



APPLICATION FOR RETIREMENT PENSION BENEFIT

Dear Participant:

This Application for Retirement Pension Benefit packet is made up of the following forms – all of which must be completed and forwarded to the address shown below before you can be approved for a retirement pension benefit from the Pension Fund:

- Pension Application Form/Background Information/Employment History
 - Enclose copies of all appropriate documents (such as proof of age, marriage certificate, divorce decree, etc.).

- Tax Withholding Form

- Benefit Payment Method Form

- Payment Options
 - Do not complete the JSO Election or JSO Waiver more than 180 days before your retirement date. If you do, they cannot be accepted.
 - If you elect to waive the Joint and Surviving Spouse option, we require the original notarized form.

- Retirement Declaration Form
 - Complete the top section naming your Retirement Date, check the appropriate box regarding any reemployment after retirement, and sign and date the form. Once you complete your section of the Retirement Declaration Form, your last employer should complete the section entitled “Employer Use Only”.
 - Even if your most recent employer does not contribute to the Fund, they must fill out this section if you received compensation within the 12 months prior to your retirement date.
 - If you have resigned or terminated employment at least 12 months prior to your retirement date, your last employer does not have to complete this section.

We recommend that you complete the above forms and return them to us at least 90 days (but not more than 180 days), before your retirement date. By doing so, you will allow us the opportunity to review your eligibility status in advance and help us provide you with your first benefit check as close to your retirement date as possible.

All forms and documents should be submitted to the following address:

Central States, Southeast and Southwest Areas Pension Fund
PO Box 5109
Des Plaines IL 60017-5109

If you have any questions, please call us toll-free at 800-323-5000
Or visit our website at: MyCentralStatesPension.org

PENSION APPLICATION FORM/ BACKGROUND INFORMATION/EMPLOYMENT HISTORY

PRINT OR TYPE ALL INFORMATION

PARTICIPANT'S SOCIAL SECURITY NO.	LAST NAME	FIRST NAME	MIDDLE INITIAL	GENDER <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	IF FEMALE, MAIDEN NAME
STREET ADDRESS		CITY	STATE	ZIP CODE	HOME PHONE NUMBER (incl. Area Code)
E-MAIL ADDRESS					
MILITARY SERVICE (MONTH / YEAR) FROM TO		DATE OF BIRTH MONTH / DAY / YEAR		RETIREMENT DATE MONTH / DAY / YEAR	
MARITAL STATUS MARRIED <input type="checkbox"/> SINGLE <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		SPOUSE'S LAST NAME		FIRST NAME	
SPOUSE'S SOCIAL SECURITY NO.		SPOUSE'S DATE OF BIRTH MONTH / DAY / YEAR		DATE OF MARRIAGE MONTH / DAY / YEAR	

LIST CHILDREN'S COMPLETE INFORMATION

NAME	ADDRESS (City, State, ZIP Code)	BIRTHDAY	RELATIONSHIP
		MONTH / DAY / YEAR	

LIST COVERAGE UNDER ANY OTHER TEAMSTER PENSION FUND AND/OR COMPANY PENSION PLAN

NAME OF FUND / COMPANY PLAN	CITY AND STATE	PERIOD OF COVERAGE
		FROM / TO DATES (MONTH / YEAR)

PLEASE INCLUDE **COPIES** OF THE FOLLOWING DOCUMENTATION WITH THIS APPLICATION AND MAIL IT TO THE ADDRESS SHOWN ON PAGE 4 **[DO NOT SEND ORIGINAL DOCUMENTS]**:

- YOUR BIRTH CERTIFICATE (OR OTHER PROOF OF AGE)
- SPOUSE'S BIRTH CERTIFICATE (OR OTHER PROOF OF AGE)
- MARRIAGE CERTIFICATE
- DIVORCE DECREE

PLEASE NOTE THAT IF YOU DO NOT PROVIDE THE FUND WITH TIMELY NOTICE OF YOUR RETIREMENT, ANY RETROACTIVE BENEFIT PAYMENTS THAT YOU WOULD OTHERWISE BE ELIGIBLE TO RECEIVE ARE LIMITED TO THE 12-MONTH PERIOD PRIOR TO THE DATE THE FUND RECEIVES WRITTEN NOTIFICATION OF YOUR RETIREMENT DATE.

LIST **ALL EMPLOYMENT**, REGARDLESS OF WHETHER IT PROVIDED FOR PARTICIPATION IN CENTRAL STATES PENSION FUND, BEGINNING WITH YOUR PRESENT OR MOST RECENT EMPLOYER. ADD ADDITIONAL PAGES FOR EMPLOYMENT HISTORY IF NEEDED.

NAME OF EMPLOYER	ADDRESS OF EMPLOYER		PERIOD OF EMPLOYMENT FROM / TO	LOCAL UNION # AT TIME OF EMPLOYMENT
EMPLOYER	ADDRESS		FROM/TO (MONTH/YEAR)	LOCAL UNION #
	CITY, STATE & ZIP			
TYPE OF WORK (BE SPECIFIC)				
REASON FOR LEAVING			COMPANY OUT OF BUSINESS? <input type="checkbox"/> YES <input type="checkbox"/> NO	
WORK COVERED BY TEAMSTER CONTRACT REQUIRING CONTRIBUTIONS TO CENTRAL STATES PENSION FUND?			<input type="checkbox"/> YES <input type="checkbox"/> NO	

EMPLOYER	ADDRESS		FROM/TO (MONTH/YEAR)	LOCAL UNION #
EMPLOYER	ADDRESS		FROM/TO (MONTH/YEAR)	LOCAL UNION #
	CITY, STATE & ZIP			
TYPE OF WORK (BE SPECIFIC)				
REASON FOR LEAVING			COMPANY OUT OF BUSINESS? <input type="checkbox"/> YES <input type="checkbox"/> NO	
WORK COVERED BY TEAMSTER CONTRACT REQUIRING CONTRIBUTIONS TO CENTRAL STATES PENSION FUND?			<input type="checkbox"/> YES <input type="checkbox"/> NO	

