

Timber Operators Council Retirement Plan & Trust

Application for Retirement Benefits – Normal, Early or Deferred

Name: _____ Male Female

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

Address: _____

Telephone: (_____) _____ Email Address: _____

Participating Employer: _____ Date of Hire: _____ / _____ / _____

Last Day Worked: _____ / _____ / _____ When do you want your benefit to begin: _____ / _____ / _____

Election of Benefit Option

I hereby request that my NORMAL, EARLY OR DEFERRED retirement benefits be paid as a (please check *only one*):

- Life Annuity with a 5-Year Guarantee** (Benefit paid to you for your lifetime) *If you elect this option, complete the form on page 2.*
- Contingent Annuity with 100% Survivor Benefit** (Reduced monthly amount paid to you for your lifetime with the same monthly amount paid to your surviving contingent annuitant after your death) *If you elect this option, complete the form on page 3.*
- Contingent Annuity with 75% Survivor Benefit** (Reduced monthly amount paid to you for your lifetime with 75% of that amount paid monthly to your surviving contingent annuitant after your death) *If you elect this option, complete the spousal consent section on page 2 and page 3.*
- Contingent Annuity with 50% Survivor Benefit** (Reduced monthly amount paid to you for your lifetime with 50% of that amount paid monthly to your surviving contingent annuitant after your death) *If you elect this option, complete the spousal consent section on page 2 and page 3.*

Certificate of Marital Status

I certify that (please complete one):

- I am not married
- I am married (if you elect an option other than the 100% Contingent Annuity, your spouse must sign the spousal consent on page 2)
- I am married, but my spouse has not signed the spousal consent on page 2 of this application for the following reason (please check one):
 - Inability to locate spouse
 - Legal separation from or abandonment of the Member (attach court order)
 - Spouse is incapacitated (attach consent of the spouse's legally authorized guardian or personal representative and order appointing)
 - Other (Please explain): _____

Applicant's Signature

I hereby make application for the Retirement Benefits to which I may be entitled under the provisions of the Timber Operators Council Retirement Plan and Trust. Benefits will be payable according to the Benefit Option I have elected above. The above statements are true to the best of my knowledge and belief as of today and as of my Benefit Starting Date, except for any changes as I have explained in an attached page (attach additional sheet explaining any changes). I understand that an incorrect statement may adversely affect my benefits.

Your **Benefit Starting Date** is the date benefits first become payable to you, which may not be the date you receive your first benefits check.

Date of Application: _____, 2____ Signature: _____

Life Annuity with 5-year Guarantee Option

About This Option

By electing this Benefit Option, you will receive a monthly benefit payable for your lifetime. If you should die prior to receiving 60 monthly benefit payments, your surviving designated beneficiary or beneficiaries will receive the benefit payments for the balance of the 60 months. You may change your beneficiary designation at any time by providing written notice to the Plan.

Beneficiary Designation for Life Annuity

I hereby designate as my Primary Beneficiary:

Name: _____ Relationship to Me: _____

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

Address: _____

Telephone: (_____) _____ Email Address: _____

If the Primary Beneficiary is not living at my date of death, I hereby designate as Secondary Beneficiary:

Name: _____ Relationship to Me: _____

Social Security No: _____ - _____ - _____ Date of Birth: _____ / _____ / _____

Address: _____

Telephone: (_____) _____ Email Address: _____

Spousal Consent: Signatures of Spouse and Notary Public or Plan Representative

If you are married as of the Benefit Starting Date and elect a Benefit Option other than a 100% Contingent Annuity with your spouse named as the Contingent Annuitant, your spouse must sign the following consent before a notary public or before an authorized plan representative in order for your benefit election to be effective:

I declare that I am the Member's spouse. I have received, and considered fully, information about Benefit Options and I voluntarily consent to the Benefit Option elected and the beneficiary designation (if applicable) set out on this application. I understand that under this election, I will receive no benefit or a reduced benefit if the Member dies and I survive, except possibly a post-retirement death benefit if the Member was an Active Member on or after February 1, 1974, and I am named as the beneficiary under the Life Annuity benefit form and the Member dies before receiving 60 monthly benefit payments.

Spouse's Signature: _____ Social Security No: _____ - _____ - _____

State of: _____ This instrument was signed before me on _____ / _____ / _____

County of: _____ by: _____

Notary Public: _____

My commission expires: _____

I declare that I am an authorized plan representative of the Plan and that this instrument was signed before me on _____ / _____ / _____ by: _____ Signature of Plan Rep _____

Attachments to Go with Application

A copy of your birth certificate must be included with this Life Annuity application. 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.*

Contingent Annuity Options

About This Option

By electing one of these Benefit Options, you will receive a monthly benefit payable for your lifetime. If you die before your elected contingent annuitant, a monthly benefit will continue for your contingent annuitant's lifetime. Depending on the option you elected on page 1, the monthly amount paid to your contingent annuitant will equal one of the following:

- 100% of your monthly amount,
- 75% of your monthly amount, or
- 50% of your monthly amount.

If you outlive your contingent annuitant, your monthly benefit will stop with the payment received for the month in which your death occurs.

Contingent Annuitant Designation

I hereby designate as my contingent annuitant the following person. I understand that the contingent annuity elections shall be void if I or my contingent annuitant shall die before my Benefit Starting Date. I further understand that this election may be changed at any time before my Benefit Starting Date and that no changes can be made after benefits begin.

Name: _____ Relationship to Me: _____

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

Address: _____

Telephone: (_____) _____ Email Address: _____

Attachments to Go with Application

A copy of your birth certificate must be included with this Life Annuity application. 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 at Retirement: _____ Monthly Benefit Payable: \$ _____

APPROVED BY BOARD OF TRUSTEES

By _____

Date: _____ / _____ / _____

Notes:

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