

Heating, Piping and Refrigeration Pension Fund

Physical Address: 8700 Ashwood Dr., Suite 150, Capitol Heights, MD 20743 • Mailing Address: PO Box 21427 Eagan, MN 55121
Phone: (410) 444-3756 or (800) 618-2879 • Fax: (240) 303-2484 • Website: HPRBenefitFunds.com

Administered by
Welfare & Pension Administration Service, Inc.

APPLICATION FOR PENSION DEATH BENEFITS

SURVIVING SPOUSE PERSONAL DATA:

Name: _____

Street Address: _____

City, State, Zip Code: _____

Social Security Number: _____ Date of Birth: _____

Home Number: _____ Cell Number: _____

Email Address: _____

I am the Surviving Spouse of _____

Member's Name & Social Security Number

I WANT MY PAYMENTS TO BEGIN ON THE FIRST DAY OF _____, _____
Month Year

I HEREBY APPLY FOR A PENSION AS A SURVIVING SPOUSE OF A MEMBER FROM THE HEATING, PIPING AND REFRIGERATION PENSION FUND. I UNDERSTAND THAT A FALSE STATEMENT MAY DISQUALIFY ME FOR PENSION BENEFITS AND THAT THE TRUSTEES SHALL HAVE THE RIGHT TO RECOVER ANY PAYMENT MADE TO ME BECAUSE OF A FALSE STATEMENT.

DO NOT SIGN UNTIL YOU ARE IN FRONT OF A NOTARY PUBLIC OR A FUND REPRESENTATIVE

Signature of Surviving Spouse Date

WITNESS: (NOTARY PUBLIC OR FUND REPRESENTATIVE)

On the _____ day of _____, 20_____, before me came _____

_____, known to me (or satisfactorily proven) to be the person described herein and who executed the foregoing statement, and they duly acknowledged to me that they executed the same.

Signature (Notary Public or Fund Representative) Notary Commission Expiration Date

Seal: (for electronic scanning purposes this must be an ink stamp, not a pressed/raised seal)



**Withholding Certificate
for Periodic Pension or Annuity Payments**

Give Form W-4P to the payer of your pension or annuity payments.

OMB No. 1545-0074

2023**Step 1:****Enter
Personal
Information**

(a) First name and middle initial

Last name

(b) Social security number

Address

City or town, state, and ZIP code

(c) ☐ Single or Married filing separately☐ Married filing jointly or Qualifying surviving spouse☐ Head of household (Check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual.)**Complete Steps 2-4 ONLY if they apply to you; otherwise, skip to Step 5.** See pages 2 and 3 for more information on each step and how to elect to have no federal income tax withheld (if permitted).**Step 2:****Income
From a Job
and/or
Multiple
Pensions/
Annuities
(Including a
Spouse's
Job/
Pension/
Annuity)**Complete this step if you (1) have income from a job or more than one pension/annuity, or (2) are married filing jointly and your spouse receives income from a job or a pension/annuity. **See page 2 for examples on how to complete Step 2.**Do **only one** of the following.

(a) Reserved for future use.

(b) Complete the items below.

(i) If you (and/or your spouse) have one or more jobs, then enter the total taxable annual pay from all jobs, plus any income entered on Form W-4, Step 4(a), for the jobs less the deductions entered on Form W-4, Step 4(b), for the jobs. Otherwise, enter "-0-". . . . \$

(ii) If you (and/or your spouse) have any other pensions/annuities that pay less annually than this one, then enter the total annual taxable payments from all lower-paying pensions/annuities. Otherwise, enter "-0-". \$

(iii) Add the amounts from items (i) and (ii) and enter the **total** here \$**TIP:** To be accurate, submit a new Form W-4P for all other pensions/annuities if you haven't updated your withholding since 2021 or this is a new pension/annuity that pays less than the other(s). Submit a new Form W-4 for your job(s) if you have not updated your withholding since 2019. If you have self-employment income, see page 2.**Complete Steps 3-4(b)** on this form only if (b)(i) is blank **and** this pension/annuity pays the most annually. Otherwise, do not complete Steps 3-4(b) on this form.**Step 3:****Claim
Dependent
and Other
Credits**

If your total income will be \$200,000 or less (\$400,000 or less if married filing jointly):

Multiply the number of qualifying children under age 17 by \$2,000 \$

Multiply the number of other dependents by \$500 \$

Add other credits, such as foreign tax credit and education tax credits \$

Add the amounts for qualifying children, other dependents, and other credits and enter the total here **3** \$**Step 4****(optional):
Other
Adjustments**(a) **Other income (not from jobs or pension/annuity payments).** If you want tax withheld on other income you expect this year that won't have withholding, enter the amount of other income here. This may include interest, taxable social security, and dividends **4(a)** \$(b) **Deductions.** If you expect to claim deductions other than the basic standard deduction and want to reduce your withholding, use the Deductions Worksheet on page 3 and enter the result here **4(b)** \$(c) **Extra withholding.** Enter any additional tax you want withheld from **each** payment **4(c)** \$**Step 5:****Sign
Here**

Your signature (This form is not valid unless you sign it.)

Date



Heating, Piping and Refrigeration Pension Fund

Physical Address: 8700 Ashwood Dr., Suite 150, Capitol Heights, MD 20743 • Mailing Address: PO Box 21427 Eagan, MN 55121
Phone: (410) 444-3756 or (800) 618-2879 • Fax: (240) 303-2484 • Website: HPRBenefitFunds.com

Administered by
Welfare & Pension Administration Service, Inc.

AUTHORIZATION AGREEMENT FOR ELECTRONIC PENSION BENEFIT DEPOSIT

I hereby authorize the Heating, Piping and Refrigeration Pension Fund to make Pension benefit deposits to my bank account. This authorization is to remain in full force and effect until the Administration Office receives written notice from me instructing them otherwise. I understand that it can take up to (30) thirty days to make bank and/or account number changes and/or to discontinue my electronic deposit.

In the event an amount should be credited in error to my account, including, but not limited to, by reason of my death prior to the date on which any payment shall become due, I authorize the Trust Fund to direct the Depository to make the appropriate debit adjustment.

Name _____

Retirement Number _____ N/A _____ Social Security Number _____

Home Address _____

_____ Zip Code _____

Phone Number (____) _____

Name of Bank/Financial Organization _____

Bank's Phone Number (____) _____

Bank's Mailing Address _____

_____ Zip Code _____

Routing Number _____ Account Number _____
(9 Digits)

Account Type (please mark one) ☐ Savings ☐ Checking

Amount of Monthly Benefit _____ All _____

Signature _____ Date _____

**PLEASE CONTACT YOUR FINANCIAL INSTITUTION FOR THE NECESSARY NUMBERS REQUESTED AND ENCLOSE
EITHER A BANK VERIFICATION LETTER OR A VOIDED CHECK**

To ensure that your retirement checks are received in a timely manner, and your retirement records are up to date, a Continuance Form will be mailed to you annually. If the Continuance Form is not returned, your retirement checks will be withheld until the Administration Office has received your completed form.