EMPLOYER	ADDRESS		FROM/TO (MONTH/YEAR)	LOCAL UNION #
EMPLOYER	ADDRESS		FROM/TO (MONTH/YEAR)	LOCAL UNION #
	CITY, STATE & ZIP			
TYPE OF WORK (BE SPECIFIC)				
REASON FOR LEAVING			COMPANY OUT OF BUSINESS? <input type="checkbox"/> YES <input type="checkbox"/> NO	
WORK COVERED BY TEAMSTER CONTRACT REQUIRING CONTRIBUTIONS TO CENTRAL STATES PENSION FUND?			<input type="checkbox"/> YES <input type="checkbox"/> NO	

EMPLOYER	ADDRESS		FROM/TO (MONTH/YEAR)	LOCAL UNION #
EMPLOYER	ADDRESS		FROM/TO (MONTH/YEAR)	LOCAL UNION #
	CITY, STATE & ZIP			
TYPE OF WORK (BE SPECIFIC)				
REASON FOR LEAVING			COMPANY OUT OF BUSINESS? <input type="checkbox"/> YES <input type="checkbox"/> NO	
WORK COVERED BY TEAMSTER CONTRACT REQUIRING CONTRIBUTIONS TO CENTRAL STATES PENSION FUND?			<input type="checkbox"/> YES <input type="checkbox"/> NO	

HAVE YOU EVER WORKED IN ANY OF THE FOLLOWING CAPACITIES WHILE A PARTICIPANT OF CENTRAL STATES PENSION FUND?

Manager/Supervisor Self-employment Owner/Operator OR Had significant ownership (50% or more) in the company?

If yes, complete the following:

COMPANY NAME	PERIOD OF EMPLOYMENT	SITUATION (SEE ABOVE)	DID YOU HAVE THE RIGHT TO HIRE, FIRE, OR RECOMMEND IT? (CHECK ONE)	
	FROM / TO (MONTH / YEAR)		<input type="checkbox"/> YES	<input type="checkbox"/> NO
			<input type="checkbox"/> YES	<input type="checkbox"/> NO
			<input type="checkbox"/> YES	<input type="checkbox"/> NO

OATH AND SIGNATURE

I am applying for a pension benefit from Central States, Southeast and Southwest Areas Pension Fund. Under penalty of perjury, I certify that the information I have given in this application is true and correct to the best of my knowledge.

APPLICANT'S SIGNATURE

DATE

IMPORTANT INFORMATION REGARDING YOUR BENEFITS:

PENSION PROTECTION ACT

On March 24, 2008, the Pension Fund's actuary certified that the Pension Fund is in critical status under the Pension Protection Act (PPA), and notice of this fact was given to all participants on April 8, 2008. With respect to plans in critical status, the PPA created a category of "adjustable benefits," which generally includes all benefits other than a contribution based pension payable at age 65; these benefits may be eliminated or reduced in the future (even for participants that have retired and already begun receiving their pensions), largely depending on whether the participant's employer (or former employer) continues to participate in the Pension Fund and agrees to a contribution schedule sufficient to maintain current benefits. Although the Pension Fund anticipates that the vast majority of bargaining units will elect a contribution schedule that keeps current benefits in place, because of the possibility of a reduction or elimination in benefits, you should weigh your decision to retire with care. In addition, under the PPA, the Pension Fund cannot guarantee that it will never be required to change its existing rules concerning adjustable benefits. However, in the event your adjustable benefits are reduced or eliminated in the future, you will receive a separate notice at least 30 days prior to the effect of any such benefit reduction.

PLEASE NOTE:

For Retirement Dates on or after July 1, 2011 (including retirement applications filed on or after July 1, 2011 that specify a retroactive retirement date), no participant shall be permitted to receive retirement benefits of any type prior to age 57.

**RETURN TO: CENTRAL STATES, SOUTHEAST AND SOUTHWEST
AREAS PENSION FUND
PO BOX 5109
DES PLAINES IL 60017-5109**

TAX WITHHOLDING FORM

Note: Form W-4P is for U.S. citizens, resident aliens, or their estates who are recipients of pensions, annuities (including commercial annuities), and certain other deferred compensation. Use Form W-4P to tell payers the correct amount of federal income tax to withhold from your payment(s). You also may use Form W-4P to choose **(a)** not to have any income tax withheld from the payment (except for eligible rollover distributions, or payments to U.S. citizens delivered outside the United States or its possessions) or **(b)** to have an additional amount of tax withheld.

You may use the Pension Benefit Tax Withholding calculator on our website at MyCentralStatesPension.org to assist you in determining your tax withholding. If you have any questions, please consult your tax professional, or obtain a complete Form W-4P from the IRS for additional worksheets and instructions.

If you wish to make a tax election, please complete Form W-4P below.

Form W-4P Department of the Treasury Internal Revenue Service	<h3 style="margin: 0;">Withholding Certificate for Pension or Annuity Payments</h3>	OMB No. 1545-0415
Type or print your full name	Your social security number	
Home address (number and street or rural route)	Claim or identification number (if any) of your pension or annuity contract	
City or town, state, and ZIP code	N/A	

Complete the following applicable lines:

- 1 Check here if you **do not want any** federal income tax withheld from your pension or annuity. (Do not complete lines 2 or 3.) . . . ▶

- 2 Total number of allowances and marital status you are claiming for withholding from each **periodic** pension or annuity payment. (You may also designate an additional dollar amount on line 3.) . . . ▶ _____
 Marital status: Single Married Married, but withhold at higher "Single" rate (Enter number of allowances)

- 3 Additional amount, if any, you want withheld from each pension or annuity payment. (**Note.** For periodic payments, you cannot enter an amount here without entering the number (including zero) of allowances on line 2.) . . . ▶ \$ _____
(No pennies)

Your Signature ▶ _____ **Date** ▶ _____

If you are a nonresident alien and do not have a Social Security Number you may not use Form W-4P. Please write us at Central States Pension Fund, PO Box 5113, Des Plaines IL 60017-5113 if this applies to you.

