

**NATIONAL ASBESTOS WORKERS PENSION FUND**

PO Box 834 Troy, MI 48099

(410) 872-9500

(410) 872-1275 Fax

**APPLICATION FOR QUALIFIED DOMESTIC RELATIONS (QDRO) BENEFITS****Please print or type**

NAME (Last, First, Middle)		MARITAL STATUS <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced	
ADDRESS		NAME OF SPOUSE (Last, First, Middle)	
CITY, STATE, ZIP		SOCIAL SECURITY NUMBER	DATE OF DIVORCE
DATE OF BIRTH		TELEPHONE NUMBER	SPOUSE DATE OF BIRTH

BENEFIT FORM QDRO		BENEFIT DESCRIPTION (100% of your determined benefit for your lifetime only)	

TYPE OF RETIREMENT FOR WHICH YOU ARE APPLYING <input type="checkbox"/> Qualified Domestic Relations (QDRO)					
HAVE YOU APPLIED FOR RETIREMENT BENEFITS FROM THE SOCIAL SECURITY ADMINISTRATION <input type="checkbox"/> YES <input type="checkbox"/> NO			IF YES, CHECK TYPE OF RETIREMENT YOU APPLIED FOR: <input type="checkbox"/> Normal <input type="checkbox"/> Early <input type="checkbox"/> Disability		
IF YES, PLEASE COMPLETE THE FOLLOWING					
NAME & TYPE OF BUSINESS	FROM (MO/YR)	TO (MO/YR)	NAME & TYPE OF BUSINESS	FROM (MO/YR)	TO (MO/YR)

I HEREBY CERTIFY THAT THE ABOVE STATEMENTS ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I ALSO CERTIFY THAT I WILL ADHERE TO THE RETIREMENT REQUIREMENTS OF THE PLAN. I UNDERSTAND A FALSE STATEMENT MAY DISQUALIFY ME FOR BENEFITS.

ALTERNATE PAYEE 'S SIGNATURE			DATE
WITNESS SIGNATURE			DATE