



Transtar, LLC Pension Plan Request for Retirement Benefit Calculation

The use of this application is to request a calculation of your Transtar, LLC Pension Plan benefit for service after July 28, 2021.

Date of Request _____ Calculation Type: ☐ Estimate ☐ Final*
* See page 3 for additional information if requesting a Final Calculation.

Return completed forms:

- via secure upload: <https://boltonusa.com/transtar/>, or
- via regular mail or overnight delivery: Transtar Pension Service Center
c/o Bolton
1 W. Pennsylvania Avenue, Suite 600
Towson, MD 21204

Please read this application carefully before answering any questions or completing all requested information. You should submit your Request for Retirement Benefit Calculation at least 90 days before you want to receive your pension payment. 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 Request for Retirement Calculation is received and processed.

Participant and Spouse Information

Participant Name: _____ Date of Birth: _____

Address: _____

City: _____ State: _____ Zip: _____

Social Security Number: _____ Employee ID: _____

Employment Type: ☐ Union ☐ Non Union

Termination Date: _____ Date of Commencement _____

Marital Status: ☐ Single ☐ Married ☐ Separated ☐ Divorced¹ ☐ Widowed

Date of Marriage² _____ Date of Divorce²/Spouse's Death: _____

Spouse's Name _____

Spouse's Social Security Number: _____ Spouse's Date of Birth: _____

¹ 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 your benefits to one or more Alternate Payee(s)/former spouses?

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

² If you have been remarried, please provide both sets of marriage and divorce/death for the calculation of pre-retirement spouse coverage. To provide additional details, please use the comment section on the next page.



Retirement Information

Your retirement date cannot be earlier than the first of the month after you submit your Request for Retirement Calculation. If you submit your Request for Retirement Calculation 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 Transtar or an affiliated employer): _____

U.S. Railroad Retirement Board G90 Form

Please provide a copy of your U.S. Railroad G90 Form, Service and Compensation History Statement for a record of your railroad earnings. You can request one by calling the Railroad Retirement Board at 1-877-772-5772.

If you prefer for us to request one on your behalf please download and complete the G90 Release Form using the link below, and return it to the Transtar Pension Service Center as soon as possible.

- <https://boltonusa.com/transtar/>,

Beneficiary Designation (Co-Pensioner)

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.

☐ 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 Request for Retirement Calculation. Please note that your benefit election forms will be sent via U.S. mail.

Check all that apply.

☐ Mail

☐ Email Email Address: _____

☐ Phone Phone Number: _____ May we leave a voicemail? ☐ Yes ☐ No

Other Comments



Final Retirement Benefit Calculation Requests - This section is required to be completed if the Final retirement box is checked.

I, _____, hereby elect to retire effective ____/____/____.
Name of Employee **Date of Retirement**

I certify that I am making this election of my own volition. I agree this date is binding and understand that a change of retirement date can only occur with written consent by the Transtar Human Resources. I reserve the right to change or revoke this election up to the Date of Retirement listed above and understand it is my responsibility to reach out to Transtar Human Resources.

All Benefit Requests - Participant Signature

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

Signature: _____ Date: _____

To assist us with benefit calculations, Transtar, LLC is working with Bolton, a leading pension consulting and administration firm. Transtar, LLC and Bolton have established the Transtar, LLC Pension Service Center which is your centralized resource to upload benefit calculation requests.