*****INSTRUCTIONS FOR COMPLETING FORM W-4P*****

TO ELECT NOT TO HAVE FEDERAL TAXES WITHHELD FROM YOUR PENSION BENEFIT:

1. PRINT YOUR NAME, ADDRESS AND SOCIAL SECURITY NUMBER IN THE SPACE PROVIDED.
2. CHECK THE BOX IN LINE 1.
3. SIGN AND DATE THE ELECTION AND RETURN TO CENTRAL STATES.

TO ELECT TO HAVE FEDERAL TAXES WITHHELD FROM YOUR PENSION BENEFIT (BASED ON IRS TAX TABLES):

1. PRINT YOUR NAME, ADDRESS AND SOCIAL SECURITY NUMBER IN THE SPACE PROVIDED.
2. CHECK ONE OF THE MARITAL STATUS OPTIONS AND COMPLETE THE NUMBER OF ALLOWANCES SECTION IN LINE 2.
3. YOU CAN DESIGNATE TO HAVE AN AMOUNT WITHHELD, IN ADDITION TO THE TAX TABLE AMOUNT, ON LINE 3.
4. SIGN AND DATE THE ELECTION AND RETURN TO CENTRAL STATES.

*****Please note that the IRS does not allow for a specific ("flat") amount to be withheld.** Therefore, tax withholding must be based on your marital status and number of allowances plus any additional amounts you wish to have withheld. If you need additional assistance or have any questions regarding Form W-4P, please consult your tax professional or see IRS Form W-4P for complete withholding instructions on pensions.

-----This Form Is Required To Initiate Your Pension Benefit Payments-----

BENEFIT PAYMENT METHOD FORM

You can avoid worrying about when you will receive your pension check by using the Fund's Electronic Funds Transfer (EFT) program. Under the EFT program your pension check is deposited electronically and automatically into your checking or savings account on the first day of each month (unless the first day of the month falls on a weekend or a banking holiday). **IF YOU ARE ELIGIBLE FOR RETIREMENT BENEFITS, YOUR FIRST ONE OR TWO PENSION CHECKS WILL BE SENT TO YOUR MAILING ADDRESS AND SUBSEQUENT PAYMENTS WILL BE DEPOSITED ELECTRONICALLY INTO YOUR CHECKING OR SAVINGS ACCOUNT.**

I hereby authorize the Central States, Southeast and Southwest Areas Pension Fund, and the financial institution shown below, to deposit my pension benefit directly into my account each month. If funds to which I am not entitled are deposited into my account, I/we authorize the Fund to direct the bank to return those funds and to provide any and all information in their records which may assist the Fund in the recovery of those funds including but not limited to the identity of all account holders. This authorization will remain in effect until I file a new authorization form or cancel my participation.

Signature: _____ Date: _____

Social Security Number: _____ Home Telephone Number: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Bank Name: _____

Bank Address: _____

City: _____ State: _____ Zip Code: _____

Type of Account: Checking Savings

Routing Number: _____ * Account Number: _____

IMPORTANT: In the space below attach a voided check or pre-printed savings deposit slip with the correct bank routing and transit numbers.

ATTACH VOIDED CHECK OR DEPOSIT SLIP HERE

*9 DIGIT CODE IN THE LOWER LEFT CORNER OF CHECK OR DEPOSIT SLIP THAT STARTS WITH 0, 1, 2 OR 3

I do not want electronic funds transfer and elect instead to have my benefit check sent to my mailing address each month. I understand that my benefit checks will be mailed on the first day of each month and that my check may be delayed for reasons beyond the Fund's control and that there is no guaranteed delivery date. I further understand that in the event a check is lost the Fund cannot issue a replacement check until the 10th business day of the month.

Signature: _____

Date: _____

Social Security Number: _____

IMPORTANT: You **must** keep the Fund informed of any change in your address, *regardless* of which payment method you choose.

PAYMENT OPTIONS

If you are single when you retire, your benefit will be paid as a single life annuity under the Lifetime Only Option or the Lifetime with Limited Surviving Spouse Option, depending on the Benefit Class you were at when you retired.

If you are married when you retire, the normal form of payment is the Joint and 50% Surviving Spouse Option. The Joint and 50% Surviving Spouse Option provides for a reduced monthly payment for your lifetime so that in the event you die before your spouse, 50% of your reduced monthly benefit will continue to your spouse for the remainder of his or her lifetime.

For those pension benefits effective on or after March 1, 2008, the Fund now offers an optional Joint and 75% Surviving Spouse Option form of payment. However, you will receive your retirement benefit in the form of the Joint and 50% Surviving Spouse Option unless you affirmatively elect the Joint and 75% Surviving Spouse Option or waive both Joint and Surviving Spouse Options. If you choose to waive both Joint and Surviving Spouse Options, we will require your spouse's written, notarized consent as explained in the attached forms.

Attached are the following forms, one of which must be completed and returned to Central States, Southeast and Southwest Areas Pension Fund, at the address below, before your retirement benefit can be paid. No form, Election or Waiver, that is signed more than 180 days prior to your retirement date will be accepted.

- ELECTION OF JOINT AND SURVIVING SPOUSE OPTION
- WAIVER OF JOINT AND SURVIVING SPOUSE OPTION
(Including notarized spouse consent). If you elect to waive the Joint and Surviving Spouse option, we require the **original** notarized form. A fax is not acceptable.

