse.*)
 - Am divorced. (*Attached a full copy of your divorce papers, including the property settlement.*)

I understand I am entitled to the 60-Month Benefit Guarantee listed under Section 8 of the Plan. I name as my beneficiary for the survivor benefit the following:

Beneficiary Name Relationship to me

Beneficiary Address

Beneficiary Telephone # Beneficiary Social Security #

I certify that the above information is true and correct and that the Fund will, based upon this information, pay my pension benefit in a form other than a 50% Joint and Surviving Spouse Pension.

Print Your Name (Member) Signature Date

TO BE COMPLETED BY NOTARY PUBLIC

State of _____)
County of _____) SS:

On the _____ day of _____ 20____ before me came

[Name of Employee]: _____

known (or satisfactorily proven) to me to be the person who executed the foregoing statement. In witness whereof, I hereunto set my hand.

Notary Public

B. I am legally married and my spouse and I DO **NOT** wish to receive the pension to which I am entitled in the form of a lifetime **50%, 75%, or 100%** Joint and Surviving Spouse Pension.

Employee/Participant Waiver Statement

My spouse and I understand that as a result of our rejecting the Joint and Surviving Spouse Pension, my spouse will not be paid a lifetime pension from the Plan after my death. We further recognize that because of this rejection, the pension paid to me while I am living will be higher than it would be if it were paid as a Joint and Surviving Spouse Pension.

I understand that I have a right to at least 30 days to consider whether to waive the Joint and Surviving Spouse Pension. If my requested pension start date is less than 30 days from the date I received this application, I hereby waive the 30-day election period by electing such pension start date and I understand that the 30-day period will be reduced to 7 days.

I understand that this waiver will not be effective without the written consent (witnessed by a notary or Plan representative) of the person to whom I am married at the time of this application.

I hereby direct the Fund to pay any portion of the 60-Month Benefit Guarantee due upon my death, pursuant to Section 8 of the Plan, to the following beneficiary.

Name of Beneficiary

Relationship to me

Address

I hereby swear that the person completing the Spouse's Waiver Statement below is my current legal spouse.

Your Signature

Date

Your Social Security

Spouse's Waiver Statement

I understand I have a legal right to the Joint and Surviving Spouse Pension that pays a lifetime pension to me in the event my spouse dies before me in an amount equal to 50% of my spouse's benefit at the time of his death. I understand my spouse cannot waive the Joint and Surviving Spouse Pension without my consent. I hereby consent to my spouse's waiver of the Joint and Surviving Spouse Pension. I understand that as a result of my consent to waive the Joint and Surviving Spouse Pension, I will not be paid a lifetime pension from the Treasurers and Ticket Sellers Local 751 Pension Fund when my spouse dies.

I also voluntarily consent to the designation of the beneficiary named above for the 60-Month Benefit Guarantee (should my spouse die before receiving 60 monthly pension payments). I understand that unless I voluntarily execute the optional General Consent to Future Beneficiary Changes below, my spouse cannot change the beneficiary named above without my consent.

I understand I do not have to sign this Waiver Statement and am doing so voluntarily. If I refuse to sign, my spouse will receive the Joint and Surviving Spouse Pension.

Spouse's Signature

Date

Spouse's Name

Spouse's Social Security Number

TO BE COMPLETED BY NOTARY PUBLIC or PLAN REPRESENTATIVE:

State of _____)

County of _____) SS:

On the _____ day of _____ 20____ before me came _____ and
Employee

Spouse

known (or satisfactorily proven) to me to be the persons who executed the foregoing Waiver Statements. In witness whereof, I hereunto set my hand.

Notary Public/Plan Representative

Optional: SPOUSE'S GENERAL CONSENT TO FUTURE BENEFICIARY CHANGES

The employee's spouse should complete this optional section only if such spouse wants to agree to allow the employee to make future changes to the beneficiary named above without the spouse's consent. Otherwise leave blank.

I, _____, swear that I am the legal spouse of the employee described above.

I acknowledge that I have a right to limit my consent only to the beneficiary named above for the 60-month death benefit, and I voluntarily elect to relinquish such right. By signing below, I am agreeing that my spouse can change the beneficiary named above in the future without my consent. I understand I do not have to sign this General Consent to Future Beneficiary Changes and am doing so voluntarily.

Spouse's Signature

Date

TO BE COMPLETED BY NOTARY PUBLIC or PLAN REPRESENTATIVE:

State of _____)
County of _____) SS:

On the _____ day of _____ 20____ before me came _____

known (or satisfactorily proven) to me to be the person who executed the foregoing statement. In witness whereof, I hereunto set my hand.

