

NEWSGUILD OF NEW YORK – PUBLISHERS’ PENSION FUND

c/o I.E. Shaffer & Co.
PO Box 1028
Trenton, NJ 08628-0230

Application For Benefits
(Please Print or Type)

INSTRUCTIONS:

- a. Read and complete all sections of this application.
- b. You must sign the application where indicated under Section VI. If you are married and are selecting a payment option other than the Automatic Post-Retirement Surviving Spouse Option, your spouse must agree to your selection and so indicate by signing the application where indicated under Section VI and having his/her signature witnessed by a Notary Public.
- c. Submit a copy of an acceptable proof of date of birth for **both** yourself and your spouse, if any, such as birth certificate, baptismal certificate, naturalization record, drivers’ license or passport. If you are married, submit a copy of your marriage certificate.
- d. If you are applying for a Disability Benefit, submit a copy of your Award Certificate from Social Security indicating that you have qualified for a federal disability retirement. The Trustees reserve the right to require you to submit to a physical exam by a physician selected by the Board of Trustees.

SECTION I - Personal Information

Name of Applicant _____ Soc Sec # _____

Street Address _____

City, State, Zip _____

Date of Birth ____/____/____ Telephone # () _____

Date of Termination ____/____/____ Name of most recent Employer _____

Marital Status (circle one): Single Married Divorced Widow(er)

(If you are divorced please enclose a complete copy of your divorce decree)

Name of Spouse _____

Spouse's Soc. Sec # _____ Spouse's Date of Birth ____/____/____

Are there any Qualified Domestic Relations Orders (“QDROs”) in effect or are any domestic relations orders pending regarding your retirement benefits? YES _____ NO _____ If “Yes”, please enclose a copy of the QDRO.

Indicate the name of each Publisher you have worked for and the corresponding dates of employment.

Publisher/Employer _____ From _____ To _____

Publisher/Employer _____ From _____ To _____

Publisher/Employer _____ From _____ To _____

SECTION II - Type of Benefit For Which You Are Applying

I hereby apply for (check one) to become effective _____ 1st, _____
(Month) (Year)

_____ Normal Retirement (Age 65 or older) _____ Early Retirement (Age 60)

_____ Disability Retirement (minimum age of 50)
Nature of Disability _____
Date Total Disability Started ____/____/____
Have you filed for or are you receiving State Disability Benefits? _____
If so, what will be the date of your last State Disability Benefit payment? _____
If you have not filed for State Disability Benefits, or if your application was denied, please explain. _____

SECTION III - Form of Payment

You may elect to receive your benefits under one of the following forms of payment. Please elect the form of payment you desire by checking the applicable box below:

- 1. _____ **Automatic Post-Retirement Surviving Spouse Option** - (This option is also referred to as Spouse’s Joint & 50% to Survivor Option). I have a spouse to whom I am lawfully married and want my pension paid to me under this form of payment. I will receive a reduced monthly pension benefit during my lifetime, with the provision that if I am survived by my spouse, he or she will receive 50% of such reduced monthly pension benefit for the remainder of his or her lifetime. The amount of my monthly pension under this form of payment will be the greater of: a) 85% of the pension otherwise payable under the Full Life Annuity option; or b) an amount actuarially determined taking into account both my age and the age of my spouse. If, after my retirement benefits commence my spouse predeceases me, I understand that no adjustment will be made to the amount of my retirement benefit and that no benefits will be payable upon my death.
- 2. _____ **Spouse's Joint and 75% to Survivor Life Annuity** - I have a spouse to whom I am lawfully married and want my pension paid to me under this form of payment. I will receive a reduced monthly pension benefit during my lifetime, with the provision that if I am survived by my spouse, he or she will receive 75% of such reduced monthly pension benefit for the remainder of his or her lifetime. The reduction in my monthly pension benefit will be an amount actuarially determined taking into account both my age and the age of my spouse. If, after my retirement benefits commence my spouse predeceases me, I understand that no adjustment will be made to the amount of my retirement benefit and that no benefits will be payable upon my death.
- 3. _____ **Full Life Annuity** - I elect to receive my pension payments for my lifetime only. Upon my death there will be no further benefits payable. If I am married and select this form of payment, my legal spouse must agree to this selection and so indicate by having her signature notarized under Section VI of this application.

