

# LABORERS' DISTRICT COUNCIL PENSION FUND FOR BALTIMORE AND VICINITY

## APPLICATION FOR PENSION

1. NAME <i>(Last, First, Middle)</i>			2. SOCIAL SECURITY NUMBER	3. HOME TELEPHONE #
4. HOME ADDRESS <i>(Number, Street or Rural Route)</i>			5. DATE OF BIRTH	6. AGE LAST BIRTHDAY
7. CITY, TOWN OR POST OFFICE	STATE	ZIP	8. LOCAL UNION NUMBER	9. DATE STOPPED WORKING
10. MARITAL STATUS: <i>(check one)</i>  <input type="checkbox"/> SINGLE/WIDOWED <input type="checkbox"/> MARRIED <input type="checkbox"/> DIVORCED		12. TYPE OF RETIREMENT: <i>(check one)</i>  <input type="checkbox"/> NORMAL PENSION <i>(age 65 or older, age 62 with 20 years of service credits or age 60 with 30 service credits)</i> <input type="checkbox"/> EARLY RETIREMENT <i>(age 55 or older, with 5 service credits)</i> <input type="checkbox"/> UNREDUCED EARLY PENSION <i>(age 55 with 25 service credits)</i> <input type="checkbox"/> DISABILITY PENSION <i>(any age, with 15 service credits and must provide copy of Social Security disability award letter)</i>		
11. EFFECTIVE DATE OF PENSION <i>(month/day/year)</i>		14. RECIPROCAL CREDIT: <i>(check one)</i>  <input type="checkbox"/> YES, I have service credit under another Laborers Pension Fund – Local # _____ <input type="checkbox"/> NO, I do not have service credit under another Laborers Pension Fund		

**IF MARRIED:**

WIFE'S NAME: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

SOCIAL SECURITY NUMBER: \_\_\_\_\_

**\*\*SUPPLY A COPY OF YOUR WIFE'S BIRTH CERTIFICATE AND YOUR MARRIAGE LICENSE\*\***

**IF SINGLE:**

Please complete "Not Married Certification".

*If you are divorced, you must supply a copy of your divorce decree and property settlement agreement.*

I hereby certify that the information supplied in this Application is accurate and complete to the best of my knowledge. I understand that I will be provided additional forms with the pension payment options available to me, after submitting all required paperwork.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

\*\*\*\*\* PLEASE DO NOT WRITE BELOW THIS LINE \*\*\*\*\*

Approved by Trustees *(date of meeting)*: \_\_\_\_\_

Effective Date: \_\_\_\_\_

Amount: \_\_\_\_\_

Type of Pension: \_\_\_\_\_

\_\_\_\_\_ Single Life

\_\_\_\_\_ Joint & 50% Survivor Regular

\_\_\_\_\_ Joint & 75% Survivor Regular

\_\_\_\_\_ Joint & 50% Survivor Pop-Up

\_\_\_\_\_ Joint & 75% Survivor Pop-Up

\_\_\_\_\_ Ten Year Certain & Life