

Alaska Plumbing and Pipefitting Industry Pension Fund

APPLICATION

(ALL areas must be completed, unless otherwise indicated. Enter "N/A" if not applicable.)

A. Participant Information

Name: _____ *Last* _____ *First* _____ *Middle* _____

Mailing Address: _____ *City* _____ *State* _____ *Zip Code* _____

Social Security # _____ **Phone #:** () _____

Cell Phone #: () _____ **Email:** _____

Local Union # _____ **Card #** _____ **Birth Date:** * _____

Gender: Male Female

Marital status: Married I never married I am widowed I am divorced

If Divorced, you must respond:

Has your former spouse been awarded a portion of your Pension? No Yes

***Attach proof of your date of birth. Send divorce decree or QDRO if divorced.**

B. Spouse Information (Complete only if you are married.)

Spouse's Name: _____ *Last* _____ *First* _____ *Middle* _____

Spouse's Social Security # _____ **Spouse's Birth Date:** * _____

C. Type of Retirement Benefit

In accordance with the terms of the plan, I hereby request (choose one):

Normal Retirement Disability Retirement Early Retirement

Retirement Effective on: _____
(Must be the first of the month)

E. Designation of Beneficiary

I designate the below as my beneficiary. My beneficiary will receive any payments that may be due from the Plan after I die. If I am married, I understand I cannot name a person other than my spouse as my beneficiary unless my spouse consents.

Name: _____ *Last* _____ *First* _____ *Middle* _____

PMB #116 • 5331 S Macadam Avenue • Suite 258 • Portland, OR 97239
(503) 535-6851 or (800) 811-8851 Fax (503) 228-0149
www.akpipetradesbenefits.org

Alaska Plumbing and Pipefitting Industry Pension Fund

Mailing Address: _____ *City* _____ *State* _____ *Zip Code*

Social Security #: _____ **DOB:** _____

Cell Phone #: () _____ **Email:** _____

F. Employment History

Most recent Reinstatement or Initiation to Union:

Name and Address of Present (or Most Recent) employer in the industry: _____

Are you still employed: Yes No *City* *State* *Zip Code*

If yes, give your anticipated last date of employment: _____

If no, give date last employed:

Participant Signature

I hereby certify that the information I have provided in this Application is true and correct to the best of my knowledge. I understand that a false statement may disqualify me from receiving benefits, and that the Trustees shall have the right to recover any payments made to me because of a false statement.

I further understand that Section 1027 of Title 18 of the United States Code makes it a crime to knowingly make a false statement in any document required to be kept by or certified to the administrator of a pension or welfare plan. I understand that the punishment for violations of this law can be a fine (determined under federal sentencing guidelines) and imprisonment for as long as five (5) years.

I hereby acknowledge that I received this Application on _____.

I understand that this application can be cancelled by my written request at any time prior to the retirement date indicated above.

Signature of Participant

Date

**Please see the next page for instructions regarding documentation to be returned along with this form.
Return this application, with the documentation described to the Alaska Plumbing and Pipefitting Industry
Pension Fund to the address below.**

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Portland, OR 97239**

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When returning this application to the Trust Office, it must be accompanied by the following.

1. Proof of your date of birth*
2. If you are married, proof of your spouse's date of birth*
3. If you are married, a copy of your marriage certificate*
4. Marital Status Affidavit
5. If you are not married, proof of your beneficiary's date of birth*
6. If you are divorced, a complete copy of the decree(s) of divorce. Including any property settlement agreement(s) that are referenced in the decree(s), and any Qualified Domestic Relations Order(s)*

***With the exception of the Marital Status Affidavit, original documents are not necessary. Provided that photocopies are legible.**

If birth certificates are not available, other documents of proof must be submitted. Acceptable documentation includes confirmation records, school records, birth records of children, naturalization records, census records and passports as long as the date of birth is indicated on the document.

If you have already provided any of this documentation to the Trust Office, then you do not need to attach another copy to your application. The Trust Office will review their records for any documentation for you that is already on file.