Notary Public/Plan Representative

Benefits Payment Options Relative Value Information

IRS regulations require plans, such as the Treasurers and Ticket Sellers Local 751 Fund Pension Plan ("Plan"), to give retiring participants a comparison of the relative values of the benefit payment options generally available to them. The goal is to help you make an informed choice about the form in which you receive your retirement benefits.

What Is Relative Value?

Relative value means the actuarial present value of each optional form of payment compared to the actuarial present value of the normal form of payment under a plan. Actuarial values of benefits are determined using:

- Mortality assumptions, which are based on standardized tables developed by actuarial organizations and life insurance companies. Information is analyzed about large groups of people to project the rates at which groups of individuals at different ages are expected to die. These statistical mortality projections are used to develop "average life expectancies."
- Interest assumptions, which estimate the likely investment earnings, over time, of the money put aside to pay benefits. This is important in the determination of actuarial value because investment earnings provide some of the money used to pay benefits.

What Are the Relative Values Under Our Plan?

Under the Plan, the normal (default) forms of payment are the:

- 50% Joint and Surviving Spouse Pension for married participants; and
- Single Life Annuity with 60-month Benefit Guarantee for unmarried participants.

For married participants the optional forms of payment are:

- 75% Joint and Surviving Spouse Pension, and
- 100% Joint and Surviving Spouse Pension

In general, the optional forms of payment available under our Plan have approximately the same actuarial present value as the normal form. This is true for participants retiring on a non-disability pension between ages 57 and 65 with a spouse up to three years younger or older. It is also true for participants retiring on a disability pension between ages 45 and 65 with a spouse up to three years younger or older.

How Was This Determined?

The valuation and reporting methodologies used were based on IRS regulations, which can be found in Treasury Regulations Section 1.417(a)(3)-1. These methodologies are fairly technical and can be difficult to understand. However, IRS regulations require that we provide this information to you.

What Does This Mean to Me?

This means that the optional forms of payment provided by the Plan have relatively the same value as the normal form of payment under the Plan. However, it is important that you realize

that this is not a guarantee or even a prediction of what you will actually be eligible to receive when you retire. The actual value of the different forms of payment will vary depending on how long you and your spouse or beneficiary in fact live and on you and your spouse's age when payments start.

If you would like a more individualized comparison, upon your written request, you will be provided with the relative values, based on your own age and estimated benefits, between your normal form of payment and on any other forms of payment that you are eligible for. We will also provide you with the details of the actuarial assumptions used to make the comparison. You may want to consult a financial advisor when you are nearing retirement to determine what is right for you.

To obtain an individual relative values estimate, please send a written request to
Fund Manager – 751 Pension Fund
1430 Broadway, Room 1803
New York, N.Y. 10018
Tel: 212-302-7300.

7. WITHHOLDING FEDERAL INCOME TAX FROM YOUR BENEFIT

A. _____ **DO NOT** withhold Federal income tax from my pension benefits.

B. _____ **Please withhold** Federal income tax from my pension benefit.
If you have checked this portion, you must complete a W-4P form available from the Fund Office.

8. SUSPENSION FOR WORK AFTER RETIREMENT

I understand that if I work in "Disqualifying Employment" (as defined in Section 13.1 of the Plan and page 23 of the Summary Plan Description) after my pension commences, I will be subject to the Suspension of Benefits rules set forth in Section 13 of the Plan. I am specifically aware of and will comply with those rules, which provide as follows: If I work in Disqualifying Employment after I commence my Pension, but before age 65, I will be suspended for each month of such work, and for an additional 6 months if I fail to notify the Trustees in advance of such employment; on and after age 65 my monthly pension payments will be suspended if I work 8 or more days in Disqualifying Employment in any given month. Disqualifying Employment is generally any employment in the theatrical, entertainment or amusement industry within the geographic area covered under the Plan as a treasurer, assistant treasurer, or ticket seller, or an employee of the union, or any other position for which you received contributions to the Plan. The Suspension of Benefit rules also provide that my pension will not be suspended after the calendar year in which I reach 70 ½, regardless of the number of hours I may work in disqualifying employment.

9. RETIREMENT STATEMENT

I declare that

- I have ceased working in employment requiring contributions to the Plan (or am about to cease work on the date indicated in Section 4 on page 1, above);
- If I am younger than 62 I have ceased working in any capacity for any employer contributing to the Plan (or am about to cease work on the date indicated in Section 4 on page 1, above)
- I will be bound by the Rules and Regulations of the Plan; and
- I will personally endorse each pension check or have it electronically deposited to an account designated by me.

