

**PLUMBERS AND STEAMFITTERS LOCAL UNION NO. 33
RETIREMENT TRUST
RETIREMENT BENEFITS APPLICATION**

Please read this application carefully before answering any questions. Please print or type your answers to all questions that may apply to you. If any questions on the application are unclear, please contact the Fund Office for assistance. After completing this application, be sure to sign your name and date the application. *The Fund Administrator recommends that you apply for pension benefits at least 90 days prior to the date you want your pension payments to commence.*

Name _____ Address _____

City _____ State _____ Zip _____

Date of Birth _____ (SUBMIT PROOF OF AGE)

Social Security # _____

Are you married or have you ever been married? Yes No (attach marriage certificates)

If yes, indicate how many total times you have been legally married: _____

If yes, answer the following questions (for each marriage. **Use additional paper, if necessary**).

a. Spouse's Name _____

b. Spouse's SS# _____

c. Spouse's Date of Birth (SUBMIT PROOF OF AGE) _____
Month Day Year

d. Date of Marriage (SUBMIT PROOF OF MARRIAGE) _____
Month Day Year

e. Date of Divorce (if applicable) _____
Month Day Year

f. Date of Death (if applicable) _____ (attach death certificates)
Month Day Year

g. If divorced, please provide a copy of Dissolution of Marriage (Divorce Decree). Is there a Domestic Relations Order (DRO) pending qualification or a Qualified Domestic Relations Order (QDRO) on file, which assigns some or all of your benefit to an Alternate Payee(s)?

Yes (You must attach a copy of the Order) No

Date You Expect to Retire ___ / 01 / ____ (must be First Day of Month and After Last Day of Work)

Name of Current Employer _____

Last Day with Current Employment _____

THE FOLLOWING QUESTIONS WILL ASSIST ON DETERMINING IF YOU HAVE A RECOGNIZABLE GRACE PERIOD UNDER THE TERMS OF THE PLAN.

Have you ever been absent from work due to disability? Yes No

If yes, provide the dates you were absent. You may be entitled to a grace period subject to the rules of the Plan.

From _____ To _____

From _____ To _____

Have you ever served in the Armed Forces of the United States?

Yes (You must attach a copy of your discharge papers, DD 214) No

If yes, provide the branch of service, date entered and date separated or discharged.

_____ Branch of service _____ Date entered _____ Date discharged

Have you ever been absent from work due to the Family Medical Leave Act (FMLA)? Yes No

If yes, provide the dates you were absent.

From _____ To _____

From _____ To _____

TYPE OF BENEFIT

- ___ Regular Pension ___ Early Retirement Pension ___ Deferred Pension
- ___ Disability Pension ___ Normal Retirement Age Benefit ___ Pre-Retirement Death Benefit
- ___ Pre-Retirement Surviving Spouse Pension (Qualified Pre-Retirement Survivor Annuity)
- ___ Contingent Early Retirement Pension Pending Disability Determination

Date applied for Social Security Disability Award: _____

IF YOU ARE APPLYING FOR A CONTINGENT EARLY RETIREMENT PENSION PENDING DISABILITY DETERMINATION, ATTACH A COPY OF YOUR SOCIAL SECURITY APPLICATION.

IF YOU ARE APPLYING FOR A DISABILITY PENSION, ATTACH A COPY OF YOUR SOCIAL SECURITY AWARD, IF ANY AND A MEDICAL REPORT FROM YOUR DOCTOR ON YOUR DISABILITY AND COMPLETE THE FOLLOWING:

Nature of Disability _____

Date You Became Disabled _____

DESCRIPTION OF WORK IN ANY OCCUPATION YOU HAVE PERFORMED SINCE YOU BECAME DISABLED, INCLUDING THE EMPLOYER, PERIOD OF EMPLOYMENT AND MONTHLY EARNINGS.

Employer	From	To	Earnings	Type of Work

I HEREBY APPLY FOR A PENSION OR BENEFITS FROM THE PLUMBERS AND STEAMFITTERS LOCAL UNION NO. 33 RETIREMENT TRUST AND CERTIFY THAT THE FOREGOING STATEMENTS ARE TRUE TO THE BEST OF

MY KNOWLEDGE AND BELIEF. I UNDERSTAND THAT A FALSE STATEMENT MAY DISQUALIFY ME FOR A PENSION OR BENEFITS, AND THAT THE TRUSTEES SHALL HAVE THE RIGHT TO RECOVER ANY PAYMENTS MADE TO ME BECAUSE OF A FALSE STATEMENT.

Date

Signature of Applicant

APPLICATION MUST BE SUBMITTED PRIOR TO THE FIRST DAY OF THE MONTH FOR WHICH PENSION OR BENEFIT PAYMENTS, IF APPROVED, ARE TO BEGIN.

IF NEEDED, PLEASE USE THE SPACE BELOW TO PROVIDE ADDITIONAL INFORMATION ABOUT ANY AND ALL PREVIOUS SPOUSES - USE ADDITIONAL PAPER IF NECESSARY.

a. First Ex-Spouse's Name _____

b. Spouse's SS# _____

c. Spouse's Date of Birth (SUBMIT PROOF OF AGE) _____
Month Day Year

d. Date of Marriage (SUBMIT PROOF OF MARRIAGE) _____
Month Day Year

e. Date of Divorce_(if applicable) _____
Month Day Year

f. Date of Death (if applicable) _____ (attach death certificates)
Month Day Year

g. If divorced, please provide a copy of Dissolution of Marriage (Divorce Decree). Is there a Domestic Relations Order (DRO) pending qualification or a Qualified Domestic Relations Order (QDRO) on file, which assigns some or all of your benefit to an Alternate Payee(s)?

Yes (You must attach a copy of the Order)

No

a. Second Ex-Spouse's Name _____

b. Spouse's SS# _____

c. Spouse's Date of Birth (SUBMIT PROOF OF AGE) _____
Month Day Year

d. Date of Marriage (SUBMIT PROOF OF MARRIAGE) _____
Month Day Year

e. Date of Divorce_(if applicable) _____
Month Day Year

f. Date of Death (if applicable) _____ (attach death certificates)
Month Day Year

g. If divorced, please provide a copy of Dissolution of Marriage (Divorce Decree). Is there a Domestic Relations Order (DRO) pending qualification or a Qualified Domestic Relations Order (QDRO) on file, which assigns some or all of your benefit to an Alternate Payee(s)?

Yes (You must attach a copy of the Order)

No