Central States, Southeast and Southwest Areas Pension Fund
PO Box 5109
Des Plaines IL 60017-5109

If you have any questions, please call us at 800-323-5000.
Or visit our website at: MyCentralStatesPension.org

ELECTION OF JOINT AND SURVIVING SPOUSE OPTION ("JSO PENSION")

Participant: Name: _____ Birth Date: _____ SS#: _____

Spouse: Name: _____ Birth Date: _____ SS#: _____

I WISH TO RECEIVE MY RETIREMENT PENSION IN THE FORM OF THE JOINT AND SURVIVING SPOUSE OPTION ("JSO PENSION"), and

CHECK ONE BOX:

I elect to have my spouse receive **50%** of my pension benefits in the event of my death,

OR

I elect to have my spouse receive **75%** of my pension benefits in the event of my death

I HAVE READ THE JSO PENSION EXPLANATION ON PAGE 8A, AND I UNDERSTAND THE FINANCIAL EFFECTS OF THIS SIGNED DOCUMENT ON MY PENSION BENEFIT, INCLUDING (BUT NOT LIMITED TO) THE FOLLOWING:

1. The pension benefit that I would otherwise be eligible to receive will be adjusted to a lesser amount, on the basis of actuarial equivalence (as explained on Page 8a and in accordance with the accompanying JSO Pension adjustment charts), in order to provide a lifetime benefit to my spouse after my death.
2. For purposes of this election, my "spouse" is the person to whom I am married on my "Effective Date" (the first day of the month following my retirement date), **and** in the event that I designated a retroactive retirement date, the person to whom I am still married on my "Initial Payment Date" (the date on which the Pension Fund first begins paying my retirement pension). Only the person who is my spouse on both my Effective Date **and** my Initial Payment Date is eligible to receive the survivor share of my JSO Pension.
3. This election is revocable by me up until 90 days after my Initial Payment Date (the date on which the Pension Fund first begins paying my retirement pension) **but cannot be later revoked or changed under any circumstances (except as indicated on page 8a). To be valid, revocation must be accomplished by completing and filing with the Fund the WAIVER OF JOINT AND SURVIVING SPOUSE OPTION** form that has been furnished to me in this packet.

Participant Signature: _____ **Date:** _____

Spouse Signature: _____ **Date:** _____

SUBMIT COPIES OF YOUR MARRIAGE CERTIFICATE AND SPOUSE'S BIRTH CERTIFICATE WITH THIS ELECTION.

RETURN TO: Central States Pension Fund, PO Box 5109, Des Plaines IL 60017-5109
Or Fax to: 847-518-9752

EXPLANATION OF JOINT AND SURVIVING SPOUSE OPTION

Central States, Southeast and Southwest Areas Pension Fund ("Central States") provides you, as a Participant eligible to receive a lifetime monthly retirement pension, with an optional form of payment, called the Joint and Surviving Spouse Option ("JJO Pension"). If you elect the JJO Pension, your benefit amount will be **less** than the full retirement pension you have earned. This is because under the JJO Pension form of payment, benefits are paid for the longer of two lives (your and your spouse's), and therefore your full benefit (which would otherwise be paid out for your lifetime only) must be actuarially reduced. This **reduced** JJO Pension amount (described below) is paid for your lifetime and upon your death, if that same spouse survives you, he or she will receive a monthly survivor pension (equal to 50% or 75% of your reduced JJO Pension amount) for the rest of his or her life - even if he or she later remarries. The difference between your full retirement pension benefit (which is the amount payable to you if you waive the JJO Pension form of payment and your spouse consents to that waiver) and your JJO Pension amount is determined by (1) your choice of either the 50% or 75% surviving spouse benefit, and (2) your age and your spouse's age on your retirement date. The accompanying charts outline the various adjustment factors.

Federal law requires that if you are married when your retirement pension begins to be paid (your "Initial Payment Date"), to the same person you were married to on the first day for which your retirement pension is payable (your "Effective Date"), your monthly pension must be distributed in the JJO Pension form of payment **unless** both you and your spouse sign and file with Central States a valid and timely waiver of that option, witnessed and confirmed by a notary public.

Description of the JJO Pension

Reduced JJO Pension Amount. Central States will inform you, upon request, of the amount of your full retirement pension payable at your selected Retirement Date. This full pension is the unreduced lifetime amount payable to you if you waive the JJO Pension and your spouse consents to that waiver.

In addition, Central States will, upon request, provide written confirmation of your reduced 50% or 75% JJO Pension amount.

Effect on Your Spouse of a Waiver of the JJO Pension. If you and your spouse file with Central States a valid, timely and jointly signed JJO Pension waiver and, while receiving your full retirement pension, you die and are survived by your spouse, your spouse will **not** receive **any** further benefits from Central States unless (1) you earned at least 20 years of Service Credit (of which at least 10 years is based on Contributions), **and** you attained age 50 before leaving active participation in Central States Pension Fund, or (2) you qualified for a 25-And-Out or 30-And-Out Pension. If you meet the above criteria, your spouse will receive (a) the remainder (if any) of the first 60 months of payments of your full retirement pension if you retired at Benefit Class 4 or higher, or (b) a single \$1,000 payment if you retired at Benefit Class 3A or lower.

Identification of Your Spouse. For all JJO Pension purposes, your "spouse" is the person to whom you are married both on the date on which your retirement pension actually begins to be paid to you ("Initial Payment Date") and on the first day for which your retirement pension is payable ("Effective Date"). Thus, if you elect a **retroactive** Retirement Date and as a result you receive a single **retroactive** payment of all monthly benefits due from your Effective Date to your Initial Payment Date, only the person who is your spouse, both on your Initial Payment Date **and** on your retroactive Effective Date, is (1) eligible to receive the survivor share of your JJO Pension (if the JJO Pension is elected), or (2) authorized to consent to your waiver of your JJO Pension (if the JJO Pension is waived), unless a qualified domestic relations order requires otherwise.

Election Period: Waiver of JJO Pension. To be valid and effective, your and your spouse's jointly signed waiver of the JJO Pension, duly notarized, must be filed with Central States within an *election period* that begins 180 days before your Effective Date and ends 90 days after your Initial Payment Date. Mail your jointly signed (and notarized) waiver of the JJO Pension to: Central States, Southeast and Southwest Areas Pension Fund, PO Box 5109, Des Plaines IL 60017-5109. You may also later send to Central States (PO Box 5109, Des Plaines IL 60017-5109), within the same *election period*, your signed **revocation** of a previously submitted JJO Pension waiver. **No changes** to your pension payment form and amount can be made after that *election period* expires (except as noted in the next paragraph).

