

UFCW UNIONS AND FOOD EMPLOYERS
PENSION PLAN OF CENTRAL OHIO

APPLICATION FOR PENSION

I understand that Article V of the Plan provides that no pension payments can be made to me unless and until I file a proper application on a form prescribed by the Trustees. Accordingly, I hereby state that my employment with all participating Employers under the Plan will shortly be (or already has been) terminated, and I hereby file this application for Pension.

To that end, I submit proof of my age and the following information:

Name _____ Soc.Sec.No. _____

Address _____ City _____ State _____ Zip _____

Birthdate _____ Sex _____ Phone(____) _____

E-mail _____

Spouse Birthdate _____ Spouse Soc.Sec.No. _____

My last day of covered employment was (will be) _____, _____
Date Year

I have checked the two items below which apply to this application:

_____ I have no vacation coming, or

_____ I have an accrued vacation of _____ days which will extend my last day of covered employment until _____.

_____ I have never filed an Application for Pension before, or

_____ I have filed an Application for Pension previously.

Form P-2

(Revised 3/31/11)

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TO THE BEST OF MY KNOWLEDGE, I am entitled to a Plan pension under the following retirement provision (check whichever one applies):

NOTE: Your rights to a pension benefit and the amount of your benefit, if any, will be determined only by the terms of the Plan Document that was in effect on your last day of work for which a contribution was made to the Plan on your behalf.

NORMAL RETIREMENT

I am retiring on or after my 65th birthday.

***** (If you checked this item: (1) complete the section, "NORMAL AND EARLY RETIREMENT OPTIONS", on pages 3 & 4; (2) complete the section, "RETIREMENT COMMENCEMENT DATE", on page 5; (3) complete the schedule of your membership and employment on page 5; and (4) sign the application.)

EARLY RETIREMENT

I am retiring on or after my 55th birthday and before my 65th birthday with at least 10 years of Vesting Service.

***** (If you checked this item: (1) complete the section "NORMAL AND EARLY RETIREMENT OPTIONS", on page 3 & 4; (2) complete the section, "RETIREMENT COMMENCEMENT DATE", on page 5; (3) complete the schedule of your membership and employment on page 5; and (4) sign the application.)

NORMAL AND EARLY RETIREMENT OPTIONS

Under NORMAL RETIREMENT AND EARLY RETIREMENT you may elect any ONE of the following forms of payment. (If you are undecided as to your elections, choose option (E).

THE FOLLOWING FORM OF PAYMENT DOES NOT INCLUDE ANY
JOINT AND SURVIVOR BENEFIT FOR YOUR SPOUSE

(A) Monthly Income for Life - A monthly pension payable for your life only with no survivor protection.

_____ I definitely elect to receive payments in the form of a Monthly Income for Life and will submit the spousal consent/affidavit form waiving rights to a survivor benefit, as described on page 4 of this application. (This form will be sent to you on a later date.)

THE FOLLOWING FORMS OF PAYMENT INCLUDE A JOINT AND SURVIVOR
BENEFIT FOR YOUR SPOUSE

(B) 50% Husband and Wife (Joint and Survivor) Annuity - A monthly pension with reduced payments in order to provide monthly income to your Spouse after your death equal to 50% of your reduced pension and payable thereafter for the life of your Spouse.

_____ I definitely elect to receive payments in the form of a 50% Husband and Wife (Joint and Survivor) Annuity. IF THIS ELECTION IS MADE, SEND A COPY OF YOUR SPOUSE'S BIRTH CERTIFICATE AND YOUR MARRIAGE LICENSE.

(C) 50% Husband and Wife (Joint and Survivor) Annuity with POP-UP Option - A monthly pension with reduced payments in order to provide monthly income to your Spouse after your death equal to 50% of your reduced pension and payable thereafter for the life of your Spouse, with your pension benefit going back to its original amount prior to any reduction in the event your spouse passes before you.

