



**American Federation of Musicians & Employers' Pension Fund**

**PENSION APPLICATION – Regular Pension Benefit**

**Instructions:**

- Print all of your answers completely and accurately.
- Sign and date the application.
- Mail the completed application with all required documents to the Fund Office:  
American Federation of Musicians and Employers' Pension Fund  
1 Penn Plaza – Suite 3115, New York, NY 10119 - Attention: Pension Claims.
- To avoid processing delays, include all proof of age, marriage and divorce documents requested.
- Review the enclosed article titled Applying for Your Pension Benefit for a description of the application process.
- If you are younger than age 65, carefully review the enclosed Early Retirement Procedures for important eligibility information.

**Please take note:**

*Once we receive your application, we will review it and notify you in writing if we need additional items to complete this step of the application process. If you do not provide the requested items within 90 days of our request your application will expire and you will need to begin the application process again.*

*Within 30 business days of the Fund's receipt of a complete initial application including any additional requested items, we will send you materials for you to select a form of payment for your pension benefit.*

All of the articles, Procedures and forms mentioned here are available on the Fund's website at [www.afm-epf.org](http://www.afm-epf.org).

If you have questions or require assistance as you review the materials accompanying this application or with the completion of the application itself, please contact the Pension Department in the Fund Office at 1-800-833-8065.

1. Legal Name \_\_\_\_\_
2. Other name(s) you have used while working (including any professional names, maiden name, etc.)  
\_\_\_\_\_
3. Mailing Address \_\_\_\_\_  
\_\_\_\_\_
4. Phone Number(s) \_\_\_\_\_  
\_\_\_\_\_
5. Social Security Number \_\_\_\_\_
6. Date of Birth \_\_\_\_\_ (proof required – see page 6)
7. Marital status (check all that apply):
  - Single (never married)
  - Widowed - *a copy of your spouse's death certificate is required.*
  - Married – *a copy of your marriage certificate is required.*

*Please answer the following questions about your spouse:*

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Date of marriage \_\_\_\_\_

Date of birth \_\_\_\_\_ (proof required-see page 6)

Social Security No. \_\_\_\_\_

- Divorced, even if re-married - *a copy of your complete divorce decree including any property settlement is required.*
- Legally Separated – *a copy of the court order of legal separation is required.*

8. Is there a court order requiring the payment of a portion of your pension benefit to a former spouse or to any other party?  Yes  No

*If the answer is yes, a copy of that complete court order is required.*

9. Optional Form of Benefit:

Later in the application process you will be given the opportunity to select one of the two following optional forms of benefit:

1- The 50% joint and survivor annuity — you will receive reduced monthly payments during your lifetime and, if you die before your designated joint annuitant, monthly payments to your joint annuitant for the rest of his or her lifetime with each payment equal to 50% of the benefit being paid to you at the time of your death, or

2- The 75% joint and survivor annuity — you will receive reduced monthly payments during your lifetime and, if you die before your designated joint annuitant, monthly payments to your joint annuitant for the rest of his or her lifetime with each payment equal to 75% of the benefit being paid to you at the time of your death.

If you are interested in either or both of these optional forms of benefit (with anyone other than your spouse, if you are married), please list below the name and birth date of the person you would most likely designate as your joint annuitant. We will provide you with the amount of monthly benefits you would receive under these payment options if you designate that person as your joint annuitant.

\_\_\_\_\_  
Name of potential joint annuitant

\_\_\_\_\_  
Date of Birth (proof required - see page 6)

Please note that any person you list above is for purposes of calculating potential benefit information only. In no circumstance will the fact that you have listed a person as a potential joint annuitant be treated as an election to receive your benefits in the form of a 50% joint and survivor annuity, a 75% joint and survivor annuity, or as a designation of your joint annuitant. Your election of benefits and designation of a joint annuitant, if applicable, must be made on a form that you will receive after you submit this application to the Fund. Written spousal consent may also be required. See the Summary Plan Description for additional details.

10. Current AFM Local Union No. \_\_\_\_\_

11. Was your work under the AFM&EPF interrupted by a period of service in the U.S. Armed Forces?  Yes  No

*If yes, please answer the following:*

Enlistment date: \_\_\_\_\_ Discharge \_\_\_\_\_ date:

\_\_\_\_\_  
Last employer prior to enlistment \_\_\_\_\_

First \_\_\_\_\_ employer \_\_\_\_\_ after

discharge \_\_\_\_\_

*Please enclose a copy of your military discharge papers (DD214).*

12. Have you ceased work under the AFM&EPF because of total disability?  Yes  No

*If the answer is yes, you are under age 55, you want the Fund to determine your eligibility for a disability pension and you do not have a Social Security Administration disability award letter, please call the Fund Office at 1-800-833-8065 to request an Attending Physician's Statement claim form. This form is available on the Fund's website – [www.afm-epf.org](http://www.afm-epf.org).*

*Please answer the following:*

Date your disability began: \_\_\_\_\_

Date you last worked for a contributing employer: \_\_\_\_\_

Please state the instrument(s) that you played \_\_\_\_\_

*Your application for a Disability Pension Benefit must be accompanied by a completed Attending Physician's Statement claim form **or** your Social Security Administration disability benefit award letter.*