Increase of JJO Pension Amount After Subsequent Death or Divorce of Your Spouse. If you are receiving a JJO Pension and your spouse (for JJO Pension purposes) dies first, your reduced JJO Pension will be increased to your full retirement pension the month after your spouse's death. Or, if you are receiving a JJO Pension and your spouse (for JJO Pension purposes) executes a specific written waiver of all rights to and interest in your JJO Pension, and if that waiver is incorporated in a court-approved property settlement agreement that is part of a judgment or order entered by a court of competent jurisdiction in a divorce, marriage dissolution or marital separation proceeding, your reduced JJO Pension will be increased to your full retirement pension the month after that judgment or order is entered.

WAIVER OF JOINT AND SURVIVING SPOUSE OPTION ("JSO PENSION")

Participant: Name: _____ Birth Date: _____ SS#: _____

Spouse: Name: _____ Birth Date: _____ SS#: _____

I DO NOT WISH TO RECEIVE MY RETIREMENT PENSION IN THE FORM OF THE JOINT AND SURVIVING SPOUSE OPTION ("JSO PENSION"). If you are electing this option, we require the **original** notarized form.

I HAVE READ THE JSO PENSION EXPLANATION ON PAGE 9A, AND I UNDERSTAND THE FINANCIAL EFFECTS, TO MYSELF AND MY SPOUSE, OF NOT ELECTING TO RECEIVE THE JSO PENSION, INCLUDING (BUT NOT LIMITED TO) THE FOLLOWING:

1. No benefits will be paid to my spouse from the Pension Plan after my death unless (1) I earned at least 20 years of Service Credit (of which at least 10 years was based on Contributions), and I attained age 50 before leaving active participation in Central States Pension Fund, or (2) I qualified for a 25-And-Out or 30-And-Out Pension. If I meet the above criteria, my spouse would receive (a) the remainder (if any) of the first 60 months of payments of my full retirement pension if I retired at Benefit Class 4 or higher, or (b) a single \$1,000 payment if I retired at Benefit Class 3A or lower.
2. For purposes of this waiver, my "spouse" is the person to whom I am married on my "Effective Date" (the first day of the month following my retirement date), and in the event that I designated a retroactive retirement date, the person to whom I am still married on my "Initial Payment Date" (the date on which the Pension Fund first begins paying my retirement pension). Only the person who is my spouse on both my Effective Date **and** my Initial Payment Date is eligible to consent to my waiver of the JSO Pension, unless a qualified domestic relations order requires otherwise.
3. This waiver is revocable by me up until 90 days after my Initial Payment Date (the date on which the Pension Fund first begins paying my retirement pension) **but cannot be later revoked or changed under any circumstances.**
4. If you have lost your adjustable benefits under the terms of the Rehabilitation Plan, the remainder of 60 months is not payable.

Participant's Signature: _____ **Date:** _____

Consent to Waiver by Participant's Spouse

I, _____ (insert your name), am the spouse of _____ (insert name of Participant). I understand that I have the right to require the Central States Pension Fund to pay my spouse's (the Participant's) retirement benefits in the form of a Joint and 50% Surviving Spouse Option ("JSO Pension"), which would be a monthly lifetime benefit to my spouse in a reduced percentage (as explained on page 9a), and, upon his/her death, a monthly lifetime benefit to me equal to 50% of my spouse's JSO Pension amount. **However, my spouse has elected to waive this option and I, by signing below, am consenting to this decision. As a result, I agree that I will never be eligible to receive any survivor, death or other benefits from the Central States Pension Fund except as described in paragraph (1) above.** I am signing this waiver document voluntarily.

Signature of Participant's Spouse: _____

The above **Consent to Waiver by Participant's Spouse** was signed in my presence on _____, 20__.

My commission expires _____

Notary Public

EXPLANATION OF JOINT AND SURVIVING SPOUSE OPTION

Central States, Southeast and Southwest Areas Pension Fund ("Central States") provides you, as a Participant eligible to receive a lifetime monthly retirement pension, with an optional form of payment, called the Joint and Surviving Spouse Option ("JJO Pension"). If you elect the JJO Pension, your benefit amount will be **less** than the full retirement pension you have earned. This is because under the JJO Pension form of payment, benefits are paid for the longer of two lives (your and your spouse's), and therefore your full benefit (which would otherwise be paid out for your lifetime only) must be actuarially reduced. This **reduced** JJO Pension amount (described below) is paid for your lifetime and upon your death, if that same spouse survives you, he or she will receive a monthly survivor pension (equal to 50% or 75% of your reduced JJO Pension amount) for the rest of his or her life - even if he or she later remarries. The difference between your full retirement pension benefit (which is the amount payable to you if you waive the JJO Pension form of payment and your spouse consents to that waiver) and your JJO Pension amount is determined by (1) your choice of either the 50% or 75% surviving spouse benefit, and (2) your age and your spouse's age on your retirement date. The accompanying charts outline the various adjustment factors.

Federal law requires that if you are married when your retirement pension begins to be paid (your "Initial Payment Date"), to the same person you were married to on the first day for which your retirement pension is payable (your "Effective Date"), your monthly pension must be distributed in the JJO Pension form of payment **unless** both you and your spouse sign and file with Central States a valid and timely waiver of that option, witnessed and confirmed by a notary public.

Description of the JJO Pension

Reduced JJO Pension Amount. Central States will inform you, upon request, of the amount of your full retirement pension payable at your selected Retirement Date. This full pension is the unreduced lifetime amount payable to you if you waive the JJO Pension and your spouse consents to that waiver.

In addition, Central States will, upon request, provide written confirmation of your reduced 50% or 75% JJO Pension amount.

Effect on Your Spouse of a Waiver of the JJO Pension. If you and your spouse file with Central States a valid, timely and jointly signed JJO Pension waiver and, while receiving your full retirement pension, you die and are survived by your spouse, your spouse will **not** receive **any** further benefits from Central States unless (1) you earned at least 20 years of Service Credit (of which at least 10 years is based on Contributions), **and** you attained age 50 before leaving active participation in Central States Pension Fund, or (2) you qualified for a 25-And-Out or 30-And-Out Pension. If you meet the above criteria, your spouse will receive (a) the remainder (if any) of the first 60 months of payments of your full retirement pension if you retired at Benefit Class 4 or higher, or (b) a single \$1,000 payment if you retired at Benefit Class 3A or lower.

