

Plumbers and Steamfitters Local 21 Pension Fund

Pension Application

Please only use INK and PRINT all information. Refer to Pension Applications Instructions for detailed information on how to respond to each question.

1. Name _____

2. Social Security Number ____-____-____ 3. Telephone No. ____-____-____

4. Street Address _____

City _____ State _____ ZIP Code _____

5. E-mail Address _____

6. Date of Birth ____/____/____ 7. Date of Initiation ____/____/____

8. Last Day of Work ____/____/____

9. Effective Date of Pension ____/01/____

10. Marital History: *Place a check mark or "X" (☒) next to ALL that apply.*

- Single and never married
- Currently Married (including Separated)

Name of Spouse: _____

Prior Surname(s), Including Maiden Name: _____

Spouse Date of Birth: ____/____/____ Spouse Social Security No. ____-____-____

- Divorced – *Enclose Original or Certified Copy of all Divorce Documents*

Names of Former Spouse(s)	Social Security No.	Date of Birth	Date of Divorce
	____-____-____	____/____/____	____/____/____
	____-____-____	____/____/____	____/____/____

- Domestic Relations Order including Qualified Domestic Relations Order (QDRO) – *Provide a copy of any Domestic Relations Order or QDRO in which you are named as the Participant. List below all individuals with whom you have a QDRO or similar order.*

- Widowed – *Enclose Original or Certified Copy of Death Certificate*

Name of Spouse: _____

Spouse Date of Birth: ____/____/____ Spouse Social Security No. ____-____-____

Spouse Date of Death: ____/____/____

11. Names, Ages and Social Security Numbers of Children – *Please list additional children on separate sheet of paper. This section is optional, but should be provided in case your spouse or designated beneficiary does not survive you or in the case the Fund is unable to locate you in the future.*

<u>Name</u>	<u>Age</u>	<u>SSN</u>

<u>Name</u>	<u>Age</u>	<u>SSN</u>

12. Military Service – *Please indicate dates of active duty military service, with accompanying deployment and discharge paperwork.*

<u>Date From:</u>	<u>Date To:</u>

13. Benefit Being Applied For - *You may only apply for ONE benefit. Please place a check mark or “X” (☒) next to the benefit for which you are applying.*

- Early, Normal or Deferred (Vested)
 - If interested in the Social Security Level Income Option, please also check here. Note that spousal consent will apply if married.*
- Disability – *Please also indicate dates you filed for Social Security Disability Benefits, or if received, please provide the Disability Date and copy of your Social Security Disability Award. This must be received prior to commencement of a Disability Pension.*

Date Filed for Social Security Disability Award: ____/____/____

Disability Date per Social Security Disability Award: ____/____/____

14. Periods of Disability – *List any periods of disability occurring during your employment in the plumbing or pipefitting industry.*

<u>Dates</u>	<u>Occupational or Non-Occupational</u>	<u>Nature</u>

15. Employment Information – *Please request an Annual Statement or Contribution History Report from the Plumbers and Pipefitters National Pension Fund and attach to this Application.*

16. Statement and Signature

I hereby apply for Pension Fund benefits. The preceding statements are true to the best of my knowledge and belief. I understand that a false statement may disqualify me for benefits, and that the Trustees shall have the right to recover any payments made to me or on my behalf because of a false statement.

I understand that after this Application Form has been received, the Fund will provide me with the necessary information about the amount of my pension in all available payment form options which it may be paid in accordance with federal law. I also understand that the actual payment of benefits may begin no sooner than 30 days after the Fund has supplied me with this information, unless I waive this 30-day notice rule by completing the appropriate form.

I understand further that my Effective Date will be the later of the first of the month following 30 days after the Fund Office receives my completed application, the first of the month I specify on my Application Form, or the first of the month following the month that I cease working.

Signature _____

Date ____/____/____

Witness _____

Date ____/____/____

Witness must be individual other than family.

Notary Public witness is only required when you sign with an "X", or if signed by a Legal Representative on behalf of an applicant. In addition, legal documentation granting authority to act on behalf of applicant must be submitted with this Application Form.

Notary Public Statement

State of

County of

On the ____ day of _____ 20__ before me came _____
known to me to be the person named in the foregoing statement and (s)he executed the same.

Notary Public

**Important: An Application Form that is NOT SIGNED and DATED
will not be accepted for processing.**