

GRAPHIC ARTS INDUSTRY JOINT PENSION TRUST
3040 WILLIAMS DRIVE, SUITE 640 • FAIRFAX, VA 22031
PHONE: (571) 800-**1860** • WEBSITE: WWW.GAIJPT.ORG

PENSION APPLICATION

Instructions: Please read this application carefully and *print* all requested information. Mail the completed application to the Fund office. If you have any questions regarding this application, contact the Fund office.

In accordance with the provisions of the Graphic Arts Industry Joint Pension Trust, I hereby apply for a retirement pension, for which I believe I have met the eligibility requirements (or shall have satisfied such requirements as of my contemplated retirement date). I submit this application for the purpose of obtaining such pension, and hereby certify that all the information contained on this application is true and correct to the best of my knowledge and belief.

Signature _____ Date _____
(Do Not Print)

Application for: SURVIVING SPOUSE PENSION

Name _____ / _____ / _____ / _____
(First) (Middle) (Last) (Soc. Sec. No.) Male ☐
Female ☐

Address _____
(Number and Street) (City, State and Zip Code)

Date of Birth* _____ Telephone Number: (____) _____
*Proof of Age Must Be Submitted With Application

Name of Spouse _____ Soc. Sec. No. _____

Spouse's Date of Birth _____ Date of Marriage _____
(attach copy of marriage certificate)

Spouse's Date of Death _____ (attach a copy of death certificate)

Name of Spouse's Last Employer _____

Last Day Spouse Worked _____

INSTRUCTIONS FOR FURNISHING PROOF OF AGE OF APPLICATION

One or more of the proofs of age listed below must be furnished. Proof as high on the list as possible should be submitted if obtainable. A birth certificate, for example, is more acceptable than a passport or a marriage record. Legible copies of original documents will be acceptable, and all original documents will be returned. An applicant whose name is different from the name on the birth certificate or other documentation, should submit proof of the name change, such as a marriage certificate.

1. Birth Certificate
2. REAL ID* Driver's License only (must have REAL ID star)
3. Baptismal Certificate or statement of Date of Birth as shown by church records certified by custodian of such records
4. Notification of registration of birth in public registry of vital statistics
5. Hospital records of Date of Birth, certified by custodian of such records
6. Certificate of Social Security Award
7. Foreign church or government records
8. Signed statement of Physician or Midwife in attendance, of Date of Birth shown on their records
9. Census Records
10. Family Bible or other record, certified by Notary Public
11. Naturalization Record
12. Immigration Papers
13. Record of military service
14. Passport
15. School Record, certified by custodian of such records
16. Vaccination Record, certified by custodian of such records
17. Insurance Policy showing Date of Birth or age
18. Labor Union or Lodge records, certified by custodian of such records
19. Marriage Records showing Date of Birth or age (Application for Marriage License or church record) certified by custodian of such records
20. Other records, such as signed statement from persons having knowledge of Date of Birth; voting records; poll tax receipts; driver's license; etc.

GRAPHIC ARTS INDUSTRY JOINT PENSION TRUST
3040 WILLIAMS DRIVE, SUITE 640
FAIRFAX, VA 22031
PHONE: (571) 800-1860 • FAX: (571) 520-4167 • WEBSITE: GAIJPT.ORG

NOTE: BENEFIT RECIPIENTS ARE NOW REQUIRED TO HAVE THEIR MONTHLY PAYMENTS TRANSMITTED ELECTRONICALLY TO THEIR BANK OR CREDIT UNION ACCOUNTS. THIS WILL ELIMINATE THE POSSIBILITY OF CHECKS BEING LATE, LOST OR STOLEN. YOUR FUNDS WILL BE AVAILABLE ON THE FIRST BUSINESS DAY OF THE MONTH. COMPLETE AND RETURN THIS FORM USING THE ENCLOSED ENVELOPE. PLEASE NOTIFY US OF ANY CHANGE IN YOUR FINANCIAL INSTITUTION AND KEEP US ADVISED OF YOUR CURRENT HOME ADDRESS.

AUTHORIZATION AGREEMENT FOR DIRECT DEPOSIT
(Please Print)

I hereby authorize the Graphic Arts Industry Joint Pension Trust (the Plan) to initiate credit entries (deposits) and if necessary, debit adjustment entries to my Checking or Savings account number listed below. This authority is to remain in full force and effect until the Plan receives written notification of termination.

Further, by signing this form below, I hereby authorize the bank named herein into which my deposits from the Plan are to be made to release information regarding my bank account in the event the Plan makes erroneous deposits into my bank account after my death.

Name: _____ Social Security #: _____

Home Phone #: _____ Cell Phone #: _____

Home Address: _____

Bank Name and Address: _____

Bank (9 digit) Routing Number: _____

Bank Account Number: _____ ☐ Checking ☐ Savings

Participant's Signature

Date

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**Graphic Arts industry Joint Pension Trust
Authorization Agreement for Direct Deposit
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1. JOINT ACCOUNTS: Your joint account holder(s) must complete this section. If there is more than one joint account holder, please contact the Plan Office for an additional Form. If there is NO joint account holder, see #2 below.

Name (s), address(es) and phone numbers of Joint Account Holder: _____

Home Phone #: _____ Cell Phone #: _____

Home Address: _____

I, a joint account holder with the pensioner in the Graphic Arts Industry Joint Pension Trust ("Plan") named herein who is receiving a monthly pension from the Plan, acknowledge that any direct deposit pension payments made into our joint bank account for any month after the death of the pensioner **are not my property** but are Plan assets and must be returned to the Plan. Further, I will attempt to contact the Plan immediately upon the death of the pensioner named herein to inform the Plan of the pensioner's death.

Signature: _____ Date: _____

2. NO JOINT ACCOUNT HOLDER: Sign below to affirm that there is no joint account holder.

Signature of Participant: _____ Date: _____

Please staple or otherwise attach a voided check in the space provided here. The check **MUST** be from the account where you want your funds to be deposited.

PLEASE KEEP IN MIND THAT COMMUNICATIONS VIA EMAIL OR THE INTERNET ARE NOT SECURE. ALTHOUGH IT IS UNLIKELY, THERE IS A POSSIBILITY THAT INFORMATION YOU INCLUDE IN AN EMAIL CAN BE INTERCEPTED AND READ BY PARTIES OTHER THAN THE PERSON TO WHOM IT IS ADDRESSED.

WE RECOMMEND THAT YOU SEND THIS DIRECT DEPOSIT FORM TO US THROUGH USPS OR UPS.