Identification of Your Spouse. For all JJO Pension purposes, your "spouse" is the person to whom you are married both on the date on which your retirement pension actually begins to be paid to you ("Initial Payment Date") and on the first day for which your retirement pension is payable ("Effective Date"). Thus, if you elect a **retroactive** Retirement Date and as a result you receive a single **retroactive** payment of all monthly benefits due from your Effective Date to your Initial Payment Date, only the person who is your spouse, both on your Initial Payment Date **and** on your retroactive Effective Date, is (1) eligible to receive the survivor share of your JJO Pension (if the JJO Pension is elected), or (2) authorized to consent to your waiver of your JJO Pension (if the JJO Pension is waived), unless a qualified domestic relations order requires otherwise.

Election Period: Waiver of JJO Pension. To be valid and effective, your and your spouse's jointly signed waiver of the JJO Pension, duly notarized, must be filed with Central States within an *election period* that begins 180 days before your Effective Date and ends 90 days after your Initial Payment Date. Mail your jointly signed (and notarized) waiver of the JJO Pension to: Central States, Southeast and Southwest Areas Pension Fund, PO Box 5109, Des Plaines IL 60017-5109. You may also later send to Central States (PO Box 5109, Des Plaines IL 60017-5109), within the same *election period*, your signed **revocation** of a previously submitted JJO Pension waiver. **No changes** to your pension payment form and amount can be made after that *election period* expires (except as noted in the next paragraph).

Increase of JJO Pension Amount After Subsequent Death or Divorce of Your Spouse. If you are receiving a JJO Pension and your spouse (for JJO Pension purposes) dies first, your reduced JJO Pension will be increased to your full retirement pension the month after your spouse's death. Or, if you are receiving a JJO Pension and your spouse (for JJO Pension purposes) executes a specific written waiver of all rights to and interest in your JJO Pension, and if that waiver is incorporated in a court-approved property settlement agreement that is part of a judgment or order entered by a court of competent jurisdiction in a divorce, marriage dissolution or marital separation proceeding, your reduced JJO Pension will be increased to your full retirement pension the month after that judgment or order is entered.

Adjustment Factors for Joint and 50% Surviving Spouse Option (50% JSO Pension)

Calculating the reduced 50% JSO Pension amount:

- Using the chart below, find the reduction factor corresponding to the age of the Participant and the age of the Participant's spouse (in complete years) on the Retirement Date. For example, a Participant who is age 60 and whose spouse is age 57 at retirement – the reduction factor would be .9010.
- Multiply the Participant's full (unreduced) retirement pension by this factor to determine the Participant's monthly pension benefit with the 50% JSO Pension.
- In the event of the Participant's death, the spouse will be entitled to 50% of the reduced monthly pension benefit.
- In the event of the spouse's death, the Participant's pension will be restored to the full (unreduced) pension amount on a prospective basis the month following the spouse's death.

SPOUSE'S AGE AT RETIREMENT

PARTICIPANT'S AGE AT RETIREMENT		46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70
57	8939	.8964	.8990	.9017	.9044	.9072	.9100	.9128	.9156	.9185	.9213	.9242	.9270	.9298	.9326	.9354	.9381	.9408	.9434	.9460	.9485	.9510	.9534	.9557	.9580	
58	.8853	.8879	.8907	.8934	.8962	.8991	.9020	.9050	.9079	.9109	.9140	.9170	.9200	.9230	.9259	.9289	.9318	.9347	.9375	.9403	.9430	.9457	.9482	.9508	.9532	
59	.8763	.8790	.8818	.8847	.8876	.8906	.8936	.8967	.8998	.9029	.9061	.9093	.9124	.9156	.9188	.9219	.9250	.9281	.9311	.9341	.9370	.9399	.9427	.9454	.9481	
60	.8667	.8695	.8724	.8754	.8784	.8815	.8846	.8878	.8911	.8944	.8977	.9010	.9044	.9077	.9111	.9144	.9177	.9210	.9242	.9274	.9305	.9336	.9366	.9396	.9425	
61	.8567	.8596	.8625	.8656	.8687	.8719	.8752	.8785	.8819	.8853	.8888	.8922	.8958	.8993	.9028	.9063	.9098	.9133	.9168	.9202	.9235	.9268	.9301	.9333	.9364	
62	.8462	.8491	.8522	.8553	.8585	.8618	.8652	.8687	.8722	.8757	.8793	.8830	.8867	.8904	.8941	.8978	.9015	.9052	.9088	.9125	.9160	.9196	.9231	.9265	.9299	
63	.8352	.8382	.8414	.8446	.8479	.8513	.8548	.8583	.8620	.8657	.8694	.8732	.8771	.8809	.8848	.8887	.8926	.8965	.9004	.9043	.9081	.9119	.9156	.9193	.9229	
64	.8239	.8269	.8301	.8334	.8368	.8403	.8439	.8476	.8513	.8552	.8591	.8630	.8670	.8711	.8751	.8792	.8833	.8874	.8915	.8956	.8997	.9037	.9077	.9116	.9155	
65	.8120	.8151	.8184	.8218	.8252	.8288	.8325	.8363	.8402	.8500	.8500	.8522	.8564	.8606	.8649	.8692	.8735	.8778	.8821	.8864	.8907	.8950	.8992	.9034	.9075	
66	.7997	.8029	.8062	.8096	.8131	.8168	.8206	.8245	.8300	.8400	.8500	.8500	.8500	.8500	.8541	.8585	.8630	.8676	.8721	.8766	.8812	.8857	.8902	.8946	.8991	
67	.7870	.7902	.7936	.7971	.8007	.8044	.8083	.8123	.8200	.8300	.8400	.8500	.8500	.8500	.8500	.8500	.8522	.8569	.8617	.8664	.8712	.8760	.8807	.8855	.8901	
68	.7738	.7770	.7805	.7840	.7877	.7915	.7955	.8000	.8100	.8200	.8300	.8400	.8500	.8500	.8500	.8500	.8500	.8500	.8506	.8556	.8606	.8657	.8707	.8757	.8807	
69	.7599	.7633	.7667	.7703	.7741	.7780	.7820	.7900	.8000	.8100	.8200	.8300	.8400	.8500	.8500	.8500	.8500	.8500	.8500	.8500	.8500	.8500	.8546	.8599	.8652	.8704
70	.7500	.7500	.7524	.7560	.7598	.7638	.7700	.7800	.7900	.8000	.8100	.8200	.8300	.8400	.8500	.8500	.8500	.8500	.8500	.8500	.8500	.8500	.8500	.8500	.8539	.8595
71	.7500	.7500	.7500	.7500	.7500	.7500	.7500	.7600	.7700	.7800	.7900	.8000	.8100	.8200	.8300	.8400	.8500	.8500	.8500	.8500	.8500	.8500	.8500	.8500	.8500	.8500

