

# Landscape, Irrigation & Lawn Sprinkler Industry Trusts Defined Contribution Pension Trust

## Declaration of Retirement, Disability, or Termination of Employment

### Section 1—EMPLOYEE INFORMATION

\_\_\_\_\_  
Last, First, Middle Initial

\_\_\_\_\_  
Social Security Number (last four digits required)

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, ZIP Code

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Date of Birth

### Section 2—PARTICIPANT DECLARATION (Please Select ONE option only):

- Retirement On or After Age 65:** I am age 65 or older and declare that I have terminated my employment or am terminating employment on \_\_\_\_\_ because I am retiring.
- Early Retirement:** I am age 62 or older and declare that I have terminated my employment or am terminating employment on \_\_\_\_\_ because I am retiring.
- Disability:** I am under age 65 and declare that I have terminated my employment or am terminating my employment on \_\_\_\_\_ because I am disabled, and I am receiving Social Security disability benefits (Provide copy of Social Security Disability Award Letter).
- Termination of Employment for Other Reasons:** I am under age 62 and declare that I have terminated employment and it has been at least two full Plan Years since my last Covered Hour worked with a participating Employer of the Plan.

X  
\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