All of the above statements made in this Application are true to the best of my knowledge and belief. I understand that a false statement may disqualify me for pension benefits and that the Trustees shall have the right to recover any payments made to me because of a false statement.

Applicant Signature

Date

Verification of receipt by the Fund Office:

NAME

SIGNATURE

DATE

Updated 12/2022

PROOF OF BIRTH

INSTRUCTIONS FOR APPLICANT

To be eligible for Treasurers & Ticket Sellers Local 751 Pension Fund benefits, you are required to provide proof of your age. The following is a list of documents which are acceptable as proof of your date of birth. Some of these documents are better proof than others. This list is arranged starting with the best type of proof.

You are required to furnish the best type of proof that is available. It is recognized, of course, that in rare cases a birth certificate will not be available, particularly for those born outside the United States. In that case, you must secure the next best type of proof on the list below. If you are unable to provide a birth certificate you will need to provide an explanation as to why such document is not available. Additional proof of your birth may be required if the document which you submit is not sufficient, or is not legible. Photocopies of your proof are acceptable, but they must be certified. If you cannot provide one of the forms of proof listed below, you will need to explain why and provide other evidence satisfactory to the Trustees of your date of birth.

If you are applying for a Joint and Surviving Spouse Pension, you must also provide proof of your spouse's date of birth.

ACCEPTABLE FORMS OF PROOF OF BIRTH

1. Birth Certificate.
2. A Baptismal certificate or statement as to the date of birth shown by a church record or certified by the custodian of such record.
3. Proof of registration of birth in a public registry of vital statistics.
4. Hospital Birth Record certified by the custodian of such records.
5. Naturalization record.
6. Immigration Papers.
7. Military Record.
8. Passport.
9. Marriage certificate or copy of marriage records or showing date of birth, certified by the custodian of records

NOT ACCEPTABLE AS FORMS OF PROOF OF BIRTH

- X Drivers License
- X Social Security Card

Withholding Certificate for Periodic Pension or Annuity Payments

2026

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.)		

Caution: To claim certain credits or deductions on your tax return, you (and/or your spouse if married filing jointly) are required to have a social security number valid for employment. See page 2 for more information.

TIP: Consider using the estimator at www.irs.gov/W4App to determine the most accurate withholding for the rest of the year if you: are completing this form after the beginning of the year; expect to receive your payments only part of the year; or have changes during the year in your marital status, number of pensions/jobs for you (and/or your spouse if married filing jointly), dependents, other income (not from jobs or pension/annuity payments), deductions, or credits. Have your most recent payment statements/pay stubs from this year available when using the estimator. At the beginning of next year, use the estimator again to recheck your withholding.

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: 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 the 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, minus 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 pension/annuity, 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):			
	(a) Multiply the number of qualifying children under age 17 by \$2,200	3(a)	\$	
	(b) Multiply the number of other dependents by \$500	3(b)	\$	
	(c) Add other credits, such as foreign tax credit and education tax credits. Enter the total here	3(c)	\$	
	Add the amounts from Steps 3(a), 3(b), and 3(c). Enter the total here	3	\$	

Step 4: 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. Use the Deductions Worksheet on page 4 to determine the amount of deductions you may claim, which will reduce your withholding. (If you skip this line, your withholding will be based on the standard deduction.) Enter the result here	4(b)	\$	
	(c) Extra withholding. Enter any additional tax you want withheld from each payment	4(c)	\$	

No withholding I request that no withholding be withheld from my payments. See *Choosing not to have income tax withheld* on page 2

Step 5: Sign Here	Your signature (This form is not valid unless you sign it.)	Date
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**TREASURERS AND TICKET SELLERS LOCAL 751
PENSION FUND
1430 BROADWAY, Room 1803
NEW YORK, NY 10018**

AUTHORIZATION FOR DIRECT DEPOSIT OF PENSION BENEFIT

I authorize the LOCAL 751 PENSION FUND and the bank indicated below to deposit my Pension check automatically to my account each month. If monies to which I am not entitled are deposited in my account, I authorize the LOCAL 751 PENSION FUND to direct the bank to return said funds. This authority will remain in effect until I have cancelled it in writing.

NAME: _____
(PRINT)

ADDRESS: _____

SS#: _____

BANK NAME: _____

BANK ADDRESS: _____

ACCOUNT #: _____

BANK ABA (ROUTING) #: _____

*****PLEASE ATTACH A VOIDED CHECK*****

SIGNATURE

DATE