

Timber Operators Council Retirement Plan & Trust

Application for Benefits – Disability Income

Name: _____ Male Female

Social Security No: _____ - _____ - _____ Date of Birth: ____/____/____ Attach copy of birth certificate

Address: _____

Telephone: (____) _____ Email Address: _____

Employer: _____ Date of Hire: ____/____/____ Last Day Worked: ____/____/____

Has your employment formally terminated? Yes No If yes, date of termination: ____/____/____

Form of Benefit

Your Disability Income Benefit will be paid to you in the form of monthly payments during your period of qualifying disability. Your Disability Income Benefit will end when one of the following events first occurs:

- You are no longer totally and permanently disabled as defined under the Plan
- You die
- You begin receiving Early Retirement Benefits under the Plan, or you reach Normal Retirement age (*you must submit a new application to the Retirement Manager in order to receive Early or Normal Benefits*)
- Your employer stops participating in the Plan.

Applicant's Signature

My employment with the Employer identified above has been terminated as a result of an illness or injury which is expected to be of long, continued and indefinite duration. The condition prevents me from performing any gainful activity and is expected to continue preventing me from performing any gainful activity for the foreseeable future. As a result, I hereby make application for Disability Income Benefits. I understand that I may be required to provide medical certification of my continued disability. I also agree to notify the Retirement Manager of any changes in my medical or employment status. The above statements are true to the best of my knowledge and belief. I understand that an incorrect statement may adversely affect my benefits. I agree to authorize all physicians, hospitals and other health care providers to give the Retirement Manager and the Board of Trustees of the Plan all information in their possession regarding my personal history and physical condition.

Date of Application: ____/____/____ Signature: _____

Attachments to Include with Your Application

The following items **must** be included with this Disability Income Benefit application: (1) a copy of your birth certificate, (2) a copy of your Social Security Disability Award and (3) a copy of your physician's statement describing your disability. If a birth certificate is not available, a copy of any one of the following may be acceptable: *Hospital birth records; U.S. Census Department information; Baptismal certificate or statement from church records; Military records; Social Security records; or Immigration papers or naturalization records.*

For Plan Use Only

Effective Date: ____/____/____ Age: _____ Monthly Benefit Payable: \$_____

APPROVED BY BOARD OF TRUSTEES

By _____

Date: ____/____/____

Timber Operators Council Retirement Plan & Trust

Direct Deposit Authorization Form

Direct Deposit Convenience

We are pleased to offer you the convenience of having your retirement benefit check directly deposited into your checking or savings account. This service is voluntary and *free*. With direct deposit you will:

- Not have to worry if the mail is on time.
- Know your money is deposited to your account even if you're on vacation, out-of-town or ill.
- Eliminate the risk of lost, stolen or forged checks.
- Save time with fewer trips to the bank.

On the first business day of the month, your account automatically will be credited with your retirement benefit. Your money will be available to you that day without waiting for mail delivery. The amount of your retirement benefit deposit will appear on your bank statement. Direct deposit is safe, convenient and easy.

To take advantage of this service, complete this authorization form and return it to the Timber Operators Council Retirement Plan. All you need to do is:

- Fill in your name, Social Security number and the name of your bank and branch.
- **Attach a voided check** (or a deposit slip for a savings account) for verification of all financial institution information. If you are unable to attach a voided check (or savings account deposit slip), please fill in your account and transit routing number.
- **Sign and date this form.**

AUTHORIZATION FOR DIRECT DEPOSIT

Retiree Name: _____

Social Security No: _____ - _____ - _____ Home Telephone: (_____) _____

Financial Institution Name: _____

Branch: _____ City: _____ State: _____ Zip code: _____

Account Number: _____ Type (check one): Checking Savings

Ownership of Account (check one): Self Joint Other _____

Names of Others on Account (if applicable): _____

I hereby authorize the Timber Operators Council Retirement Plan and Trust (the Plan) to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries made in error to my account indicated above and the depository named above (the Depository), to credit and/or debit the entries to such account. This authority is to remain in full force and effect until the Plan has received notification from me of its termination. I understand this notification must be submitted in accordance with applicable administrative procedures and in such time as to allow the Plan to process the change.

Signature: _____ Date: _____ / _____ / _____

Transit Routing

Account Number