# PENSION FUND FOR MEMBERS OF INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS' LOCAL NO. 445

# **REQUEST FOR APPLICATION FORM**

TO: Board of Trustees Pension Fund for Members of International Brotherhood of Electrical Workers' Local No. 445 2002 London Rd. Suite 300 Duluth, MN 55812

I hereby request an Application Form so that I can apply for:

## Normal Retirement Benefits

### **Unreduced Early Index 85 Benefits**

### **Early Retirement Benefits**

### **Commencement of Deferred Vested Benefits**

| to be effective on the first da    | y of    | <b>;</b>       | •        |     |      |    |      |
|------------------------------------|---------|----------------|----------|-----|------|----|------|
|                                    | (Month) | (Year          | (Year)   |     |      |    |      |
| (If you are totally and Disability | 1 2     | sabled, please | indicate | the | Date | of | your |
| T                                  |         |                |          |     |      |    |      |

#### I submit the following personal information (Please type or print):

| Name              | First              | Middle                           | Last     |  |
|-------------------|--------------------|----------------------------------|----------|--|
| Social Security N | Number:            |                                  |          |  |
| Address:Street    |                    |                                  |          |  |
| City              |                    | State                            | Zip Code |  |
| Date of Birth:    |                    |                                  |          |  |
| Phone Number:     |                    |                                  |          |  |
| Current Local U   | nion No. (if any): | Initiation Date into that Local: |          |  |

The last date worked or expected to work before retirement\_\_\_\_\_

(If date is not completed, we will assume that you will continue to work through the month immediately preceding the effective date you indicated above.)

Name of last Contributing Employer:

Phone Number:

Please indicate your marital status, where applicable:

Single
Married, number of times \_\_\_\_\_
Divorced, number of times \_\_\_\_\_ or widowed \_\_\_\_\_

If currently married, please indicate the following:

| Spouse's Name:                   | First | Middle | Last                    |      |  |
|----------------------------------|-------|--------|-------------------------|------|--|
| Spouse's Social Security Number: |       | Spouse | Spouse's Date of Birth: |      |  |
| Married on:                      | Month | Date   |                         | Year |  |

#### **CERTIFICATION**

I hereby certify that all of the information furnished by me on this Request for Application Form is, to the best of my belief and knowledge, true and complete. I understand that this completed Request Form will be attached to and become part of my Application for Benefits Form and that I must also submit acceptable proof of my age and, if I am then married, proof of my spouse's age, as well as a photocopy of my Marriage License or Certificate with this form. I also understand that if I am divorced, I must submit a copy of my Judgment(s) of Divorce or Divorce Decree(s) with all attachments, and, if I am widowed, I must submit a copy of my deceased spouse's Death Certificate with this form.

Signature of Participant