

SOUND RETIREMENT TRUST

201 Queen Anne Avenue North, Suite 100, Seattle, Washington 98109-4896
(206) 282-4500 -or- 1-800-225-7620

APPLICATION FOR DISABILITY RETIREMENT BENEFITS

1. Please read each question carefully.
2. Print or type all information.
3. Be sure to answer all applicable questions to avoid delay in processing your application.
4. Attach additional sheets if you need more space to answer any questions.
5. BE SURE TO SIGN AND DATE THIS APPLICATION.
6. The application must be filed by the end of the month in which retirement benefits are to be effective.
7. Mail the completed application and proof of age to the above address.

1. Name _____
Last First Middle

2. Previous Name _____ Date Changed _____

3. Social Security # _____ Phone # _____

4. Mailing Address _____
Street Number City State Zip Code

5. Local Union # _____ Sex: Male Female Birthdate _____

6. Marital Status: Married Legally Separated Divorced Widowed Single

Have you ever been divorced? Yes No

If yes, is there a DOMESTIC RELATIONS ORDER/PROPERTY SETTLEMENT in effect awarding a portion of your possible pension benefits to your former spouse? Yes No

If yes, please provide a copy of the ORDER.

7. Spouse's Name _____
Last First Middle

8. Spouse's Social Security # _____ Spouse's Birthdate _____

9. In accordance with the terms of the Sound Retirement Trust, I hereby apply for Disability Retirement Benefits.* Date of Disability: _____.

*If you apply for Disability Benefits and do not qualify, you may convert this application to an Early Retirement Application provided you are eligible for Early Retirement Benefits.

10. Have you ever worked as a sole proprietor, partner or corporate owner of a participating employer?
 YES NO If YES, please explain in **Employment History Section** on Page 4.

11. The last day I worked was on or will be on _____
Month Day Year

12. I will be eligible for payment of additional accrued vacation or work hours earned prior to my last date of employment. YES NO If YES:

How much time will you be eligible for? _____ When will it be paid? _____

13. I hereby request that my retirement be effective on the first day of _____
Month Year

SOUND RETIREMENT TRUST

PLEASE READ THIS SECTION CAREFULLY

I understand and agree that it is my responsibility to submit any and all information needed to establish my eligibility for retirement under this Trust and that this application can be canceled by written request submitted to the Trust Office prior to its Effective Date. I certify that the information on this form is true and accurate to the best of my knowledge.

I also authorize the release of my medical records to the Administrative Agent for the purpose of determining my benefits payable under the provisions of this Plan or any other Plan. I am personally responsible for any expenses incurred in providing this information.

I understand the conditions of my retirement are governed by the Plan rules and regulations.

I understand that in the case of an overpayment of my pension benefits, the Trustees are entitled to recover any amounts overpaid to me.

If no information appears under the Spouse's Section above, I certify that I am not married.

Applicant's Signature

Date

AGE AND MARRIAGE VERIFICATION

A copy of your and your spouse's birth certificate, and proof of your marriage, is required to process your request.

If you are unable to obtain a copy of either of your birth certificates, you must submit **TWO** of the following documents for each person who does not have a birth certificate.

The following documents, if submitted, **MUST** show your birthdate:

Driver's License with Photograph

State Identification Card with Photograph

Passport

Marriage Records Showing Birthdate

Citizenship or Naturalization Papers

Baptismal Certificate (regardless of when it was recorded)

Records or information obtained from the U.S. Census Department

Life Insurance policies taken out at least 10 years prior to your date of retirement

Social Security Information including birthdate

U.S. Armed Forces Records

School records established prior to 21st birthday and showing birthdate

Affidavit of Birth (provided by Trust Office, if needed)

Important: If the name on either your or your spouse's birth certificate is different from your present names, you must also submit a copy of the court order, marriage license, affidavit or other document to show the name change(s).

SOUND RETIREMENT TRUST

REQUEST FOR TEMPORARY EARLY RETIREMENT BENEFITS

Effective July 1, 1993, the Sound Retirement Trust provides for Participants who are over age 55 and applying for Disability Retirement Benefits to elect to begin receiving temporary Early Retirement Benefits while a formal determination is being made regarding their disability.

If you choose to begin receiving Temporary Early Retirement Benefits, and your disability is subsequently established to the satisfaction of the Trustees within 36 months of the Early Retirement Benefit Effective Date, Disability Retirement Benefits would be paid retroactive to the **later** of (a) the Effective Date of the Early Retirement Benefit or (b) the date the applicant first met the requirements for a Disability Retirement Benefit.

*For example: If you work until January 14 and become disabled on January 15, and then apply for benefits in May, your **disability** retirement date would be February 1. However, if you elect to take Temporary Early Retirement Benefits, your **early** retirement date would be May 1, and once your disability was substantiated, your **disability** benefits would be paid effective May 1.*

If you elect to receive Temporary Early Retirement Benefits and are unable to substantiate your disability within 36 months of the Early Retirement Benefit Effective Date, you will not be allowed to convert to a Normal or Disability Retirement Benefit at a later date. Further, you will remain on Early Retirement and be subject to the return to work provisions outlined in Section 11.08 of the Plan Document.

If you elect not to receive Temporary Early Retirement Benefits, your effective date will be determined in accordance with Section 3.10 of the Plan and your benefits will be paid retroactive to that date once your disability is established and the Trustees approve your application.

Please indicate below if you would like to take advantage of Temporary Early Retirement.

- I do want to receive Temporary Early Retirement Benefits while I attempt to substantiate my disability.
- I do not want to receive Temporary Early Retirement Benefits. I prefer to wait until my disability is established before I begin receiving benefits.
- I am not yet age 55 or older, therefore I am not eligible for Temporary Early Retirement Benefits.

By signing below I certify that I have read and understand this notice and wish to pursue my benefits as indicated above.

Signature of Applicant

Date

SSN

SOUND RETIREMENT TRUST

PLEASE PROVIDE COMPLETE NAME AND ADDRESS OF YOUR PHYSICIAN(S)

List **all** doctors or medical providers who are or have treated your disabling condition(s) and the date of your last visit.

Please provide copies of any reports or exams which document your disabling condition(s).

Example:

Physician's Name and Specialty	Address and Phone Number	Date Last Visited
Dr. John Smith, Orthopedic Surgeon	1234 ABC Street Anytown, USA 98109 206-987-6543	1/15/2007

Primary Care Physician	Address and Phone Number	Date Last Visited

Other Physicians Name and Specialty	Address and Phone Number	Date Last Visited

The Participant is personally responsible for any expenses incurred in providing this information.

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Please make sure all sections of this application form are completed.