SECTION IV - Federal Income Tax Withholding

The benefits you receive under this Plan will be subject to Federal Income Tax. Compliance with the Tax Equity and Fiscal Responsibility Act of 1982 requires that certain conditions be met with regard to Federal Income Tax Withholding. If you elect not to have withholding apply to your payments, or if you do not have enough Federal Income Tax withheld from your payments, you may be responsible for payment of estimated tax. You may incur penalties under the estimated tax rules if your withholding and estimated tax payments are not sufficient. Please note that withholding is a method of paying taxes and does not increase or decrease your taxable income, or the total amount of taxes that you pay.

Federal Income Tax

- A. _____ I elect to have \$_____ withheld from my payments (please refer to IRS instructions for Form W-4P for more information; Form W-4P can be downloaded by using this link: <https://www.irs.gov/pub/irs-pdf/fw4p.pdf> or from the IE Shaffer website at www.ieshaffer.com).
- B. _____ I elect to have _____ % withheld from my payments.
- C. _____ I do not want to have Federal Income Tax withheld from my payments.

SECTION V - Direct Deposit Arrangements

You can arrange to have your monthly benefit payment forwarded directly to your bank and deposited to your checking or savings account. If you desire to have such an arrangement, please complete the information below. **If possible, it is preferable to simply attach a voided blank check (provided it bears the magnetic numbers along the bottom) to this section of the application.**

(Name of Bank)	(Account Number)
(Street Address)	Account Type: ___ Checking (Check One Only) ___ Savings
(City, State, Zip)	(Bank's ABA Number)

I authorize the NewsGuild of New York – Publishers’ Pension Fund (the “Plan”) to initiate credit entries to my designated account shown above (this includes authorization to correct any entries made in error). I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. This authorization will remain in full force and effect until the Plan has received written notification from me to change it in such time and manner as to afford the Plan and Bank a reasonable opportunity to act.

SECTION VI - Signature

I understand and agree to the following:

- A. In retiring on a pension from the NewsGuild of New York – Publishers’ Pension Fund, I declare that I will be bound by all rules and regulations of the Pension Plan. If after I retire, I again accept employment for more than 40 hours a month with a Publisher, the Guild or the Trustees, I shall notify the Trustees of the Pension Fund in writing by registered mail within 15-days of engaging in said employment. If I work in violation of the Pension Plan after the date of my retirement then my pension benefits will be suspended in accordance with the provisions of the Pension Plan.
- B. If I am receiving a disability pension, the Trustees may require me to have physical examinations, but not more than once in any period of six months and not after I have attained age 65. If I recover from total and permanent disability before age 65, my disability pension will stop.
- C. I will furnish to the Board of Trustees any information or proof requested by it and reasonably required to administer the Plan.
- D. If, under the Plan, I am eligible for a choice of benefits, I hereby acknowledge that I have at least 30 days after notification in which to make my election, although I have the right to waive such 30-day period. **By checking this box [], I hereby waive the 30-day period.**

(Signature of Applicant)

(Date)

As the lawful spouse of the Applicant, I hereby certify that I have read, understand and agree to the Form of Payment elected by the Applicant under Section III above. If the Applicant has elected a Form of Payment that is other than the Automatic Post-Retirement Surviving Spouse Option, I hereby agree with this election.

(Signature of Applicant's Spouse)

NOTARY

State of _____)

)SS:

County of _____)

Subscribed and Sworn to before me, this _____ day of _____, 20 _____.

(Notary Public)

Consequences of a Failure to Defer Benefit Commencement

As required by Section 1102 of the 2006 Pension Protection Act, the following information is being provided to participants.

If you have not attained normal retirement age or other required commencement date in the plan, you do not have to take a distribution from the plan at this time. You may defer commencement to the first of any month up until that date. If you defer the payment of your benefit, your benefit may be larger. The amount of your benefit and benefit payment options will be determined using your age, actuarial assumptions, and the plan's optional methods of payment provisions as of the future payment date. Therefore, an optional form of payment could be higher or lower when calculated at that future date. Please see your Summary Plan Description for details on the plan's required commencement date provisions and optional methods of payment. If you would like more information on your estimated future benefits, please contact your Plan Administrator.