_____ I definitely elect to receive payments in the form of a 50% Husband and Wife (Joint and Survivor) Annuity with Pop-Up Option. IF THIS ELECTION IS MADE, SEND A COPY OF YOUR SPOUSE'S BIRTH CERTIFICATE AND YOUR MARRIAGE LICENSE.

(D) 75% Husband and Wife (Joint and Survivor) Annuity - A monthly pension with reduced payments in order to provide monthly income to your Spouse after your death equal to 75% of your reduced pension and payable thereafter for the life of your Spouse.

_____ I definitely elect to receive payments in the form of a 75% Husband and Wife (Joint and Survivor) Annuity. IF THIS ELECTION IS MADE, SEND A COPY OF YOUR SPOUSE'S BIRTH CERTIFICATE AND YOUR MARRIAGE LICENSE.

(E) I am undecided at this time as to which of form of benefit I wish to select. To assist me in reaching a decision, I hereby request an estimate of the amount of pension payable to me if I elect:

_____ Monthly Income for Life

_____ 50% Husband and Wife (Joint and Survivor) Annuity

_____ 50% Husband and Wife (Joint and Survivor) Annuity with POP-UP Option

_____ 75% Husband and Wife (Joint and Survivor) Annuity

I understand that this request under Option (E) is for information purposes only and in no way commits me to an optional selection.

IMPORTANT: If you elected Option (A) on page 3, you have rejected the Husband and Wife (Joint and Survivor) Annuity form of payment. Therefore, no survivor benefits will be paid to your spouse after your death if you are married. Federal law requires your spouse to provide the Plan with a written waiver of his or her rights to survivor benefits from the Plan. This waiver must be signed in the presence of a Notary Public. If you are single, you must sign an affidavit attesting to the fact that you are unmarried at the time benefits commence. In order to comply with the law, you will be sent a Consent Affidavit Form which must be signed by your spouse or by you in the presence of a Notary Public. If you are married and your spouse agrees with your election of the form of benefit payment, he or she must sign Side A of the form. If you are single or cannot locate your spouse, you should sign Side B. Unless we receive this form signed by you or your spouse and notarized, the Plan is required by law to pay your benefit in the form of a 50% Husband and Wife (Joint and Survivor) Annuity.

RETIREMENT COMMENCEMENT DATE

Subject to the Plan's eligibility rules, I request the Trustees to authorize commencement of my pension payments on (check only one):

_____ My Normal Retirement Date (i.e., deferred to the first on the month next following my 65th birthday.

_____ As soon as possible (on or after my 55th birthday) following my last day of covered employment, as shown on page 1 of this application.

_____ The first of the month (on or after my 55th birthday) falling between my last day of covered employment and my 65th birthday, designated as follows:

Month _____ Year _____

In planning your retirement, you should anticipate a one month delay in payment of your initial check to allow for the Plan to verify your termination date with your employer.

UNION MEMBERSHIP- List below the dates of Union Membership in the United Food and Commercial Workers Union and or Retail Clerks Union.

Local Number	From Mo./Yr/	To Mo./Yr.

EMPLOYMENT RECORD- List below the names of your employers and dates worked as a member of the United Food and Commercial Workers Union (Retail Clerks Union) and all absences.

Company Name	Street Address of Store	City State Zip	Employment From Mo./Yr.	Employment To Mo./Yr.

** If you had any military service during the above employment, please provide a copy of your DD-214 discharge papers.

I fully understand and acknowledge that in the event I return to employment with any Employer under the Plan, I must advise the Administrator immediately of such intention (since my pension payments may be suspended during any period in which I work for a Participating Employer).

I declare that all information supplied by me relative to this application is true and accurate to the best of my knowledge.

Signature _____ Date _____

NOTICE – IT IS ILLEGAL TO FILE A FALSE OR FRAUDULENT APPLICATION OR TO KNOWINGLY HELP SOMEONE ELSE FILE ONE. WILLFULLY FALSE STATEMENTS ON THIS APPLICATION FORM CAN BE PUNISHED BY FINE AND IMPRISONMENT.