

# RETAIL FOOD EMPLOYERS AND UFCW LOCAL 711 PENSION TRUST FUND

4885 South 900 East, Suite 202 • Salt Lake City, Utah 84117 • (801) 266-3271 / 1-800-453-4584

Fax (801) 266-4383 • E-mail [jas@jasbenefits.com](mailto:jas@jasbenefits.com)

JAS, Inc.  
Administrator

Dear Plan Participant:

Attached is part one of your requested pension application for you to complete and return. Read each question carefully and answer each question that is applicable. If the required information is not complete your application may be delayed. Please complete each page as follows:

1. **Personal Data Sheet:** Please print all information. Include all supporting documentation. Birth certificates for both you and your spouse, marriage licence and any other applicable documents, i.e. Divorce decrees, Qualified Domestic Relations Orders, documents proving name or social security number changes. If you are interested in the social security level income option please include a copy of your latest printout from social security showing your estimated social security amount. If you are applying for a disability pension you must include a copy of your social security award letter. All original documents will be photocopied and returned.
2. **Work History:** Please print all information. Complete this form to the best of your ability. While exact dates and times are not necessary it is helpful in verifying all your time in the industry. Sign and date.
3. **Authorization To Release Information:** Print your name. Sign and date.
4. **Social Security Earnings Request Form:** This form is used to verify your work history through Social Security. All fees in regard to this form will be handled by the fund. Complete numbers 1 and 4 only.

Mail your completed application to the address above. Your annuity start date will automatically be processed to be effective the **first day of the month following the later of:**

1. Receipt of this application by the Fund office; (or)
2. The last day worked, unless you choose to elect a later date; (or)
3. When you reach mandatory retirement age.

Once the above information has been received and processed you will receive, by mail, a breakdown of your possible retirement options. Please note that the retirement process takes approximately three months to complete from your requested annuity start date.

If you should have questions concerning this application or the application process please feel free to contact the pension department.

Sincerely,

Pension Department

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## PERSONAL DATA SHEET

### PERSONAL DATA

FULL NAME: \_\_\_\_\_ SOCIAL SECURITY # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

PREVIOUS NAME(S) \_\_\_\_\_ DATE NAME CHANGED \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ SEX:  MALE  FEMALE

COMPLETE ADDRESS: \_\_\_\_\_

PHONE ( \_\_\_\_\_ ) \_\_\_\_\_

MARITAL STATUS:  SINGLE  MARRIED  DIVORCED  WIDOWED

PLEASE INCLUDE A COPY OF APPLICABLE DOCUMENTS, I.E. MARRIAGE CERTIFICATE, DIVORCE DECREE, QDRO ETC.

BENEFIT TYPE:  NORMAL  EARLY  DISABILITY(Please include Social Security Award Letter)  DEATH BENEFIT

THE LAST MONTH I WORKED IN THE INDUSTRY OR ANTICIPATE WORKING IN THE INDUSTRY: \_\_\_\_\_ MONTH \_\_\_\_\_ YEAR

ANTICIPATED RETIREMENT/ ANNUITY START DATE: \_\_\_\_\_ MONTH \_\_\_\_\_ YEAR

### SPOUSE'S INFO

FULL NAME: \_\_\_\_\_ SOCIAL SECURITY # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

PREVIOUS NAME(S) \_\_\_\_\_ DATE(S) NAME CHANGED \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

### PROOF OF AGE

PLEASE SUBMIT A COPY OF THE FOLLOWING DOCUMENTS AS PROOF OF BIRTH DATE FOR YOURSELF **AND** SPOUSE:

- OFFICIAL BIRTH CERTIFICATE
- CERTIFIED COPY OF CHURCH RECORD OF BIRTH

IF YOU CAN NOT SUPPLY EITHER OF THE ABOVE DOCUMENTS **TWO** OF THE FOLLOWING DOCUMENTS WILL BE CONSIDERED PROOF OF BIRTH DATE(DOCUMENT MUST STATE DATE OF BIRTH):

- BAPTISMAL CERTIFICATE
- RECORD IN FAMILY BIBLE, OR FAMILY REGISTER OF BIRTHS
- HOSPITAL OR PHYSICIANS RECORD OF BIRTH
- NATURALIZATION PAPERS
- SCHOOL OR COLLEGE RECORDS
- INSURANCE POLICY(MIN. TEN YEARS OLD)
- MILITARY RECORD OF DISCHARGE(DD214)
- PASSPORT / NATURALIZATION PAPERS
- SOCIAL SECURITY INFORMATION

NOTE: IF THE NAME SHOWN ON A DOCUMENT DIFFERS FROM YOUR PRESENT NAME, A COPY OF THE COURT ORDER, MARRIAGE LICENSE OR OTHER DOCUMENT RECORDING THE NAME CHANGE SHOULD BE SUBMITTED.