Adjustment Factors for Joint and 75% Surviving Spouse Option (75% JSO Pension)

Calculating the reduced 75% JSO Pension amount:

- Using the chart below, find the reduction factor corresponding to the age of the Participant and the age of the Participant's spouse (in complete years) on the Retirement Date. For example, a Participant who is age 60 and whose spouse is age 57 at retirement – the reduction factor would be .8585.
- Multiply the Participant's full (unreduced) retirement pension by this factor to determine the Participant's monthly pension benefit with the 75% JSO Pension.
- In the event of the Participant's death, the spouse will be entitled to 75% of the reduced monthly pension benefit.
- In the event of the spouse's death, the Participant's pension will be restored to the full (unreduced) pension amount on a prospective basis the month following the spouse's death.

SPOUSE'S AGE AT RETIREMENT

		46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70
PARTICIPANT'S AGE AT RETIREMENT	57	.8488	.8523	.8558	.8595	.8632	.8669	.8708	.8746	.8786	.8825	.8865	.8904	.8944	.8983	.9022	.9061	.9100	.9138	.9175	.9211	.9247	.9282	.9317	.9350	.9383
	58	.8373	.8408	.8445	.8482	.8520	.8559	.8599	.8639	.8680	.8721	.8763	.8804	.8846	.8887	.8929	.8970	.9011	.9051	.9091	.9130	.9169	.9206	.9243	.9279	.9315
59	.8252	.8288	.8326	.8364	.8403	.8444	.8485	.8526	.8568	.8611	.8654	.8698	.8742	.8785	.8829	.8873	.8916	.8959	.9001	.9043	.9084	.9124	.9164	.9203	.9241	
60	.8126	.8163	.8201	.8240	.8281	.8322	.8364	.8407	.8451	.8495	.8540	.8585	.8631	.8677	.8723	.8768	.8814	.8859	.8904	.8949	.8993	.9036	.9079	.9120	.9161	
61	.7994	.8032	.8071	.8111	.8152	.8194	.8237	.8282	.8327	.8373	.8419	.8466	.8514	.8562	.8610	.8658	.8706	.8754	.8801	.8848	.8895	.8941	.8987	.9031	.9075	
62	.7857	.7896	.7935	.7976	.8018	.8061	.8106	.8151	.8198	.8245	.8293	.8342	.8391	.8441	.8491	.8541	.8592	.8642	.8692	.8742	.8791	.8840	.8889	.8937	.8984	
63	.7716	.7755	.7795	.7837	.7879	.7924	.7969	.8015	.8063	.8112	.8161	.8212	.8263	.8314	.8367	.8419	.8472	.8524	.8577	.8630	.8682	.8734	.8785	.8836	.8886	
64	.7572	.7611	.7652	.7694	.7737	.7782	.7828	.7876	.7924	.7974	.8025	.8077	.8130	.8183	.8237	.8292	.8347	.8402	.8457	.8512	.8567	.8622	.8676	.8730	.8784	
65	.7422	.7462	.7503	.7545	.7589	.7635	.7682	.7730	.7780	.7831	.7883	.7936	.7990	.8046	.8101	.8158	.8215	.8272	.8330	.8388	.8446	.8503	.8561	.8618	.8674	
66	.7269	.7308	.7349	.7392	.7437	.7483	.7530	.7580	.7630	.7682	.7735	.7790	.7846	.7902	.7960	.8018	.8077	.8137	.8197	.8257	.8318	.8378	.8439	.8499	.8559	
67	.7112	.7152	.7193	.7236	.7281	.7328	.7376	.7426	.7477	.7530	.7584	.7640	.7697	.7755	.7814	.7874	.7935	.7997	.8059	.8122	.8185	.8248	.8312	.8375	.8438	
68	.6951	.6991	.7033	.7076	.7121	.7168	.7217	.7267	.7319	.7373	.7428	.7485	.7543	.7602	.7663	.7724	.7787	.7851	.7915	.7980	.8046	.8112	.8178	.8244	.8311	
69	.6785	.6825	.6866	.6910	.6955	.7002	.7051	.7102	.7154	.7209	.7265	.7322	.7381	.7442	.7504	.7567	.7631	.7697	.7763	.7830	.7898	.7967	.8036	.8105	.8175	
70	.6614	.6654	.6695	.6739	.6784	.6831	.6880	.6931	.6984	.7039	.7095	.7154	.7214	.7275	.7339	.7403	.7469	.7536	.7604	.7673	.7743	.7814	.7886	.7958	.8031	
71	.6439	.6478	.6519	.6563	.6608	.6655	.6704	.6755	.6809	.6864	.6921	.6980	.7040	.7103	.7167	.7232	.7299	.7368	.7438	.7509	.7581	.7654	.7728	.7803	.7879	

RETIREMENT DECLARATION FORM

I am naming _____, _____ as my retirement date and wish to have my retirement
(month, day) (year)

benefits begin as of the first day of the following month. Retirement Date as defined in Section 1.29 of the Pension Plan is the date a Participant stops working in Covered Service and terminates his employment. By signing this document I am attesting that as of the above named Retirement Date, I have terminated my employment, been removed from the seniority list of my Contributing Employer and am not entitled to any further weekly compensation of any kind. In addition, I understand that if I received lump sum payment at termination for accrued but unused vacation, time off or sick pay and this payment was not the result of an employer bankruptcy, shutdown or severance payment, I can begin receiving pension payments from the Fund without being required to wait for the lapse of the period corresponding to the number of weeks of Lump Sum Payment I received. In exchange for being permitted to begin my pension payments in this fashion, I agree to waive any potential claim for pension credit from the Fund I may have in connection with the Lump Sum Payment.

