



ADMINISTRATIVE OFFICES

HEALTH & WELFARE, PENSION AND DEFINED CONTRIBUTION

3109 N. 24th Street, Suite 105 ♦ Phoenix, AZ 85016

Office: 602.956.1950 ♦ Toll-Free: 877.429.7473 ♦ Fax: 602.956.3016

www.azpipe.org

ARIZONA PIPE TRADES PENSION TRUST FUND
APPLICATION FOR PENSION BENEFITS
IN ACCORDANCE WITH
QUALIFIED DOMESTIC RELATIONS ORDER

I hereby apply for my share of the benefits due me from the Arizona Pipe Trades Pension Trust Fund in accordance with the Qualified Domestic Relations Order approved by and filed with the Administrative Office on:

Date: _____

I am the former spouse of:

1. Name of Plan Participant: _____
2. Social Security #: _____ Local Union #: _____
3. Date of Birth: _____ (Proof Attached)
4. Date of Marriage: _____ Date of Divorce: _____

Benefits are payable to:

1. Name: _____
2. Social Security #: _____
3. Date of Birth: _____ (Proof Attached)
4. Address: _____

5. Phone #: _____

I certify that all the above statements are true and correct. I understand that a false statement may disqualify me for any benefits under the Arizona Pipe Trades Pension Trust Fund and that the Trustees have a right to recover payments made to me because of a false statement.

Signature: _____ Date: _____