

APPLICATION FOR RETIREMENT BENEFITS

I hereby apply, under the Detroit Free Press, Inc. - Newspaper Guild of Detroit Pension Plan, for:

- ☐ Normal Retirement Benefit
- ☐ Early Retirement Benefit
- ☐ Deferred Vested Retirement Benefit

Desired Effective Date: _____ 1, _____.
(Month) (Year)

Please note, this application will be valid only if returned to the Pension Office within 180 days of your effective date. Your effective date will be no sooner than the first of the month after your application has been received in the Fund Office.

I hereby submit the following personal information about me and my spouse:
(Please type or print)

Participant Information:

Name _____

Social Security Number _____ Date of Birth _____

Full Address _____

Home Phone Number _____ Alternate Phone Number _____

The date you last worked or the date you last expect to work before retirement _____

Spouse Information:

Name _____

Social Security Number _____ Date of Birth _____

CERTIFICATION

I hereby certify that all of the information furnished by me on this application form is, to the best of my belief and knowledge, true and complete. I understand that this completed application form will be attached to and become part of my application for benefits and that when I submit such application, I must also submit acceptable proof of my age and, if I am married at that time, proof of my spouse's age and a copy of our marriage certificate. I understand that if I have ever been divorced and/or widowed, I must also provide the Pension Office with a complete copy of all of my Judgments of Divorce and/or Qualified Domestic Relations Orders (including Separation Agreements, Property Settlement Agreements and any similar or related orders with any attachments) and/or the death certificate(s) of my late spouse(s) or ex-spouse(s).

Your Signature _____ **Date** _____

