

OUTSTATE MICHIGAN TROWEL TRADES PENSION FUND

REQUEST FOR APPLICATION FORM

**TO: Board of Trustees
OUTSTATE MICHIGAN TROWEL TRADES PENSION FUND
6525 Centurion Drive
Lansing, MI 48917-9275**

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

- Normal Retirement Benefits**
- Early Retirement Benefits**
- Commencement of Deferred Vested Benefits**

to be effective on the first day of _____, 19_____.
(Month) (Year)

(If you are totally and permanently disabled, please indicate the Date of your Disability_____.

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

Name First Middle Last

Social Security Number:

Address: Street

City State Zip Code

Date of Birth:

Phone Number:

Current Local Union 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'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 when I do submit such Application, 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. 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.

Signature of Participant Date