



# ADMINISTRATIVE OFFICES

**HEALTH & WELFARE, PENSION AND DEFINED CONTRIBUTION**

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**[www.azpipe.org](http://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: \_\_\_\_\_