



CHRISTIAN SCHOOL PENSION PLAN AND TRUST FUND

3350 East Paris Avenue SE
Grand Rapids, MI 49512-3054

APPLICATION FOR RETIREMENT BENEFITS

Name: _____ Married: ___Yes___ No Birthdate _____

Address: _____ Soc. Sec. No.: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ Date you request payments begin: Month ___ Year ___

Last day employed at CSI member school: _____ School Name _____

I have pension credits with the Canadian Christian School Pension Plan: ___Yes___ No

I hereby apply for retirement benefits under the Plan as freely chosen and as indicated by me on this application. I certify that I am eligible for these benefits and acknowledge that my retirement benefit will be suspended if I return to work in any CSI member school that participates in the pension plan and I work more than 1,000 hours during any Plan Year.

EMPLOYEE SIGNATURE: _____ Date: _____

CHOOSE ONE OF THE FOLLOWING NORMAL OR OPTIONAL RETIREMENT BENEFITS:

NORMAL BENEFITS

- o **JOINT AND SURVIVOR BENEFIT:** If you are married at the time you retire, your retirement benefits will be paid to you under the Joint and Survivor Annuity Option, unless you elect otherwise. Fifty percent of your benefit will be continued to your surviving spouse after your death. If you wish to receive the 50% Joint and Survivor Benefit, please confirm by checking and signing below.

___ I elect retirement benefits under the 50% Joint and Survivor Annuity Option.

Spouse Name: _____ Spouse Soc.Sec.No.: _____

Address: _____ Spouse Birthdate: _____

City: _____ State: ___ Zip Code: _____

- o **SINGLE LIFE BENEFIT:** If you are single at the time you retire, you will receive retirement benefits on a Single Life Only basis unless you elect otherwise. If you wish to receive the Single Life Benefit, please confirm by checking and signing below.

___ I am single and elect retirement benefits on Single Life Only basis.

(If electing an Optional Benefit, see other side)

TO ELECT AN OPTIONAL BENEFIT, COMPLETE THE WAIVER OF NORMAL BENEFIT.

WAIVER OF NORMAL BENEFIT

I elect not to receive my normal benefit as shown above.

Employee Signature: _____ Date: _____

NOTE: If you are married, your spouse must also consent to your decision not to elect the Joint and Survivor Benefit Option. **Please confirm below in the presence of a notary public.**

_____ As the spouse of the above signed employee, I consent to the selection of one of the Optional Benefits listed below.

I further consent to the retirement benefit elected on this application.

Spouse Signature: _____ Date: _____

Signed before me this ____ day of _____. Commission expires: _____

Signature of Notary Public: _____

OPTIONAL BENEFITS

-- Choose one

- o **SINGLE LIFE BENEFIT:** If you are married, you may choose the option of a Single Life Benefit below.

_____ I am married and elect retirement benefits as a Single Life Annuity Payment.

- o **CONTINGENT ANNUITY BENEFIT:** If you are single or married, you may choose the option of a Contingent Annuity Benefit. Your contingent beneficiary may be your spouse or any other person. If you die before your contingent beneficiary, he/she will begin to receive benefits at 50%, 75% or 100% of your benefit. Your monthly benefit will be actuarially reduced based on the percentage chosen and the age of the contingent annuitant.

_____ I elect retirement benefits under the Contingent Annuity Option at the rate specified below.

_____ 50% _____ 75% _____ 100%

_____ 50% pop-up _____ 75% pop-up _____ 100% pop-up

Contingent

Beneficiary Name: _____ Relationship: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Birthdate: _____ Social Security Number: _____

(Optional Benefits continued on next page)

NAME _____

OPTIONAL BENEFITS continued

- o **PERIOD CERTAIN AND LIFE BENEFIT:** If you are single or married, you may choose the option of a Period Certain and Life Benefit. Pension benefits are paid for your lifetime. However, should you die before receiving either 5 or 10 years of pension benefit payments, the payments shall be continued to your beneficiary until a total of 5 or 10 yearly payments have been made.

____ I elect retirement benefits under the Period Certain and Life Option for the period specified below.

____ 5 years ____ 10 years

IF ELIGIBLE AND YOU WANT THIS OPTION PLEASE ELECT:

- o **TWO-STAGE RETIREMENT PAYMENT:** If your benefit payments begin at or after age 62 you may elect to have the initial monthly payments based only on the portion of your benefit that is not subject to any early retirement reduction (benefits earned prior to September 1, 2005). When you reach age 65, an additional amount is added to your monthly payment. The added benefit is based on that portion of your benefit that would be subject to an early retirement reduction if paid between age 62 and 65 (benefits earned on or after September 1, 2005).

____ I elect to have the retirement benefits selected above paid under the Two-Stage Retirement Payments option.

NOTE: THIS FORM NEEDS TO BE COMPLETED WITHIN 180 DAYS OF THE END OF THE MONTH THAT BENEFITS WILL BEGIN. IF ALTERED, THE CHANGE MUST BE INITIALED.