



## Defined Benefit Plan of Curative Care Network, Inc. Retirement Application

### Return completed forms:

- via email: [CurativePension@boltonusa.com](mailto:CurativePension@boltonusa.com),
- via secure upload: <https://boltonusa.com/curative>, or
- via regular mail or overnight delivery: Curative Care Network Pension Service Center  
c/o Bolton  
1 W. Pennsylvania Avenue, Suite 600  
Baltimore, MD 21204

Please read this application carefully before answering any questions and complete all requested information. You should submit your Retirement Application at least 90 days before you want your pension payments to start. By completing this application, you are not making any election as to your pension benefits. Information about the pension benefits available to you will be provided after your Retirement Application is received and processed.

### Participant and Spouse Information

Participant Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Marital Status: ☐ Single ☐ Married ☐ Separated ☐ Divorced\* ☐ Widowed

Spouse's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Spouse's Social Security Number: \_\_\_\_\_

\* If you are divorced, are there one or more Qualified Domestic Relations Orders (QDROs), or Domestic Relations Orders (DROs) pending qualification, which assign some or all of your benefits to one or more Alternate Payee(s)/former spouses?

☐ Yes (attach a copy of each QDRO or pending DRO) ☐ No

### Retirement Information

Your retirement date cannot be earlier than the first of the month after you submit your Retirement Application. If you submit your Retirement Application less than 90 days before your Requested Retirement Effective Date, the first payment may be delayed.

Requested Retirement Effective Date: \_\_\_\_\_

Last Date Worked (if actively employed by Curative or an affiliated employer): \_\_\_\_\_

*Note: You must terminate your employment with Curative Care Network and any affiliated employer on or before the date you commence payment of your benefit from the Plan.*



### Beneficiary Designation

If you are married, your spouse will be your designated beneficiary by default unless they waive their right to benefits and consent to your designation of an alternate beneficiary. Please indicate your beneficiary designation below (which will not be effective until you complete and retirement your retirement election package with the appropriate consents, if applicable).

☐ Spouse

☐ Other (please provide the requested information below)

Beneficiary's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Beneficiary's Social Security Number: \_\_\_\_\_

Relationship to Participant: \_\_\_\_\_

### How do you prefer to be contacted?

Your preference will be noted and used if we need to contact you to clarify any information in your Retirement Application. Check all that are acceptable. Please note that your benefit election forms will be sent to you via U.S. mail.

☐ Mail

☐ Email      Email Address: \_\_\_\_\_

☐ Phone      Phone number: \_\_\_\_\_ May we leave a voicemail? ☐ Yes ☐ No

### Participant Signature

I certify that all statements made on this Retirement Application are true and correct, and all documents submitted in support of the Retirement Application are authentic documents containing accurate information.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_