13. Have you ever been determined to be totally disabled by the Trustees of this Fund?  
 Yes  No

*If yes, please provide information concerning the date and duration of the disability condition.*

14. Have you worked at any time under the jurisdiction of a Canadian local of the AFM?  
 Yes  No

*If yes, please answer the following:*

Canadian Local No. \_\_\_\_\_ Dates of employment \_\_\_\_\_

Your Canadian Social Insurance Number \_\_\_\_\_

15. If you are younger than age 65, you must enter the date on which you retired or intend to retire from all employment with any employer contributing to the Fund:  
\_\_\_\_\_

*Please refer to the enclosed Early Retirement Procedures for detailed information concerning this requirement, the process the Fund will use to verify your retirement and the consequences of failure to abide by the requirement that you retire.*

16. Have you worked in employment over the past twelve months where there are seasonal breaks?  
 Yes  No

If you answered yes, please complete the following:

Employer's Name \_\_\_\_\_

The current season began on \_\_\_\_\_ and will end/ended on \_\_\_\_\_.

The next season will begin on \_\_\_\_\_.

17. Specify the month in which you want your pension benefit to begin (benefits are payable as of the first day of the month): \_\_\_\_\_

*You should bear in the mind that there are additional forms for you to complete and additional processing that is required. Therefore, you should choose an annuity starting date that is at least 90 days from the date you return a complete initial application (including all required documents). If you specify a date that is less than 90 days from that date and your application is not completed in time, your annuity starting date will be a later date.*

### **Applicant's Affidavit**

I hereby apply to the American Federation of Musicians and Employers' Pension Fund for a pension benefit with respect to work that I performed for an employer(s) contributing to the Fund. The above statements are true to the best of my knowledge and belief, under penalty of perjury. I understand that if I make a willfully false or fraudulent statement or furnish fraudulent information or proof, benefits paid on account of my false statement will be denied or discontinued, and that the Trustees shall have the right to recover any payments made to me because of a false statement. I also understand that any false or fraudulent statement made herein may subject me to penalties under Federal and State law.

If I am under age 65, I acknowledge receipt of the Early Retirement Procedures, and I hereby certify that, as of my annuity start date, I am retiring from all employment with all employers contributing to the Fund, as explained in those Procedures. I further agree to comply with the requirements for retirement as set forth in those Procedures. I understand that if I do not do so, I will not be treated as having retired, and the consequences described in those Procedures will be applicable.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

If an (X) mark is used for signature, a witness must sign and include his or her Social Security number.

\_\_\_\_\_  
Signature of witness

\_\_\_\_\_  
Social Security number of witness

## **PROOF OF AGE:**

This list describes a number of documents, any one of which may be furnished as proof of age. You, your spouse, or proposed joint annuitant should submit a document as high on the list as you can, because the documents listed first are the most convincing. **Photocopies are acceptable.** All foreign language documents are required to be translated into English and notarized.

1. Birth certificate.
2. Baptismal certificate, or church record showing date of birth certified by the custodian.
3. Notification of registration of birth in a public registry of vital statistics.
4. Certification of record of age by the U.S. Census Bureau.
5. Hospital birth record, certified by the custodian.
6. A foreign government record of birth or age.
7. Signed statement by the physician or midwife who attended the birth, as to the date of birth shown on their records.
8. Naturalization record .
9. Immigration papers.
10. Military record.
11. Passport.
12. School record, certified by the custodian of the record.
13. Vaccination record, certified by the custodian of the record.
14. An insurance policy, which shows, ages or dates of birth.
15. Marriage certificate, or application for marriage license or church record certified by the custodian.
16. Other evidence, such as signed statements from persons who have knowledge of the date of birth, or voting records.

## **Applying for Your Pension Benefit<sup>1</sup>**

In order to receive your pension benefit, you must file a complete pension application as described in Step 1 and a follow-up “choice of benefit option” form described in Step 2, and all required attachments, within the time periods described below.

### **Step 1: The Initial Pension Application**

You must complete a pension application form, which is available from the Fund Office or on the Fund’s website at [www.afm-epf.org/PensionApp.cfm](http://www.afm-epf.org/PensionApp.cfm).

The completed pension application form, including all applicable proof of age, marriage and divorce documents, must be returned to the Fund Office at least 90 days before the effective date of your pension (the “annuity starting date”). We will notify you in writing if you are not eligible for a pension benefit or if additional items are needed to complete this step of the application process. If you do not provide the requested items within 90 days of our request, your application will expire and you will need to begin the application process again.

### **Step 2: The Choice of Benefit Option Form**

Within 30 days of receiving a complete initial pension application including all required documents from you, the Fund Office will send you a “choice of benefit option” form for you to choose how your pension will be paid, along with a written explanation of your normal form of payment, other payment options that are available to you, if married to an opposite-sex your spouse’s rights with respect to payment options, the financial effect of waiving the normal form of payment and your proposed annuity starting date. You must return to the Fund Office a fully completed choice of benefit option form and the spousal consent, if required, before your pension can begin.

