GLASS & GLAZING INDUSTRY PENSION FUND

8257 Dow Circle
Strongsville, Ohio 44136
(440) 260-0615 phone – (440) 260-0597 fax

INSTRUCTIONS FOR COMPLETING APPLICATION FOR BENEFITS

1. Please read the entire application carefully before beginning to complete it.
2. Please print all information.
3. Be sure to complete all applicable items. This will avoid any delay in the processing of your application.
4. Be sure to sign the application on page 5 and have your signature notarized on page 4, if applicable.
5. If any part of the application is not entirely clear, do not hesitate to contact the Fund Office for any assistance. Return all pages of this application to the above address. RETAIN FOR YOUR RECORDS THE SPECIAL TAX NOTICE REGARDING PLAN DOCUMENTS.

SECTION I – PERSONAL INFORMATION

Name _____
Last First Middle Initial

_____ _____ _____ _____
Social Security Number Birth Date Local Number District

Address _____
Number and Street

_____
City State Zip Code

Spouse's Name _____
Last First Middle Initial

(If you are note married, write "None" on the line above)

Spouse's _____
Social Security Number Birth Date

Telephone Number _____ Spouse's Telephone No. _____
(if different)

SECTION II – REASON FOR DISTRIBUTION

Amount of Distribution Request $_____

A. _____ Retirement _____ Normal (age 55)

B. _____ Death

C. _____ Total and Permanent Disability

D. _____ Termination of Employment (one year break in service)

I have not had any Plan contributions made on my behalf for at least one year. I last worked under the jurisdiction of the Glass & Glazing Pension Fund on:

_____ for _____

Date Employer

SECTION III – ELECTION OF FORM OF BENEFIT

Federal law requires that a married member's benefit be paid in the form of a Joint & 50% Survivor Annuity, unless rejected by the member and his spouse. An unmarried member's benefit will be paid in the form of a Single Life Annuity unless rejected by the member. Please read the following options carefully, and check one:

A. _____ I DO wish to receive any benefit which may be payable to me in the form of a Joint & 50% Survivor Annuity (or a Single Life Annuity if I am not married). This is a monthly benefit paid to me during my lifetime. If I am married and my spouse survives me, one-half of my monthly benefit shall continue during the life of my spouse.

B. _____ Payments over a period certain in equal monthly installments. The period over which such payment is to be made shall not 1) exceed 25 years, or 2) extend beyond my life expectancy (or my and my beneficiary's life expectancy).

C. _____ A lump sum payment

_____ payable to me

_____ rollover distribution

Payable directly to: _____

_____

_____

_____

I acknowledge receipt of the Special Tax Notice Regarding Plan Payments. I hereby waive my right to a 30 day period in which to consider the decision of whether or not to elect a direct rollover.

_____

Signature of Participant

SECTION IV – SURVIVOR ANNUITY WAIVER

TO BE COMPLETED IF YOU ARE MARRIED AND YOU CHECKED OPTION B OR C ON THE PRECEDING PAGE.

Name of Participant _____

ELECTION TO WAIVE JOINT AND SPOUSE SURVIVOR ANNUITY

As a Participant in the Glass & Glazing Industry Pension Fund, I hereby acknowledge that I have been informed by the Plan Administrator that my benefits under the Plan will be paid to me in the form of a Joint and Spouse Survivor annuity; that I have the right to waive that form of payment, provided my spouse consents in writing to the waiver, that I understand the terms of a Joint and Spouse Survivor annuity and the financial effect of a waiver; and that I may revoke any waiver in effect during the applicable election period.

_____ I hereby elect to waive the Joint and Spouse Survivor annuity form of payment.

EXECUTED this _____ day of _____, 200__.

_____
Participant Signature

Witnessed by:

_____
Notary Public

SPOUSE'S CONSENT TO WAIVER

I hereby consent to the foregoing election of my spouse, not to have benefits under the Glass & Glazing Industry Pension Fund paid in the form of a Joint and Spouse Survivor annuity. Further, I hereby acknowledge that I understood: (a) that the effect of my consent may be to forfeit benefits I would be entitled to receive upon my spouse's death: (b) that my spouse's waiver is not valid unless I consent to it: and (c) that my consent is irrevocable unless my spouse revokes the waiver during the applicable election period.

EXECUTED this _____ day of _____, 200__.

_____
Participant's Spouse Signature

Witnessed by:

_____
Notary Public

SECTION V – DESIGNATION OF BENEFICIARY

Name _____ Sex _____

SSN _____ Relationship _____

Date of Birth _____

Address _____
(Street and Number)

_____
(City, State, and Zip Code)

SECTION VI – SIGNATURES

I hereby apply for benefits from the Glass & Glazing Industry Pension Fund. I certify under the penalty that all the statements are true and correct to the best of my knowledge. I understand that a false statement may disqualify me for benefits and that the Trustees shall have the right to recover any payment made to me because of a false statement.

Signature of Applicant _____ Date _____

Signature of Spouse _____ Date _____