I also certify that:

I have not been employed in any capacity (including self-employment) at any time **after my retirement date**. I agree that if I do become employed after retirement, I will promptly notify the Fund.

OR

I have worked and/or plan on working **beyond my retirement date** in the following capacity (including self-employment). Attach additional pages, if necessary:

Company Name: _____

Company Address: _____

Telephone Number: _____ Type of Industry: _____

Job Title: _____ Teamster Local Union, if any: _____

Exact Job Duties (be specific): _____

Start Date: _____ Termination Date: _____

Number of Hours Worked Per Month: _____ Still Working? Yes No

I certify that the information I have given above is true and correct to the best of my knowledge and I agree that I will promptly notify the Pension Fund if I return to work in any capacity, including self-employment, so that the Fund can determine if the employment is Restricted (see Restricted Reemployment Rules on page 11a of this form).

Applicant's Signature: _____ Date: _____

Applicant's Name: _____ SS#: _____
(Please print)

Please note that if you do not provide the Fund with timely notice of your retirement, any retroactive benefit payments that you would otherwise be eligible to receive are limited to the 12-month period prior to the date the Fund receives written notification of your Retirement Date.

Employer Use Only			
Please confirm the following:		Employer Name: _____	
Resignation Date: _____		Last Day Paid or Compensated: _____	
Is this resignation the result of a closing or other reduction in work force? <input type="checkbox"/> Yes <input type="checkbox"/> No		Severance/retention bonus paid? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Please complete the section below relative to any periods paid or compensated following the resignation date:			
Type:	# of Days/Weeks Paid:	Date Paid:	If any compensation was paid following the resignation date, was it in a lump sum? <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain:
Vacation			
Sick/Personal			
Severance			
Other			
Completed by: _____		Signature: _____	Phone Number: _____
			Date: _____

RETURN TO: Central States Pension Fund, PO Box 5109, Des Plaines IL 60017-5109
Fax 847-518-9752

RESTRICTED REEMPLOYMENT					
Work <i>Inside</i> the Core Teamster Industries		Maximum Permissible Hours Per Month			
<i>Work in any position (or supervising any position) in the following Core Teamster Industries, either in a union or non-union capacity, is Restricted Reemployment:</i>		Under Age 57	Age 57 - 59	Age 60-64	Age 65 and Over
Trucking and Freight, Small Package and Parcel Delivery, Car Haul, Tank Haul, Warehouse, Food Processing or Distribution (including Grocery, Dairy, Bakery, Brewery and Soft Drink), Building Material and Construction.		Not permissible unless reemployment meets one of the Exceptions below		40 hours or * Unlimited	
Work <i>Outside</i> the Core Teamster Industries		Maximum Permissible Hours Per Month			
<i>Work outside of Core Teamster Industries is Restricted Reemployment if the work falls into any of the following categories:</i>		Under Age 57	Age 57 - 59	Age 60-64	Age 65 and Over
Work for a Contributing Employer or former Contributing Employer;		Not permissible unless reemployment meets one of the Exceptions below		40 hours or * Unlimited	
Work in any position (or supervising any position) that is covered by a Teamster Contract with the Employer;					
Work in any position in the same industry in which you earned Contributory Credit with the Pension Fund; or				Unlimited hours	
Work in any position in the same job classification as other Plan Participants within a 100-mile radius.		80 hours		Unlimited hours	
Governmental Employment Exception		Maximum Permissible Hours Per Month			
Employed by a governmental agency provided the agency is not a Contributing Employer or a former Contributing Employer.		Unlimited hours			
Newly Organized Company Exception		Maximum Permissible Hours Per Month			
A retiree who is employed in what is not considered Restricted Reemployment, that subsequently becomes organized by the Teamsters (provided that the Employer does not become a Contributing Employer), will be allowed to continue employment without benefit suspension.		Unlimited hours			
Previous Reemployment Rules Exception		Maximum Permissible Hours Per Month			
These Restricted Reemployment Rules became effective on January 1, 2004. If the application of these rules results in a retiree being found to be in Restricted Reemployment based on employment that would not have been prohibited under the previous reemployment rules, the Fund will treat the position as not being Restricted Reemployment.		Refer to pre-2004 Reemployment Rules which can be found in the Pension Plan			

* In August 2009, the Trustees approved a change to the reemployment rules which exempts **qualified retirees** age 65 or older from the Pension Fund's reemployment rules and allows them to work in any position for an unlimited number of hours.

To qualify for the post-age 65 exemption to the Reemployment Rules, a retiree must be age 65 or older, and been retired and receiving a pension benefit for at least 12 months, and:

- A. if the Retirement Date is before age 65, did not work in "Restricted Reemployment" for at least 12 consecutive months commencing at age 64 or later, or
- B. if the Retirement Date is at age 65 or older, did not work in "Restricted Reemployment" for any 12 consecutive month period that commences no earlier than 12 months preceding the Retirement Date.

Retirees who meet both conditions can work in any position for an unlimited number of hours and continue to receive their monthly pension benefit. If both of these conditions are not met, Reemployment is limited to 40 hours per month unless the Reemployment is not in the same trade or craft worked while covered by the Pension Fund or the Reemployment is outside the geographical area covered by the Pension Fund; if either is the case, an unlimited number of hours can be worked.

Please contact the Fund to secure approval for this exemption.