### **How Your Annuity Starting Date is Determined**

Your annuity starting date will be the first day of the month following the date on which the Fund receives a complete choice of benefit option form and any other required document(s), or the first day of the second month following that date if we receive the form after the 15<sup>th</sup> day of the month.

If, based on this timing, your annuity starting date would be more than 180 days after you were provided with the choice of benefit option form, then your application will expire and you will need to complete the application process again.

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<sup>1</sup> This document replaces “Applying for a Pension Benefit” appearing on pages 34 and 35 of the Summary Plan Description – 2005.

**AMERICAN FEDERATION OF MUSICIANS AND EMPLOYERS'  
PENSION FUND  
PARTICIPANT'S NOTICE CONCERNING  
EARLY RETIREMENT PROCEDURES**

To comply with federal law, the Fund requires that a participant may begin receiving a pension benefit before normal retirement age (generally age 65) only if he or she retires from all employment with employers contributing to the Fund. These Early Retirement Procedures ("Procedures") set forth the Fund's rules for determining whether a participant has retired and is therefore eligible to begin receiving an early retirement pension for participants who commence an early retirement pension on and after April 1, 2008. Please keep in mind that the Procedures were adopted by the Fund's Board of Trustees to comply with federal tax law and avoid jeopardizing the tax treatment of every participant's pension benefits.

**1. HOW THE FUND WILL CONFIRM RETIREMENT**

The Fund will confirm your retirement in three ways: by your statement on the enclosed pension application, by the representations of your employer(s) for whom you are employed in steady employment, and by the contributions made on your behalf after your pension begins. These processes are described below. Bear in mind that *each* process will be used if it applies to your situation; they are not alternative ways to show that you are retired.

**The pension application**

The application requires a signed statement that:

- you have permanently ceased *all* work with all employers who contribute to the Fund, including any work for which no pension contributions are payable (such as administrative services);
- you have no intention or expectation to return to work with any employer who contributes to the Fund; and
- you have no right under a collective bargaining agreement or any other contractual right to future employment with any employer who contributes to the Fund.

**Confirmation of retirement with your employer**

If you are employed in steady employment, the Fund will contact your employer before your pension begins to confirm your last date of employment, that you have actually retired, and that you have no further right, understanding or expectation of future employment. Examples of steady employment include:

- employment with a Broadway company or under an orchestra collective bargaining agreement;
- employment in a house band for a network variety show;
- employment with the AFM or its local unions (including employment as an elected officer); and
- employment with AFM-related funds such as the Film Musicians Secondary Markets Fund or the Sound Recording Special Payments Fund.

This is not an exhaustive list of types of steady employment. There may be other situations in which you work on a steady basis that will be considered steady employment for the purposes of these Procedures.

## **Post-retirement requirements**

Once your pension begins, the Fund will confirm the statements made on your pension application and by your employer(s) by monitoring any additional pension contributions made on your behalf. If the Fund finds that you performed any work for an employer participating in the Fund during the two months immediately following the effective date of your pension, you will be considered not to have retired. In addition, if you retire from steady employment with a symphonic employer or other employer that has seasonal breaks in work at the end of a season, and the Fund finds that you performed any work for that employer in the first two months following the beginning of that employer's new season, you will be considered not to have retired.

### **2. CONSEQUENCES OF FUND'S DETERMINATION THAT NO RETIREMENT HAS OCCURRED**

If you begin an early retirement pension but the Fund determines that you did not retire in accordance with these Procedures, your pension will be stopped immediately. For example, your pension will be stopped if you return to work (even a very small amount of work) before the end of the applicable two-month period, as described in the paragraph above, or if the Fund discovers that you had future musical engagements scheduled at the time you began to receive a pension (even if those engagements are outside the applicable two-month period).

If your pension is stopped because the Fund determines that you did not retire, you will be required to repay to the Fund any pension payments that were made and you will need to reapply to receive a pension in the future. Any decision by the Fund that you have not in fact retired may be appealed under the normal appeals procedures described in the summary plan description.

### **3. RETURNING TO WORK AFTER YOUR EARLY RETIREMENT PENSION BEGINS**

If you return to work after you begin your early retirement pension, you will continue to receive your early retirement pension unless you returned to work before the applicable two-month period described above, or unless the Fund otherwise determines that you did not in fact retire on the date you previously specified as described in Section 2 above.

### **4. MORE INFORMATION ABOUT THE PROCEDURES**

If you have questions about these Procedures, we ask that you contact us in writing or via the Fund's website using the "Contact Us" feature. This will enable the Fund office to review your questions before responding so that you can receive a more thorough, considered response than if you were to ask your questions over the telephone. We understand that time may be of the essence and will do our best to ensure that you receive a prompt answer to any question that you raise by mail or via the website. Please direct your questions to American Federation of Musicians and Employers' Pension Fund, One Penn Plaza, Suite 3115, New York, New York 10119 Attn: Pension Dept. – Early Retirement or using Contact Us on the Fund's website at [afm-epf.org](http://afm-epf.org).