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## AUTHORIZATION TO RELEASE INFORMATION

I, \_\_\_\_\_ HEREBY AUTHORIZE YOU TO RELEASE ALL AND ANY INFORMATION  
Print Name

REQUESTED BY J.A.S. INC., THE ADMINISTRATORS OF THE PENSION FUND, CONCERNING MY EMPLOYMENT  
HISTORY AND TERMINATION THEREIN.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

REQUEST FOR SOCIAL SECURITY EARNINGS INFORMATION

1. From whose record do you need the earnings information?

Print the Name, Social Security Number (SSN), and date of birth below.

Name \_\_\_\_\_ Social Security Number \_\_\_\_\_
Other Name(s) Used \_\_\_\_\_ Date of Birth (Mo/Day/Yr) \_\_\_\_\_
(Include Maiden Name)

2. What kind of information do you need?

[X] Detailed Earnings Information For the period(s)/year(s): \_\_\_\_\_
(If you check this block, tell us below why you need this information.)
VERIFY PENSION INFORMATION
[ ] Certified Total Earnings For Each Year. For the year(s): \_\_\_\_\_
(Check this box only if you want the information certified. Otherwise, call 1-800-772-1213 to request Form SSA-7004, Request for Earnings and Benefit Estimate Statement)

3. If you owe us a fee for this detailed earnings information, enter the amount due using the chart on page 3 . . . . . A. \$ \_\_\_\_\_

Do you want us to certify the information? [ ] Yes [ ] No

If yes, enter \$15.00 . . . . . B. \$ \_\_\_\_\_

ADD the amounts on lines A and B, and enter the TOTAL amount . . . . . C. \$ \_\_\_\_\_

- You can pay by CREDIT CARD by completing and returning the form on page 4, or
Send your CHECK or MONEY ORDER for the amount on line C with the request and make check or money order payable to "Social Security Administration"
DO NOT SEND CASH.

4. I am the individual to whom the record pertains (or a person who is authorized to sign on behalf of that individual). I understand that any false representation to knowingly and willfully obtain information from Social Security records is punishable by a fine of not more than \$5,000 or one year in prison.

SIGN your name here (Do not print) > \_\_\_\_\_ Date \_\_\_\_\_

Daytime Phone Number \_\_\_\_\_
(Area Code) (Telephone Number)

5. Tell us where you want the information sent. (Please print)

Name JAS INC ,RETAIL FOOD PENSION Address 4885 SOUTH 900 EAST #202
City, State & Zip Code SALT LAKE CITY, UTAH 84117

6. Mail Completed Form(s) To: Exception: If using private contractor (e.g., FedEx) to mail form(s), use:

Social Security Administration Social Security Administration
Division of Earnings Record Operations Division of Earnings Record Operations
P.O. Box 33003 300 N. Greene St.
Baltimore Maryland 21290-3003 Baltimore Maryland 21290-0300

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## Relative Value Participant Disclosure

IRS regulations require plans such as ours to give retiring participants a comparison of the relative values of the benefit payment options generally available under the plan. The aim is to help you make an informed choice about the form in which you receive your retirement benefits. "Relative value" means the actuarial present value of each optional form of payment relative to the value of the Joint and Survivor Annuity Options (also called the "QJSA").

All of the payment forms have approximately the same value for a participant who is the same age as his or her spouse or beneficiary and who is retiring at age 50, 55, 60, 65, or 70 on a non-disability pension and ages 30, 35, 40, 45, 50, 55, or 60 on a disability pension. This conclusion is based on the valuation and reporting methodologies described in the IRS regulation, which can be found at Treas. Reg. section 1.417 (a)(3)-1. Should you make a written request, we will give you a similar comparison based on your own age and estimated benefits, and on any other payment forms for which you are eligible.

As noted, these relative values are based on comparing the actuarial values of the benefit payment options to the actuarial value of the QJSA. Actuarial values of pension benefits are determined using mortality and interest assumptions. Mortality assumptions are based on standardized tables developed by actuarial organizations and life insurance companies, which analyze information 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". The interest assumption is an estimate of the likely investment earnings, over time, on the money put aside to pay the benefits. This is relevant in the determination of actuarial value because investment earnings will provide some of the funds to pay the benefits.

Here the values were calculated, for comparison purposes, assuming the funds would earn 4.86% interest and that, on average, participants would live as long as predicted under the mortality table prescribed by IRS Revenue Ruling 2001-62, as required by the IRS regulation.

It is important that you realize that this is not a guarantee or even a prediction of what you will actually receive after you retire. You should not rely upon it as if it were. The actual value of a stream of annuity payments for any individual, and its comparison to the values of different payment forms, will vary depending on how long the individual and spouse or beneficiary in fact live and on their ages when payments start. This is not only information you should take into account when choosing your payment form for retirement. Other factors you might want to take into account in deciding how much a particular payment option is worth to you personally, in comparison to the other forms in which your pension can be paid, include your health, your other source of retirement income, the resources available to your spouse or family after you die, availability of life insurance, etc. You may want to consult a financial advisor when you make this important decision.

To obtain an individual relative values estimate, please send a written request to the Fund office.